Proceeding S.Z.P.G.M.I vol: 11(1-2) 1997, pp. 1-4.

Hormone Replacement Therapy and Its Complications in Our Setup

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SUMMARY

Sixty women with menopausal symptoms were studied. Age varied from 32-65 years. Common symptoms were hot flushes, dysparuenia, muscular pains and urinary problems. Premarin, Estrogen and Testosterone implants, and progyluton were given as hormone replacement therapy. Forty women (66.6%) showed good compliance. However common side effects, reported were breast tenderness and sense of lower abdominal discomfort.

INTRODUCTION

Menopause and hormone repalcement therapy (HRT) is not a new subject. It dates back to 1920 when estrogen was synthesized and in 1935 it was used to treat hot flushes[1]. It is gaining importance these days because life expectancy is increasing, birth rate is decreasing and there is increase in aged population with all hormone deficiency problems. Moreover awareness is increasing among general population regarding the treatability and prevention of nearly all the menopausal symptoms. HRT if given properly and with caution definitely gives quality and quantity to life.

PATIENTS AND METHODS

Analysis was carried on sixty women visiting for consultation from October 1994 to September 1996. These patients were clinically evaluated for HRT. Different regimens of HRT were given after excluding the absolute contraindications, getting baseline investigations and ascertaining about the presence or absence of uterus. Initially large doses of premarin i.e. 1.25 mg were given twice daily to control the symptoms which was usually possible in one to two months and later the dosage was gradually reduced to maintenance level. When the uterus was intact progestogens was added. Progyluton was prescribed for pateints with premature menopause, myacalcic nasal sprays were added in patients with musculoskeletal problems. In women who had hysterectomy estrogen alone was given but in case where there were more musculoskeletal symptoms progestrone and myacalcic nasal sprays were added. In addition to HRT, instructions were given about physical activities, anxiolytics and tonics like calcium and vitamins.

The patients were followed up at initially monthly, than three monthly, and six monthly intervals. Once the symptoms were controlled and maintenance therapy was initiated they were seen after 6-12 months. On follow up visits detailed history about the improvement of symptoms and development of any new problems was taken. Special note of weight, blood pressure, breast, abdominal and pelvic examination was done. Pelvic ultrasonography to determine the endometrial thickness was done more often when large doses of Premarin was given. The idea was to keep the endometrial thickness in single figure. Yearly Pap smear, liver function tests and lipid profile were done. Mammography was offered to the patients every 1-3 years according to individual criteria.

The premarin .625 mgm was either given on alternative days or daily or twice daily for 3 months, 28 days and 21 days respectively with provera or orgametril for the last 10 - 12 days of the cycle.

Progyluton was prescribed for patients with premature menopause, myacalcic nasal sprays was added in the patients complaining of musculoskeletal problems.

In cases of hysterectomy estrogen alone was given but the case in which there were more musculoskeletal symptoms progestogen and myacalcic nasal sprays were added.

RESULTS

Table 1 shows the age distribution of women who received HRT. Their ages varied from 32-65 years but mostly were from 40-50 years of age.

Table 1: Age distribution of women who received HRT (n=60)

Age in years	*Number*	*Percent*
Less then 35	3	5.0
35 - 42	8	13.3
42 - 50	30	50.0
50 - 60	17	28.3
More than 60	2	3.3

Table 2 shows.the indications for HRT. Hot flushes was the commonest complaint, others being dysparuenia mostly due to dry vagina, psychological symptoms in the form of depression, irritability and inability to concentrate and urinary problems like frequency, urgency and muscular aches and pains. Few patients had symptomatologies attributed either to premature menopause or iatrogenic castration. Most of the patients had combination of complaints. It was interesting to note that some patients came forward to have HRT for cosmetic reasons and to keep themselves young and fit.

Table 2: Indications for HRT (n = 60)

Indications	*Number*	*Percent*
Hot flushes	20	33.3
Dysparuenia and psychological	12	20.0
Artificial menopause	6	10.0
Urinary problems	4	6.6
Muscular aches and pains	4	6.6
Cosmetic reasons	3	5.0
Premature menopause	3	5.0
Combinations (i.e Hot flushes, genitourinary, and muscular aches and pains)	8	13.3

Table 3: Distribution of women receiving HRT with regard to presence of uterus

Indications	*Number*	*Percent*
Patients with intact uteri	35	58.4
Patients without uterus	25	41.6

Tabel 3 shows the distribution of patients with intact or without uterus. Thirty five (58.4%) were having intact uteri and 25 (41.6%) without uterus.

