# Menopause and Hormone Replacement Therapy
# Facts and Misconceptions

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Menopause is a natural condition afflicting women in their late forties and early fifties in most populations worldwide[1]. Interest in this condition has waxed and waned over the years since it was first described as a syndrome in 1816 by a French physician De Gardanne[2]. The concept of menopause being an estrogen deficiency state thus requiring hormone replacement like any endocrinopathy only came about in the 1960's and therefore it is still relatively new and many aspects of this condition still remain unanswered.

To further complicate the issue, numerous hormonal preparations are available in the market with different routes and regimes of administration leaving the attending physician with a bewildering array of possibilities. Besides these, non-hormonal preparations or drugs are also available to control the common, troublesome manifestations of the menopause viz hot flushes and vaginal dryness.

Does hormone replacement (replenishment) therapy (HRT) need to be given? Is there too much media hype about a natural condition?

Most women who attain menopause will benefit from HRT. A few women who are obese and producing sufficient endogenous estrogens (from peripheral conversion from androstenedione) do not require any treatment. Malaysian women seem to have far less vasomotor symptoms then their Western counterparts. This may be the reason why the majority of them do not seek medical advice[3].

However, the major late manifestations like osteoporosis (a debilitating condition) and cardiovascular disease are a reality. Their consequence can be a heavy burden to the health costs of the country[4,5]. Hormone replacement therapy has been shown to be beneficial in decreasing the incidence of these two conditions when taken for several years although evidence for the prevention of cerebro vascular disease is still controversial[6].

It is now possible to tailor the hormonal treatment to the individual patient according to her desires. Even major medical problems like diabetes and hypertension are not absolute contraindications to therapy. There are even reports of patients who have been successfully treated for breast carcinoma currently on HRT without undue problems although the numbers are small and the duration of use limited[7]. Estrogen replacement therapy can be safely prescribed for patients with endometrial cancer following treatment[8]. The major problem with HRT is bleeding and with the current preparations and regimes available, "no bleed" therapy desired by the majority of women can be attained in a significant group of women.

The fear that most people face is that of malignancy. Uterine carcinoma has been significantly reduced with the use of progestogens[9]. The controversy lies with breast cancer which seems to be related to prolonged use and even then, the relationship is weak[10].

Ravindran and Leow in this issue of the Journal review the practice patterns of some 60 local gynaecologists regarding prophylactic oophorectomy done at the time of hysterectomy. It is heartening to note that the vast majority would put their patients on HRT as the benefits far outweigh the risks.

## References


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