

# Health After the Menopause: a Challenge for Women and Physicians

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**O**n the 7th April 1999, World Health Day, the World Health Organisation (WHO) called on its member states to recognise and acknowledge the elderly as a valuable resource. WHO estimates that the global population of people aged 60 years and over, currently 580 million, will rise to 1 billion by 2020 when seventy-five percent of the world's elderly will be in developing countries.<sup>1</sup> Currently, at least half of the elderly population is made up of postmenopausal women.

Today, women live some 30 years after their menopause. A review of the literature reveals that many physical and mental conditions have been associated with 'menopause', characterising this physiological stage of life as a pathological one.<sup>2</sup> Therefore, it is not only imperative that physicians and the women themselves are familiar with the clinical consequences of menopause, but also that they develop a positive attitude and philosophy towards it. The postmenopausal period can be as

productive as the reproductive years whilst physical and cognitive functions are maintained.<sup>3</sup>

## FACTS RELATED TO MENOPAUSE

### The Menopausal Symptoms

Ever since Kupperman<sup>4</sup> published the menopausal index in 1953, there have been a multitude of publications relating variations of menopausal symptoms to social and cultural differences.<sup>5</sup> Hot flushes and night sweats remain the classic menopausal symptoms. Oestrogen deficiency-related symptoms of atrophic vaginitis, dyspareunia, and cystitis are not difficult to recognise. It is the psychogenic symptoms of irritability, depression, insomnia, panic attacks and angry outbursts that pose diagnostic difficulty, as these may have a hormonal basis compounded by the socio-environmental changes of mid-life. Menopausal symptoms can be numerous and diverse, physicians and women need to keep an open mind if the best management is to be established.

### The Health Issues

#### *Osteoporosis*

There is no doubt that age-related bone loss is accelerated by the menopause and its sequela of fracture will be a major health hazard by the year 2050. It is estimated that there will be 6.26 million hip fractures, 50% of which will occur in Asia and Latin America, by this date.<sup>6</sup> It must be emphasised that osteoporosis does not occur in the fifties but in the seventies when over 25% of the bone mass has been lost. In addition, fracture is not only related to thin bone mineral density, but also to the occurrence of fall and muscle strength.<sup>7,8</sup> The currently available methods of measuring bone mineral density at menopause may cause more anxiety and confusion than benefit because of the way the BMD is interpreted. Postmenopausal BMD will always be lower than at 30 to 40 years of age (age of peak bone mass) and hence, the negative T score (difference between the actual bone mass and the theoretical peak bone mass) causes alarm. The timing of BMD measurement is

crucial in the detection of osteoporosis, a diagnosis that is often wrongly applied to postmenopausal women.

#### *Coronary Heart Disease*

Coronary heart disease (CHD) is the leading cause of death among postmenopausal women, although its onset is delayed by 10 to 15 years compared with men.<sup>9</sup> At the International Consensus Conference on Hormone Replacement Therapy and the Cardiovascular System in December 1993, it was agreed that oestrogen exerted its beneficial effects by improving lipid profiles and the vasculature.<sup>10</sup> This suggests that oestrogen has cardioprotective effects and oestrogen therapy for women who have had CHD is now advocated. Although clinicians acknowledged oestrogen's beneficial effects on the cardiovascular system, these studies were retrospective and not randomised. In August 1998, results of the first randomised, blinded, placebo-controlled secondary prevention trial on Heart and Estrogen/progestin Replacement Study (HERS) was published. After 4.1 years of observation in 2763 women, it was concluded that treatment with oral conjugated equine oestrogen plus medroxyprogesterone acetate did not reduce the overall rate of CHD events in postmenopausal women with established coronary disease despite an improvement in the lipid

profile.<sup>11</sup> The evaluation of the primary cardioprotective effect of the hormone will probably take until 2005; furthermore it now seems likely that there may be genetic predisposition to CHD.

#### *Alzheimer's Disease*

Oestrogen exerts a variety of electrophysiological, neurotrophic and metabolic effects on neurons and may be protective against Alzheimer's disease (AD).<sup>12</sup> Reports have shown that postmenopausal women on oestrogen replacement therapy had lower risk of subsequent dementia largely contributed by AD and improved cognitive function.<sup>13</sup> However, these reports are retrospective and based on observations; more studies are needed to confirm the beneficial role of oestrogen in AD which also has a genetic component.

