What in the HRT do we do now?

Selecting, managing and maintaining patients on hormone therapy.

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Objectives

- Identify appropriate patients for hormone therapy
- Outline and review current research relevant to the use of hormone therapy
- Discuss various delivery methods for hormone therapy and the associated risks and benefits of each
- Recommend and describe strategies for starting, adjusting and discontinuing hormone therapy
The change of life
From humor to hormones, women find ways to cope with menopause as they enjoy their lives
By Peggy O’Farrell
Cincinnati Enquirer staff writer

Lisa Bouldin-Carter relies on a fan and a big glass of ice water, along with the occasional nap, to manage her menopause symptoms.

Deb Drayton depends on her sense of humor and the cold stone floors in her house.

Jill Layne uses bioidentical hormones in an individualized prescription.

And Diane Jackson gets acupuncture, along with herbal supplements.

Cincinnati Enquirer October 11, 2005
Lay Experts---Can you compete?

“(we) have the answer to better health, better looks and better sex...we will share the information and secrets that your doctor will never tell you.”
Menopause

- Average age in USA is 50-51 yrs of age.

- A woman can expect to live another 35+ years past menopause — or 1/3 of her life.

- The “Climacteric” is the phase of the aging process during which a woman passes from the reproductive to the non-reproductive stage.

- Premature ovarian failure (0.9%) prior to 40y/o
Physiologic Menopause

- Fetal ovary 7 million oogonia @ 20 wks gestation
- At birth ovary contains 1-2 million oocytes
  - At puberty 300,000 to 500,000
  - Further reduction occurs through atresia
  - Only about 400 to 500 are actually ovulated

  **Menopause occurs due to:**
  - disappearance of oocytes which respond to gonadotropins
  - few remaining oocytes are nonresponsive
Gonadal hormones across the Lifespan

Pre-pubertal
Low gonadotropin hormone levels

Reproductive
High gonadotropin hormone levels

ESTROGEN levels

Menopausal
Low gonadotropin hormone levels
Establishing appropriate expectations for the patient

Clinical Issues
- Decline in infertility
- Uterine Bleeding
- Vasomotor symptoms++
- Genitourinary Syndrome of Menopause (vulvovaginal atrophy)++
- Incontinence
- Sexual Function
- Sleep disturbance(s)
- Headache
- Cognition*
- Psychological Issues
- Body Image issues/ Change in body shape
- STIs
Patient Selection

- History & Physical
- Diagnostic & screening tests
- Counseling
- Quality of Life Assessment
Diagnostic & Screening Tests

- **Individualized** based on **PMH, PSH, FamHx, PE, Genetic history**

- **Consider or perform** as indicated:
  - Hormone measurements- FSH, AMH
  - Ultrasound, Hysterosonogram, Endometrial biopsy
  - Cardiovascular Screening- Ht, Wt, waist circumference, BP, fasting Lipid panel, Chemistry panel, A1C, ECG
  - Thyroid screening
  - STI screening
  - Cancer screening- pap, mammogram, colonoscopy
Counseling

- Both Individualized & Consistent with Evidence-Based Guidelines

- Take into account & discuss each of the following
  - Social situation
  - Cultural background
  - Racial identity
  - Ethnic identity
  - Sexual preference
  - Intimate partner violence (History of? At risk for?)
Non-prescription options

- **Vitamins & Minerals**
  - Calcium
  - Magnesium
  - Vitamin D

- **Over the Counter hormones**
  - DHEA
  - Progesterone creams
  - Melatonin

- **Other supplements**
  - Coenzyme CoQ 10
  - Glucosamine sulphate
  - Omega 3 fatty acids
  - SAMe
Complementary & Alternative Therapies

- **Herbs/Herbal preparations**
  - Soy products
  - Black cohosh
  - Wild Mexican Yams

- **Integrative Medicine**
  - Acupuncture
  - Yoga
  - Relaxation therapy
  - Homeopathy
  - Hypnotism
  - Stellate Ganglion blocks
  - Prayer
Prescription Therapies

- Androgens
- Compounded hormones
- Contraception/IUD*
- Estrogen or Estrogen & Progestogen therapy
- Estrogen Agonist/Antagonists (aka SERMs)
- Serotonin reuptake inhibitors & Serotonin norepinephrine reuptake inhibitors
Which therapy is best? Which is approved? Which is safe?  

- **Compounded Hormones** (creams, gels, lozenges, sprays, skin pellets)
  - Not FDA regulated w/same scrutiny; State Board regulated
  - Data is lacking in clinical trials (advertising & promotional claims)
  - May not be covered by insurance
  - Marked increase in use since WHI...

- **Androgens** - only in select patients
  - Generally for sexual dysfunction (arousal disorders)
  - Dosing is critical as most products are for males
  - Short term therapy—side effects/risks
  - “Triplicate RX” needed due to anabolic steroid classification
What to do….continued

- **IUDs**
  - Contraception (both copper and levonorgestrel-containing)
  - Control of irregular or heavy bleeding
  - Levonorgestrel-containing are therapeutic in endometrial hyperplasia

- **Contraceptives (E/P OCAs)** most helpful in peri-menopausal patients
  - Must evaluate for appropriateness/risk factors
  - Confer control of vasomotor symptoms, bleeding irregularities & provide birth control
What to do....again

- **Serotonin reuptake inhibitors & Serotonin norepinephrine reuptake inhibitors**
  - Effective therapy for vasomotor symptoms is select patients
  - Be specific, for insurance coverage issues, on indications

- **Estrogen agonist/antagonists (aka SERMS)**
  - Wide variety of benefits (prevent & treat breast cancer, prevent & treat osteoporosis, treatment for vulvovaginal atrophy) depending on formulation
  - Risks include VTE and endometrial hyperplasia
Estrogen & Progestogen – Tried and True

- Indications are clear cut-
  - Treatment of Vasomotor symptoms
  - Treatment of Genitourinary Syndrome of Menopause (vulvovaginal atrophy)

- Other Benefits well recognized
  - Prevention of osteoporosis and reduction of osteoporotic fractures
  - Reduced risk of colon cancer
  - Cognitive function support and improvement

- Dosing and duration of therapy are of upmost significance
More Estrogen/Progestogen...

- Combination therapies have become more varied
- Low dose oral and transdermal modalities associated with lower risk of VTE & CVA, though more studies are pending
- ET alone in women with hysterectomy shows NO increase in breast cancer risk compared to general population after 7 years
- Despite popularity of use, custom compounded bioidentical HT is not recommended due to a lack of evidence on efficacy or safety
- When treating ONLY vulvovaginal atrophy, low dose vaginal estrogens are recommended, rather than oral or transdermal
- HT is not recommended for prevention of chronic disease
- Treatment of women with POF or early surgical menopause should receive therapy until ~ age 52 (average age of natural menopause)
Adjustments to Hormone Therapy

- Adjust in small increments up or down based upon response to therapy.

- Recommendations to minimize dose and minimize time on hormones in women with a uterus, remain unchanged. Patients should be “weaned off” hormones by FIVE years of use due to WHI findings & continued data supporting this practice.

- Discontinue use as indicated for problems associated with HT-changes in mammogram, palpable breast mass, DVT signs or symptoms, abnormal uterine bleeding.

- Therapy may be individualized with detailed and documented counseling.
References

- ACOG Practice Bulletin #141 January 2014
- WHI - Writing Group for the Women's Initiative investigators. JAMA 2002;288:321-33
- NAMS 2013 Global Consensus Statement on Menopausal Hormone Therapy
Thank you for your attention

Questions?