Menopause Matters!

Lisa Lipschitz MD, ABOG, MSCP

Menopausal Hormone Therapy (MHT)

Indications

- Treatment of moderate to severe vasomotor symptoms
- Prevention of osteoporosis in postmenopausal women

Contraindications

- Unexplained vaginal bleeding or active liver disease
- History of or high risk for stroke, blood clot or heart attack
- Breast cancer or high-risk endometrial cancer

Timing

 MHT should be started within 10 years of menopause or before age 60. Otherwise, the health risks outweigh the benefits.

Treatment

Estrogen

- There are different estrogen preparations. Estradiol has the same structure as the estrogen produced by our bodies, is FDA approved, and is available at the pharmacy.
- The most common delivery routes are oral or transdermal.
- Either route has a good safety profile when used in appropriately selected patients but transdermal seems to have an even better safety profile.

Progestogen

- If you have a uterus and are on estrogen, you must also be on a progestogen. Estrogen alone can cause overgrowth of your uterine lining, which can result in uterine cancer. The progestogen protects your uterus.
- Progestogen options include pills, combined patch with estrogen or the Mirena IUD
- Oral Micronized progesterone is bioidentical to the progestogen our body produces

Pearls

Any postmenopausal vaginal bleeding is abnormal! Tell your doctor right away, as while there can be many causes, your doctor should evaluate you for endometrial hyperplasia or cancer.

Websites

• The Menopause Society (menopause.org) provides a list of menopause practitioners and evidence-based menopause information.

American College of Obstetrics and Gynecology

https://www.acog.org/womens-health



https://www.acog.org/womens-health/faqs/hormone-therapy-for-menopause

