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UTIAN WH

Practical paradigm for HRT usage in osteoporosis prevention

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PRACTICAL PARADIGM FOR HRT USAGE IN OSTEOPOROSIS PREVENTION

Physicians play an important role in proactively identifying risk factors for long-term disease in menopausal women and also in the following:

- Implementing preventive programmes
- Monitoring and maintaining continuance of therapy
- Diagnosing osteopenia or osteoporosis
- Referring patients as appropriate

Guidelines for the use of HRT have changed considerably. It was previously thought that patients should only receive HRT if they were committed to the concept, and if indecisive, BMD would be the deciding factor in prescribing.

Increasing understanding of HRT suggests that patients should be managed aggressively. The current recommendations from the Association of Professors of Gynaecology and Obstetrics (APGO) were taking a step back to previous recommendations. Instead endorsed 'decision trees for the use of HRT' developed by the NAMS have been published (Menopause 2000; 7: 87–95). These algorithms are based on best medical practice and fulfil the guidelines required by the NAMS for establishing recommendations.

The decision trees provide a cost-effective core pathway for the use of HRT in treating menopausal symptoms and osteoporosis. As part of a full peri/post-menopausal clinical evaluation it is important to discuss HRT and then determine the patient's health priorities and whether HRT is contraindicated. If HRT is not contraindicated, the following algorithms should be followed:

Figure 1: A decision tree for the use of estrogen replacement therapy in post-menopausal women to treat menopausal symptoms. Consensus opinion of the North American Menopause Society. Adapted with permission from Menopause 2000; 7 (2): 87–95.

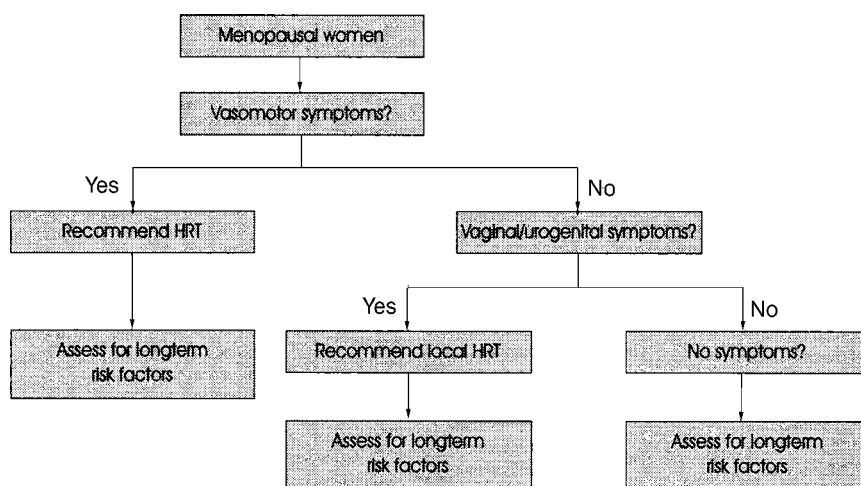
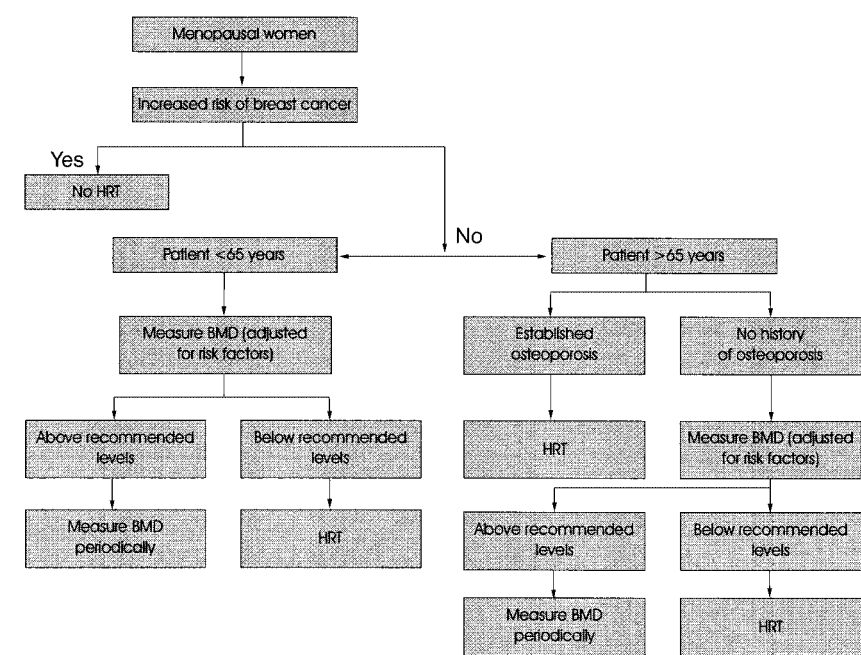


Figure 2: A decision tree for the use of estrogen replacement therapy in post-menopausal women to treat osteoporosis. Consensus opinion of the North American Menopause Society. Adapted with permission from Menopause 2000; 7 (2): 87–95.



Prof. Wulf H. Utian, MD, PhD

Wulf Utian is Director of the Department of Obstetrics and Gynecology at the University Hospitals of Cleveland and Arthur H. Bill, and Professor and Chairman of the Department of Reproductive Biology, Case Western Reserve University. He is also Director of the Cleveland Menopause Clinic and President of Rapid Medical Research, Inc. He originally received his medical degree from the University of Witwatersrand, South Africa, and his PhD from the University of Cape Town, South Africa. Dr Utian is a specialist in gynecologic endocrinology and infertility and, in 1967, he established the Groote Schuur Menopause Research Clinic in Cape Town, the world's first such clinic. He has studied the metabolic and psychosocial aspects of estrogens and menopause for over 30 years and is an innovator in advanced reproductive technology.

He is an active member of numerous societies and is Founding President of the North American Menopause Society. He also serves on a number of national and international committees, including the Board of Trustees of the North American Menopause Society, the International Menopause Society and the Medical Health Advisory Board of the Society for the Advancement of Women's Health Research. The author of 150 papers and five books, he is also the editor of Menopause and Menopause Management. A strong advocate for women's health, he has achieved national recognition for his work and is interviewed regularly by high-profile publications such as the Wall Street Journal and the New York Times. He has also been listed as one of the top ten researchers in women's health in the US.

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FOR ASSESSMENT OF MENOPAUSAL SYMPTOMS (FIGURE 1)

If patients are experiencing vasomotor symptoms they should be given HRT. Long-term treatment should also be considered of this point depending on long-term risk factors. If patients are only experiencing vaginal and urogenital symptoms, it may be better to use local rather than systemic therapy. If patients are not experiencing any symptoms, only the risk factors need to be considered in relation to HRT.

FOR ASSESSMENT OF OSTEOPOROSIS RISK (FIGURE 2)

If there is an increased risk of breast cancer, HRT is not recommended, as there are alternative treatments. If there is no risk of breast cancer and the patient is under age 65 years with no additional risk factors, BMD should be measured first. If above the recommended levels, BMD measurement should be repeated every 3–5 years. If BMD is below recommended levels, HRT should be prescribed. The same decision tree is adopted if the patient has additional risk factors, except that initial BMD measurements are adjusted for these risk factors. If a patient is over 65 years with established osteoporotic fractures, treatment should be instigated immediately.

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