

GYNAECOLOGY & OBSTETRICS UPDATE

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NIH Stops Oestrogen-Alone Arm of WHI

The NIH (National Institute of Health of USA) stopped the oestrogen-alone HRT trial in post-menopausal women in the interest of safety after finding an increased risk of stroke. There was no effect — neither an increase or a decrease — on risk of coronary heart disease. The increased risk for stroke was similar to that found in the trial of oestrogen plus progestin, where the excess risk amounted to eight additional strokes per year for every 10,000 women on oestrogen. After an average of seven years in the trial, there was no apparent increase in the risk for breast cancer. There was also a trend toward increased risk of probable dementia and/or mild cognitive impairment. As expected, there was a decreased risk of hip fractures. It should be noted that all of these risks and benefits were small, in absolute terms, as might be expected in a trial of healthy women who have low rates of disease to start with.

The result of this trial does not alter the current advice on HRT use which is included in the *Update issues 21, 23 and 32*. HRT use should be limited to the treatment of moderate to severe menopausal symptoms and as a second-line drug for prevention of osteoporosis (HRT is no longer a first-line treatment). HRT should be used at the lowest dose and for the shortest time needed to obtain the desired effect. The need for hormones should be reconsidered at regular intervals, and attempts made to discontinue such use when no longer needed. Topical oestrogen is preferred for treatment of vulvovaginal atrophy taking into consideration the need for progestin to oppose its effect on the endometrium if it is used for more than 3-6 months

HRT before the menopause

A 42 year-old patient has been on HRT for 10 years following TAH and BSO for endometriosis. Having been on HRT for that long and with the recent reports on the HRT associated risks is it advisable to stop HRT?

- The patient should carry on until the age of the menopause. Women experiencing the menopause prematurely should be advised to start long term hormone replacement therapy. However, these women may need higher doses of hormone replacement therapy to maintain their bone mass if they are younger than 30.
- **Are there any studies on the potential risks of HRT before the menopause?** No. All reports on HRT associated risks (e.g. WHI and Million Women Studies) are on patients after their menopause and above the age of 50. Women who started HRT because of premature menopause, have not been exposed to the normal length of natural oestrogen and therefore the health risks associated with hormone replacement therapy are not thought to apply until they reach the normal postmenopausal age.
- The following is the recommendation from Committee on Safety of Medicines (December 2003 CEM/CMO/2003/19): “HRT may be used in younger women who have experienced a premature menopause (due to ovarian failure, surgery or other causes) for treating their menopausal symptoms and for preventing osteoporosis until the age of 50 years. After this age, therapy for preventing osteoporosis should be reviewed and HRT considered a second-line choice”.

