

HRT and beyond



THE
ROYAL COLLEGE
OF PHYSICIANS

Highlights from this year's British Menopause Society Conference from Menopause Matters editor, Pam Brook.

For those interested in all things menopause there was only one place to be this summer – at the British Menopause Society's 28th Annual Conference of course! The event is now the largest annual conference in Europe on menopause and post-reproductive health. The meeting was oversubscribed and attended by over 300 leading experts, specialists, and trainees, both national and international.

Kicking off the conference, BMS chairman, Kathy Abernethy looked at the menopause press coverage over the past year, including the statements and guidance issued. She told delegates: "This year's conference has a range of lectures and workshops to refresh and broaden your knowledge ...to give you the confidence to manage the menopause in the way you feel is best."

Delivering the BMS Annual Lecture, Professor James A Simon, spoke about micronized progesterone in HRT and examined what the evidence had to say. The unfounded fears many people still had around HRT were based on what he described as a prime example of a "Zombie idea. This was a concept established by 2008 Economics Nobel Prize winner, Paul Krugman as An idea that should have been killed by evidence, but refuses to die." How true is that! Something heartily embraced by all in the audience!

In a comprehensive presentation Prof. Simon set out to demonstrate that not all progestogens are the same and micronized progesterone may have some unique properties. A practical point was that its absorption is enhanced twofold in

the presence of food. GP and menopause specialist, Dr Hannah Short, described it on twitter as: "An excellent annual lecture."

Dr Marianne Canonico looked at hormones and thrombosis revealing that only 30% of women on HRT in the UK and USA are prescribed transdermal estrogen, whereas in Italy and France it's 70%. Transdermal estrogen eliminates VTE risk and is safer for women with migraine, obesity, diabetes and other CVD risk factors. The type of progestogen prescribed is important in terms of VTE risk in combined HRT. Dr Canonico reported that micronized progesterone appears to be the safest.

Fantastic opportunity for women

There was loud applause for Professor Andrea Genazzani's superb Pat Patterson Lecture HRT: body and mind health, a fantastic opportunity for women. Andrea outlined how HRT has real potential to change the dynamics around the ageing process and really improve the quality of life for so many women. It was his belief that the personalized approach was key together with lifestyle changes to diet. "Esterol (E4)," he said, "is the first NEST – Native Estrogen acting Selectively in Tissues – that's different to other estrogens. It acts as an agonist on the nucleus offering beneficial effects on bone, the vagina, endometrium and the cardiovascular system. It also blocks the estrogen receptor in breast tumour angiogenesis and has mixed antagonist and agonist effects on the liver and the breast."

Healthy ageing is already here...and menopause knowledge and care continues to increase in interested health professionals. However, as GP Dr Hannah Short tweeted, whilst listening to Dr Louise Newsome's presentation about how GPs should be managing early menopause: "The psychological symptoms of menopause are often the most debilitating and unexpected,



• BMS
Chairman
Kathy
Abernethy.

for women. HRT is the first line treatment, not anti-depressants. We should also be giving lifestyle advice." Samantha Short agreed, tweeting: "Yet many women are prescribed anti-depressants by their GPs or have their symptoms dismissed as all in their head, so how do we change this?"

In her presentation Dr Newson also said that there was increasing evidence that estrogen depletion was associated with ageing and long term risks to health. She felt that women with POI (premature ovarian insufficiency) need hormone treatment until the age of 51 at least, to help restore physiological estrogen levels. "Doing nothing is not an option," concluded Dr Newson.

Takeaways

This packed two-day programme really did reflect its theme – namely that there is a truly holistic approach to menopause care in the UK and beyond. As BMS chairman elect, Mr Haitham Hamoda said: "Some really great content. I think it really was the best conference yet."

The BMS voice aims to provide an informed, balanced and objective guide to managing the menopause and the post-reproductive era, that is relevant to a wide variety of health professionals. This year's annual conference demonstrated that message is being delivered loud and clear and leading the way. All to the benefit of women everywhere.

As Michael Dooley added in his message we should all: "Spend some time to reflect on what you are grateful for."

By special request

Menopause Matters's own Dr Heather Currie chaired a session on talks previous conference attendees had requested. This included one from Mr Michael Dooley, a consultant gynaecologist at Dorset County Hospital and director of The Poundbury Clinic. He called his presentation Lifestyle: The forgotten treatment of the menopause.

Mr Dooley's talk explained brilliantly that exercise, if not too excessive, has so many benefits, including, he said: "A reduction in hot flushes, improved mood, bone density, muscle strength, and reduced risk of fall and early mortality. There is also evidence that it can reduce the risk of heart disease by as much as 40%, strokes by 30% and type 2 diabetes by 30%."

It was William James Mayo, one of the seven founders of the renowned Mayo Clinic, who said: "The aim of medicine is to prevent disease and prolong life, the ideal medicine is to eliminate the need for a physician." There was no argument, said Mr Dooley, that HRT could play an important part in that but his experience had shown that estrogen was not a silver bullet. "As J. Schumann put it in 2016, women need to keep it simple. Get enough sleep, move your body throughout the day, eat well from a healthy assortment of foods. These should be mostly plants and not too much meat. Avoiding refined sugars is important." Michael also emphasised the importance of just connecting with others: "Interacting socially is healthy. Isolation is not good for the body, soul or mind." He also advised that doctors should set an example to their patients too!

British Menopause member and yoga teacher, Petra Coveney agreed: "Moving the body, calms the mind and gives women back a sense of control. It's all about feeling positive."

Another conference highlight was Professor Peyman Hadji who looked at the management of osteoporosis in the menopausal woman. According to consultant, Peter Greenhouse, one of the most important points he made about the benefits HRT and osteoporosis was the need to: "Bury, once and for all, the ridiculous maxim of 'lowest dose for the shortest time.'" This received substantial audience approval.



Other Highlights...

The ever-popular topic of POP – pelvic organ prolapse – was under the spotlight by Arvind Vashisht. He looked at the latest treatments and developments, the controversies around materials and techniques.

Dr Fiona Lewis, consultant dermatologist, spoke about skin and hair changes in the menopausal woman. These are multifactorial – estrogen depletion, age and the effects of cumulative exposure to the sun. Moisturising is a must! Remember we don't get wrinkles – they are just dynamic expression lines!

"It's vital that there is a universal recognition of the severe impact that PMS can have," said Nick Panay in his talk. "They are emotional and distressing."

Professor Serge Rozenberg, discussed the CVD and breast cancer 'multiple-hit' hypothesis. He felt it was fundamental that modifiable risk factors were addressed. This included exercise and a plant-based Mediterranean style diet.

AMH (Anti-Müllerian hormone) is now routinely used to evaluate ovarian reserve in women, explained Professor Scott Nelson. He concluded that genetics alone don't explain the variance in age of menopause. Low AMH is concerning for fertility and reproductive lifespan and the optimal model for predicting such included biomarkers, genetics and phenotypic description.