With intact uterus in addition to estrogens, progestogens were added cyclically.

Table 4: Maintenance therapy for patients with intact uterus (n=35).

H.R.T. used	*Nos.*
Premarin .625 mgm on alternate days for 3 months with orgametril 5 mgm last 12 days.	20
Premarin .625 mgm for 28 days with provera or orgametril last 11 days	10
Progyluton	3
Premarin 1.25 mgm for 21 days/orgametril 5 mgm for 10 days and Myacalcic nasal spray	2

In this study group implants of estrogens and testosterone were also used as few patients managed to get them from abroad (not available in Pakistan) as shown in Table 5.

Table 5: Maintenance therapy for patients without uterus (n = 25)

H.R.T. used	*Nos.*
Premarin ..625 mgm once or twice daily and maintenence dose of .625 mgm per day	13
Estrogen implants	4
Estrogen and testosterone implants	2
Premarin/orgametril/myacalcic nasal spray	6

All patients were nearly relieved of their presenting symptoms but compliance was good in only 40 patients and poor in 20 cases as shown in

table 6. It was seen that compliance was better in younger age group as compared to aged population. There were phobias about carcinoma of breast and uterus, ill effect on the liver, and periodic withdrawal bleeds, which were mostly removed after detailed discussions and reassurances.

Table 6: Compliance for.H.R.T. (n = 60)

Compliance	*Number*	*Percent*
Good	40	66.67
Poor*	20	33.33

* Phobias about cancer (Ca. breast, endometrium of ovary) liver disease, and withdrawal bleed 30 (50%)

Other side effects (Table 7) which occured in patients were breast tenderness and lower abdominal discomfort. This usually subsided with passage of time in 3-4 months. Hypertension and diabetes of milder degree occured in 6.67% and 3.33% of the patients respectively. These patients were obese and had family history of these disorders. Problems were controlled with oral therapy.

Table 7: Side effects/Complications with HRT

Side effects/complications	*Number*	*Percent*
Breast tenderness	35	58.33
Sense of lower abdominal discomfort	20	33.33
Migraine	4	6.66
Hypertension	4	6.66
Diabetes mellitus	2	3.33
Cholelithiasis	1	1.66
Weight gain > 4 kg/year	2	3.33
EUA and Dx. D & C	6	10.00

Cholilithiasis occured in just one patient who again was obese. Only two patients had excessive weight gain.

Migraine occured in four patients in which estrogen therapy was discontinued and they were helped with progestrogens, anxiolytics, analgesics and tonics. Examination under anaesthesia and fractional currettage was done in six cases but reports came out to be benign.

DISCUSSION

There are extensive data suggessting that hormone replacement therapy (HRT) is effective in alleviating the effects of menopause[2,3,4]. Menopause has been described as a deficiency disease, associated with wide variety of physical and psychological symptoms including hot flushes, dysparuenia, urinary frequency, sleep disturbance, tiredness, depression and anxiety[5,6].

HRT is relatively a new subject which is not very well understood, both by practitioners and general population. A great number of patients attribute the side effects of contraceptive pills to HRT. This impression is wrong because in HRT natural hormones are prescribed and in small dosages with very few side effects.

In this study it was noted that relatively younger age group came forward for help and compliance was better in this group comparing to older patients.

Osteoporosis and coronary artery disease is associated with high morbidity and mortality. These problems are very common after menopause because of estrogen dificiency and both these conditions can be prevented by timely administration of HRT[7].

Basically the physician must be well informed about the risks and benefits of HRT and should be capable of individualizing the treatment regimen to the special need of patients who should also be well informed and counselled properly.

CONCLUSION

HRT is still a complex and controversial subject especially the cost of long term treatment and interference with the natural process of aging.

HRT is known to decrease morbidity and mortality from osteoporosis by 50-60% and from coronary artery disease by 70-80%.

HRT is inexpensive, gives good relief of symptoms, generally well tolerated, patients complaince is good and positive effect of HRT encourages them to have long term therapy.

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