

Preface

When it comes to the menopausal transition, and whether it's perimenopause that can begin as early as 35, or postmenopause, some women experience very few symptoms. Other women, unfortunately, experience many symptoms, some severe, that interfere with their ability to lead a happy and productive life. For decades when it came to treating the symptoms of menopause, women were treated as a homogenous population. The menopausal transition was defined as an "estrogen deficiency disease" to be fixed with "estrogen". The role of progesterone and testosterone was ignored. Not only was estrogen (mostly one oral formulation) prescribed for symptoms, but doctors exhorted asymptomatic women to take it for this deficiency state. There was no careful discussion about individual symptoms and treatment possibilities—little monitoring and follow-up, and little understanding of perimenopause.

Things have changed. Hormone therapy can no longer be expected to be the "cure" for aging that clinicians only a few years ago desired it to be. We no longer expect it to decrease the risk of heart disease, in fact, in certain formulations and within certain subgroups, it may increase risks for breast cancer and heart disease. Today, HT used as menopause management focuses on a woman's specific and individual symptoms. It pays close attention to what a patient reports. It understands the science behind hormone replacement.

Women's health, menopause, and hormone therapy are hot-button topics. Because of this, clinicians need to help our patients demystify

the confusing popular reports about menopause and about hormone therapies, and we need to be able to understand the popular remedies and information that are readily available, and which our patients may bring to our attention, seeking medical guidance.

The range of menopause years, from perimenopause to post-menopause, offer us a window of therapeutic opportunity, in which clinicians can help women move from their years of reproductive possibility, into the post-menopausal period, in the healthiest ways possible. This clinical handbook includes directions for prescribing HT in the safest and most effective ways possible.

This handbook aims to give clinicians—whether Physicians, Nurse Practitioners, Physician's Assistants, residents in the fields of Internal Medicine, Gynecology and Family Medicine, and others—the specific information they need to prescribe Hormone Therapy/Hormone Replacement Therapy.

Hormone Therapy offers a depth and breadth of practical prescribing experience, combined with an understanding of the basic science and clinical studies.

This handbook emerges from many years of research experience and clinical practice. Menopause, retrospectively defined as beginning 12 months after the last menstrual period (LMP), occurs at the mean age of 51.3 years. However, the transition into menopause, defined as perimenopause, may be associated with symptoms as early as 35, and for many women, may persist for years beyond the LMP. Menopause is characterized by low serum concentrations of estrogen, progesterone, and androgen steroids. By contrast, in the perimenopausal years serum steroids are far less predictable within individuals. For that reason, the use of follicle stimulating hormone (FSH) to predict reproductive stage is imprecise. As a corollary, hormonal therapy to alleviate perimenopausal symptoms is not necessarily the same for symptoms that persist after menopause. Additionally, several hundred thousand women undergo abrupt menopause due to oophorectomy, chemotherapeutic agents (including oral medications), and less commonly, autoimmune disease. In 2012, the cohort of women between the ages of 40 and 60 years who may be symptomatic is roughly 44 million.

This is essentially and foremost a prescription handbook. Busy clinicians looking for ways to prescribe HT for varying symptoms of perimenopause and menopause should turn directly to Part II: Prescription of HT.

HT has had such a controversial history over the course of the twentieth century and into the twenty-first. This handbook demystifies the controversial studies that have grabbed media headlines and provide a larger context for safe and effective use. I hope that clinicians will use this handbook and the information herein to more confidently prescribe, and to educate their patients. The treatment of perimenopausal and menopausal symptoms has had several iterations. Much of the confusion arises from the simplistic view that the entire menopausal transition is an “estrogen” (as a general term distinct from estradiol, estrone, and estriol) deficiency (irrelevant of progesterone), that it is uniform and lends itself to uniform treatment. The significance of various types of estrogens, progesterone, and testosterone, as well as their pro-hormones and derivatives, and new knowledge about steroid receptors present in all tissues (and not just the reproductive organs) will help clinicians and women fine tune treatment for the best possible outcomes.

What this clinical handbook offers is the up-to-date usage guidelines for understanding women’s menopause symptoms, and prescribing HT as relief, in ways that present the least risk and the best efficacy and outcome for women patients. Because HT has been controversial, however, many clinicians are unsure of what to make of the relative risks and benefits of HT, and where the most current research and clinical practice stands. In addition, our patients often have a fairly sophisticated engagement with the media headlines around HT use and often ask their doctors to explain this to them so that they can feel more comfortable with an HT prescription that when done transdermally, can safely relieve their severe menopause symptoms. That is why unlike some other handbooks, a history of the prescription, studies, and cultural shifts around HT use has been included, in Part IV.

About Dr. Sherif

The author, Dr. Katherine Sherif, is Chief of Clinical Programs in Women's Health, and Director, Drexel Center for Women's Health. She is also Associate Professor in the Department of Medicine, Drexel University College of Medicine. She is the co-editor of *Women's Health in Clinical Practice: A Handbook for Primary Care* (2008) and a member of the Writing Group of the *American Heart Association* (2007 and 2011) "Guidelines for Cardiovascular Disease Prevention in Women." Her clinical practice focuses on menopause and general women's health. She is the cofounder and director of the nation's first academic Center for Polycystic Ovary Syndrome, established in 2000.

Hormone Therapy

A Clinical Handbook

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