Open Access Journal of Gynecology and Obstetrics

ISSN: 2638-5244

Volume 2, Issue 2, 2019, PP: 09-12

SRYAHWA PUBLICATIONS

Hormone Replacement Therapy

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Abstract

As a greater proportion of U.S. women move into midlife, there has been increased interest in meeting their preventive health needs. Although hormone replacement therapy (HRT) may not be an option for all postmenopausal women, it has been documented as prolonging life expectancy and protecting against osteoporosis. Despite its advantages for many women, often those who initiate HRT discontinue its use within a short time. A study was performed to gain insights into women's reasons for discontinuing HRT. The data was collected by semi structured interview from three diverse samples: 10 women who had been on HRT for two years or less, 11 health care providers of women, and 34 women who had gone off HRT. Reasons for discontinuing fell into seven broad categories: general Gestalt, somatic complaints, mind (knowledge, emotion), not being heard, hassles, indecisive medical community, and cons outweighed pros. Results indicate that women who discontinue HRT do so for a variety of reasons, many of which are connected to the health care system and its providers. Outcomes also suggest that sharing in decision making along with increased education, support, and individualized care are necessary to better address the preventive health care needs of postmenopausal women (Brockie, 2018).

Keywords: *Hormone replacement, Menopausal Symptoms, Psychoeducational approaches, Vasomotor Symptoms, Lifestyle approaches, complementary therapies, Hot flashes, Herbal remedies,*

Introduction

As a greater proportion of U.S. women move into midlife, there has been increased interest in meeting their preventive health needs. Although hormone replacement therapy (HRT) may not be an option for all postmenopausal women, it has been documented as prolonging life expectancy and protecting against osteoporosis. Despite its advantages for many women, often those who initiate HRT discontinue its use within a short time. A study was performed to gain insights into women's reasons for discontinuing HRT. The data was collected by semi structured interview from three diverse samples: 10 women who had been on HRT for two years or less, 11 health care providers of women, and 34 women who had gone off HRT. Reasons for discontinuing fell into seven broad categories: general Gestalt, somatic complaints, mind (knowledge, emotion), not being heard, hassles, indecisive medical community, and cons outweighed pros. Results indicate that women who discontinue HRT do so for a variety of reasons, many of which are connected to the health care system and its providers. Outcomes also suggest that sharing in decision making along with increased education, support, and individualized care are necessary to better address the preventive health care needs of postmenopausal women (Brockie, 2018).

Management of Menopausal Therapy

In managing of menopausal symptoms, the stepwise approach is the best; beginning with lifestyle modifications and progressing to nutritional supplementation, nonpharmacologic therapy, and nonprescription and prescription medications.

Conservative treatment has proved beneficial in many women and should be considered first-line therapy in women with mild symptoms and adjunctive therapy in all others. Move to the next level if the chosen approach is ineffective for two to four cycles. In Level 1. PMS, mild to moderate change in the lifestyle should be followed. Aerobic exercise, nutritional changes, reduction of caffeine, salt, alcohol; increase in complex carbohydrates should be followed as well (Sturdee & Maturitas, 2018).

Nonprescription drugs such as Calcium, 1,000g or magnesium 400g, once daily, Chaste tree extract (Vitex agnus-castus) 30-40mg daily should be used. Relaxation therapy, Cognitive behavioral therapy should be included. In level 2. PMS with physical problems predominating: the following should be administered; Spironolactone, 25mg daily, for breast tenderness and bloating, OCs (regular or long cycle) or MPA for breast and abdominal pain, NSAIDs during the luteal phase. In level 3, PMS with mood symptoms predominating: The following treatments are suggested; SSRIs on symptom days only (If initial SSRI is ineffective or not tolerated, try at least two additional types of SSRIs (including venlafaxine) before abandoning this type of agent. Continuous SSRIs (If initial SSRI is ineffective or not tolerated, try at least two additional types of SSRIs (including venlafaxine) before abandoning this type of agent). Buspirone during the luteal phase. In level 4, PMS, if there is no response to therapy for Levels 1–3: the Continuous high-dose progestin (e.g., oral MPA, 20–30 mg daily; DMPA, 150 mg every three months; GnRH (usual dose) with add-back estrogen/progestin should be continued (Dehlendorf, et al., 2017).

