Hormonal therapy after menopause

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in: Porst H. Buvat J. (Eds), ISSM (International Society of Sexual Medicine) Standard Committee Book, Standard practice in Sexual Medicine, Blackwell, Oxford, UK, 2006, p. 362-373

Menopause is characterized by the exhaustion of the ovarian production of oocytes, estrogens and progesterone, with consequent permanent amenorrhea, anovulation and sterility. The ovarian production of testosterone is gradually reduced from the twenties onwards, but is maintained across natural menopause. It is completely lost in surgical menopause (bilateral oophorectomy).

The loss of sexual hormones has a widespread effect on all systems and organs, as virtually all cells of the female body have receptors for sexual hormones. This loss accelerates the negative multi-systemic effects of ageing, with a further detrimental effect.

With the current level of evidence, HT should only be prescribed when it is clearly indicated, primarily for symptom relief. In this context, there is no effective alternative to estrogen or estrogen/progestogen treatment. HT has numerous beneficial effects, if prescribed soon after the menopause, when the "window of opportunity" potentiates its beneficial impact on likely healthy organs and tissue. The need to continue with treatment and the indications for HT should be reviewed regularly when used in the long term. Constant updating is required in the rapidly evolving field of menopausal management.

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