

Managing menopause:

Estrogen via gel or patches may be safer than pills: researchers

For most menopausal women the decision to treat their menopause symptoms—the hot flashes, mood swings, night sweats and sleep disturbances—is a careful assessment of risks versus benefits. Recent studies now suggest the form of estrogen replacement therapy chosen can minimize some of the detrimental risks.

According to researchers at UT Southwestern Medical Center at Dallas, administering estrogen replacement therapy via the skin (gel or patches) rather than a pill minimizes a cardiovascular risk factor in postmenopausal women.

The findings reported in the *Journal of the American College of Cardiology*, suggested that oral estrogen replacement therapy and combined hormone replacement therapy resulted in an increase in C-reactive protein (CRP). CRP is a marker for inflammation in the blood vessels and is the strongest independent predictor of heart problems.

"Our research shows that oral estrogen preparations resulted in a twofold increase in CRP," said Dr. Wanpen Vongpatanasin, assistant professor of internal medicine and lead author of the study. "We also found that there was no change in CRP levels in the same women taking transdermal estrogen (gel or patches). This leads us to believe that the route of administration may be an important consideration in minimizing the adverse effects of estrogen replacement therapy on cardiovascular outcomes."

Vongpatanasin said that when estrogen is taken orally, it has to go through

the liver, where it is converted to a less active form of estrogen before it reaches the bloodstream. When the hormone is given through the skin, it is directly absorbed into the blood-

stream before it goes through the liver.

In order to have similar blood levels of estrogen as those with transdermal estrogen replacement therapy (gel or patches), a much higher dose of oral estrogen is needed. "This



may contribute to the increased risk for adverse cardiovascular events in postmenopausal women receiving combined hormone replacement therapy as shown in large clinical trials," she said.

Recent findings from the second phase of the Women's Health Initiative (WHI) found that, after almost seven years of follow-up completed, estrogen alone has not increased the risk of breast cancer. The findings also show that estrogen alone does not appear to affect heart disease, a

key question of the study.

"A significant proportion of

women can't stop taking estrogen because of severe menopausal symptoms," Vongpatanasin added. "If they have to take estrogen, our study shows transdermal (gel or patches), not oral, estrogen may be safer."

The Society of Obstetricians and Gynaecologists of Canada (SOGC) also maintains HRT is a safe and effective

option for short-term use (up to five years) for the treatment of moderate to severe menopausal symptoms.

The SOGC recommends that women consult their family doctor to help determine how they can best manage their menopause symptoms. For more information on HRT, visit www.sogc.org.

—News Canada

HRT deemed safe

There is mounting support for the notion that estrogen-only hormone replacement therapy (HRT) does not increase the risk of breast cancer.

The latest evidence came recently from the U.S. National Institutes of Health (NIH) who announced that, after almost seven years of follow-up completed, estrogen alone therapy has not increased the risk of breast cancer in the 11,000 women who participated in the estrogen-alone arm of the Women's Health Initiative (WHI). The findings also show that estrogen alone does not appear to affect heart disease, a key question of the study.

In Canada, women can take estrogen to control their menopausal symptoms in several different forms, including: pills, patches and a unique gel formulation called Estrogel.

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