In Psycho-educational approaches Evidence suggests that women who have negative expectations of the menopause or are highly stressed or distressed are more likely to experience a more negative menopause. Small studies have identified the value of group meetings, combining cognitive behavioral group treatment, information giving, self-education, relaxation training, group support, lifestyle modification, and psychological coping skills. These can lead to improved quality of life and a reduction in frequency of vasomotor symptoms (Mitchell,et al., 2017).

Health Promotion, Maintenance, and Prevention Education

Lifestyle approaches while diet influences health in terms of morbidity and mortality, there is no evidence that any dietary components offer improvement in vasomotor symptoms, other than possibly phytoestrogens. All women should be encouraged to follow current national guidelines for healthy eating. By reducing intakes of caffeine, alcohol, hot drinks and spicy food, reducing smoking, and avoiding stress and hot environments, women may help reduce the frequency and severity of hot flushes. A systematic review did not find evidence that exercise reduces vasomotor symptoms because of a lack of trial data. However, as exercise has significant psychological and physiological benefits and helps with weight control. If the management of symptoms in women using HRT is inadequate, other causes of hot flushes and night sweats should be considered. Thyroid function abnormalities can cause several symptoms that can be confused with those of the menopause, and hot flushes are indicative of an over-active thyroid. Other causes of hot flushes include carcinoid syndrome and pheochromocytoma (Pitken, 2017).

Vasomotor Symptoms

Vasomotor symptoms may be managed using hormone replacement therapy (HRT), complementary therapies, lifestyle changes and other alternatives. Following consultation and assessment of their symptoms by the healthcare provider, women who experience troublesome hot flushes and night sweats may opt for medical intervention or decide not to.Alternative approaches to manage vasomotor symptoms include other prescribed medication, complementary therapies, psycho-educational approaches, and diet and lifestyle advice. Women who choose these treatment options will either not want or should not take HRT. Some women who avoid HRT will have had breast or endometrial cancer, and it is important for all menopause healthcare practitioners to be aware of the ‘Do Not Do’ recommendations for women with a history of breast cancer (Rees, et al., 2018).

In using herbal remedies, Herbal products that women may take to manage vasomotor symptoms include black cohosh, oil of evening primrose, dong quai, ginkgo biloba, ginseng, agnus castus and St John’s

wort. Many herbal preparations can be bought over the counter and few have gained registration with the Medicines and Healthcare products Regulatory Agency. There is no evidence that these products are effective for treating menopausal hot flushes. Herbal remedies need to be used with caution in women with a contraindication to estrogen because they may interact with other medications with adverse effects. It is the responsibility of the healthcare professional to ascertain if women are using any over the counter product and record its use in patient notes. Homeopathy is the use of dilute substances that bring about a healing response without the presence of side effects. In some cases, the response is greater in lower doses. The mechanism of action is unclear, but the results from case histories and observational studies are encouraging and further studies are required (Sapkota, et al.,2017).

Regarding recommending or discontinuing hormonal replacement therapy. There is currently no consensus on the ideal length of HRT treatment, but most guidelines recommend 2–5 years with yearly discussion on risks and benefits. Some nurse practitioners would recommend that a patient stop HRT because she has been exposed to exogenous hormones for 4 years. Nurse practitioners should have annual discussions with patients on the risks and benefits of HRT, because the risks change with advancing age. Health care providers should learn about the latest research on cardiovascular risk associated with menopause and the use of HRT or ERT so you can accurately assess your patients' personal characteristics and health education needs; share the information with your colleagues. Patients should be encouraged to ask their primary providers for an individualized assessment of their cardiovascular risk related to menopause and the use of HRT; provide any relevant supporting information when they discuss their risk profile. The providers should encourage patients to maintain a healthy lifestyle, including getting regular exercise, abstaining from smoking, and consuming a diet low in saturated fat. The providers should emphasize the importance of taking any prescribed antihypertensive and lipid-lowering medications.For women who choose to take HRT, the provider should educate them regarding the importance of continued medical surveillance for reevaluation of their individualized cardiovascular risk assessment (Schivone, 2017).

Conclusion HRT remains the most effective treatment for vasomotor symptoms, yet many women with these symptoms at menopause prefer to use alternative therapies. The evidence for the effectiveness of HRT and alternative therapies in the treatment of hot flushes and night sweats have been discussed. More research is required to understand why hot flushes occur in menopausal women (Thompson & Ritenbaugh, & Nichter, (2017).

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Citation: **Catherine A. Olubummo, Jameelah Hegazy.** *Hormone Replacement Therapy. Open Access Journal of Gynecology and Obstetrics. 2019; 2(2): 09-12.*

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