Menopause is a natural process that results in a decline in production of estrogen, progesterone and testosterone in a woman’s body. The decline in estrogen production from the ovary can be associated with the onset of vasomotor symptoms, also known as hot flashes and night sweats, which can be uncomfortable physical changes that can disrupt daily functioning and sleep quality.

Other symptoms associated with the decline in estrogen production are vaginal dryness which can be a result of atrophy or thinning of the vaginal tissues. Changes in vaginal lubrication and thinning of the walls may lead to reduced elasticity in the vagina and discomfort with vaginal intercourse.

Low estrogen levels gradually affect the bone, resulting in decreasing bone mineral density after menopause. In some women, osteoporosis can develop.

Hormone therapy is an option for treating the symptoms associated with the menopause transition.

One of the most effective treatments for bothersome hot flashes and night sweats is estrogen, which is FDA approved in many formulations for treating vasomotor symptoms. If a woman has had a hysterectomy, then estrogen alone can be given to treat symptoms. However, if a woman has her uterus, then progesterone needs to be given with the estrogen to balance the stimulating effects of estrogen on the uterine lining. Estrogen can be taken as a pill, applied to the skin as a patch, gel, cream or mist, or used vaginally as a ring.

Progesterone needs to be taken orally for adequate absorption into the body unless it is taken as a combination (estrogen and progesterone) transdermal patch formulation. There are two FDA approved combination patch formulations (Estradiol/norethindrone and Estradiol/levonorgestrel).

Hormone therapy (estrogen and progesterone) is also FDA approved to treat symptoms associated with vaginal atrophy in a woman who also has vasomotor symptoms. Very low dose estrogen can be used directly in the vagina to treat symptoms of vaginal
atrophy and may be the only treatment needed if vaginal dryness or painful intercourse is the only symptom. Vaginal estrogen can be used as a vaginal suppository, cream or ring.

Testosterone therapy is currently not FDA approved as a menopause treatment but is sometimes used “off label” for women with low sexual desire.

Using hormone therapy after menopause does have risks, including increased risk of thrombosis (blood clotting in venous or arterial circulation), breast cancer, stroke and heart attacks. Taking hormone therapy earlier in the menopause transition and at a younger age (< age 60yrs) seems to be associated with fewer risks. Your doctor can help you weigh your individual risks and benefits to decide if hormone therapy is right for you.
FREQUENTLY ASKED QUESTIONS

Q. My doctor gave me an estrogen patch to wear weekly and a progesterone pill to take at night. What side effects can I expect when I start the treatment?

A. After starting the estrogen patch, you may notice mild breast tenderness or vaginal spotting, progesterone can cause bloating and fluid retention. It is also sedating so taking the treatment at bedtime is advised. Occasionally the patch can cause skin irritation. Changing the patch site and applying a topical cortisone cream may help but if the irritation persists, check with your doctor about changing to another form of estrogen.

Q. I had a hysterectomy so my doctor said that I do not need to take progesterone. Are the risks of taking hormone therapy different if progesterone is not used?

A. The Women’s Health Initiative study, which is the largest randomized controlled trial in the US studying the effects of hormone therapy in postmenopausal women, evaluated women who had a hysterectomy and took estrogen only in one arm of the study. In this study of women with hysterectomies, there was no increase in breast cancer cases after approximately 7 years of taking oral estrogen compared to the group that did not take estrogen (“placebo” group). Increased risks of venous and arterial thromboembolism and stroke were seen in the women who took estrogen.

Q. I’m not having hot flashes anymore but am bothered by vaginal dryness and intercourse is painful. What type of treatment is there for my problem?

A. Some of the first symptoms of vaginal atrophy can be vaginal dryness and pain with sexual intercourse. Vaginal estrogen has been shown to be highly effective at reversing the signs and symptoms of vaginal atrophy. Vaginal estrogens are not absorbed into the blood in significant amounts so progesterone does not need to be taken in women who use vaginal estrogen and have a uterus. Many women find relief from symptoms such as vaginal dryness by using vaginal moisturizers and/or lubricants.
Q. I’m still having period, though less frequently, and my doctor says I’m “perimenopausal.” I’m not sleeping well because of night sweats so my doctor prescribed estrogen and progesterone. Will I continue to have periods while I am on hormone therapy? Will the hormones make my periods stop?

A. Hormone therapy will relieve the night sweats but will not affect the frequency of your naturally occurring periods. The dose of hormones used to treat menopausal symptoms is a fraction of the dose of hormones used in birth control pills and will not stop ovulation, if it is still occurring. Some women who are transitioning into menopause and still having menstrual periods may be prescribed birth control pills if contraception is still needed and menstrual periods are irregular or heavy. Your doctor can determine which form of hormonal treatment is best for you.

Resources
For additional information on menopause, refer to:

Pause online magazine, published by the American Congress of Obstetricians and Gynecologists, www.pause.acog.org

For more information regarding menopause and hormone therapy treatment options or to schedule a visit with a menopause specialist, contact, call 800-926-8273.

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