#### *General Well-being*

Studies show that menopausal women on hormone replacement therapy have an improved sense of well-being compared with those on placebo.<sup>14</sup> Oestrogen can abolish menopausal symptoms such as hot flushes and night sweats as well as have a direct effect on the brain.<sup>5</sup> However, it has also been suggested that psychological symptoms including reduced cognitive function have no specific relationship to the menopause and oestrogen, and that only a subgroup of menopausal women are more vulnerable

to mood disturbances, possibly as they are grieving their loss of reproductive function.<sup>2</sup>

#### HEALTH AFTER MENOPAUSE

It is now apparent that the postmenopausal health hazards of osteoporosis, CHD, and Alzheimer's disease are preventable, to a certain degree, by the intake of oestrogen. The emphasis should therefore be on developing options to maintain postmenopausal health.

#### *Hormone Replacement Therapy*

Clearly, hormone replacement therapy (HRT) appears to be the single most effective agent in preventing postmenopausal health hazards and enabling women to lead productive lives for a further 30 years. There are a variety of HRT preparations that can cater to the needs of individual women and circumvent the side-effects of breast and endometrial cancers.<sup>15</sup> Newer agents such as tibolone and the selected oestrogen receptor modulators (SERMs) offer additional choices while eliminating the problems of vaginal bleeding and fear of breast cancer.<sup>16,17</sup>

For HRT to exert and sustain benefit, it has to be taken for years. Women who have menopausal symptoms may find it easy to begin therapy, but be indecisive over when to stop. Currently there are no clear guidelines or recommendations

on the optimal duration of HRT. For those women without menopausal symptoms, there may be confusion over when to begin therapy.

It therefore seems obvious that each woman should be individually assessed and counseled on HRT. Such personal attention is necessary in order to ensure compliance. For example, if a woman suffers from hot flushes, the use of a SERM may lead to worsening of this symptom; however if the woman is concerned about breast cancer, a SERM may still be an appropriate choice.

#### A Healthy Lifestyle

Osteoporosis, as a condition of aging, can be ameliorated to a certain extent by physical activity and adequate ingestion of calcium.<sup>18,19</sup> If such habits are started early and sustained, there will be benefits and no risks. Moreover, the cost involved is minimal compared with HRT.

A diet high in phytoestrogen (eg. soya beans) would seem to be another alternative to medication. Studies need to be carried out to quantify what 'dose' of the phytoestrogen exerts the same effects as HRT.

Where there is a genetic predisposition to CHD and Alzheimer's disease there is little that one can do, other than hope that HRT will reduce their occurrence in the postmenopausal years. Certainly, reducing intake of caffeine, alcohol

and smoking can do much to maintain health at all ages not only during the postmenopausal years.

#### THE CHALLENGE OF THE MENOPAUSE

##### Physiology or Pathology

Women frequently question the need to take medication when they may actually be feeling very well. Some of those on HRT take it for the wrong reasons eg. a desire to be young again. Menopause truly is a state of oestrogen deficiency compared with the reproductive years, but can women do without hormone replacement? The answer is clearly 'yes' because some oestrogen deficient women do not suffer symptoms. Physicians can be accused of over-medicating for a physiological stage of life, but they may also be accused of denying a woman the benefits of HRT if prescriptions are not made. HRT can be one of the most difficult therapies to prescribe for women because of its duration and side-effects.

##### Mid-life Crisis and Changes

Mid-life, when menopause occurs, can be a time of many associated crises and events never before experienced by women. There may be deaths in the family, marital discord, children leaving home, and difficulty in sustaining performance at work, just to mention a few. When hot flushes and night

sweats interfere with sleep and hence affect day-time concentration, the menopausal years can be 'dark' times. Here, HRT has to go hand in hand with coping strategies.

#### CONCLUSION

Women and their physicians have to be well prepared to understand the challenges posed by the menopause and to implement the strategies that can be employed to face these challenges. They need to view this stage of life positively and to appreciate that, fortunately, there are remedies to the health hazards of the postmenopausal years. With this mind set, postmenopausal women can certainly be a valuable resource and contribute to society for another 30 years.

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