

Managing Menopause – HRT or Herbal?



Menopause is a natural event and understandably many women wish to manage their menopause with natural therapies such as herbals and supplements. With the publication of the combined continuous HRT arm of the Women's Health Initiative (WHI) even more women are interested in using so-called "natural therapies". But what is the evidence that these therapies have any therapeutic effects?

This short review will begin by first of all examining the WHI study (1). This study assessed the risks and benefits of commonly used hormone replacement regimen (HRT), Premarin 0.625mg and Provera 2.5mg both taken daily against a placebo. The trial was performed on healthy women with an average age of 63 years (50-79 years) and 8,506 were treated with Premarin and Provera and 8,102 were given the placebo treatment. After an average of 5.2 years of follow-up the trial was stopped early because of a perceived increased risk of breast cancer. It is standard practice to add a progestin (in this case Provera) to oestrogen therapy (in this case Premarin) for any woman who has an intact uterus, to protect against uterine cancer. For women who have had a hysterectomy it is standard practice to use oestrogen alone. WHI is still ongoing for women without a uterus who are taking Premarin 0.625mg alone, as no significant adverse effect has been observed to date.

	Extra cases (per 10,000 HRT users/year)
Heart disease	8
Breast cancer	8
Strokes	8
Pulmonary emboli (lung clots)	8
Bowel cancer	6 fewer
Hip fractures	6 fewer

Overall the group on this HRT regimen had a similar risk of all cancers to the control group and there is no increased risk of death from all causes.

As stated in the editorial, these findings suggest that Premarin and Provera taken continuously should not be recommended for long-term prevention of diseases such as heart disease or osteoporosis. In Australia the majority of women are using HRT for short-term use (1-3 years) for the treatment of menopausal symptoms and these women are not affected by the results of this study.

With respect to breast cancer risk, many women in the trial had used HRT prior to entering the study. The increased risk of breast cancer was only seen in women who had prior use of HRT. **In other words, women who took Premarin and Provera for less than five years had no increased risk of breast cancer.** This is consistent with previous studies such as the large re-analysis performed by Professor Beral in 1997 (2). In Australia the average woman has a risk of developing breast cancer of around 7% from the age of 50 and according to these results if she took HRT for more than five years her risk would go up to 7.4%. These women would have a similar reduction in their risk of bowel cancer.

Women who have been using Premarin and Provera for less than five years should not be overly concerned by the study but should discuss with their doctor whether or not they should stay on the treatment. Women who have been on Premarin and Provera more than five years should either wean off it or be swapped to another kind of therapy. Stopping HRT abruptly often results in severe flushing and it is generally kinder to reduce the dose of HRT for a couple of months before stopping it completely to prevent severe rebound flushing.

These results do not necessarily apply to women using other regimens (patches, gels, implants, or even other oral therapies). The WHI study only involved the use of oral Premarin and we do not know whether these results can be extrapolated to non-oral therapies. These results do not



apply to women who have had a hysterectomy and using oestrogen only. The WHI safety committee has allowed the oestrogen-only arm of the study to continue because there is no evidence of adverse effects at this time.

In Australia today the main reason for women using HRT is to relieve symptoms and they typically take HRT for one or two years. These women should be reassured that the treatment is safe. Results from the WHI study have shown that continuous combined

Premarin and Provera is not suitable as a long-term strategy for preventing heart disease and osteoporosis. For women with osteoporosis, non-HRT options such as Evista (raloxifene), Livial (tibolone), Fosamax (alendronate) and Actonel (risedronate) are appropriate alternatives.

What about Herbal Therapies?

For most herbals the evidence that they are effective is entirely anecdotal. Also many herbals suffer from poor quality control and almost a complete lack of meaningful clinical data. Clinical trials of a variety of types of HRT's have shown that they are more than 90% effective by four weeks and that the placebo effect over 12 weeks is around 50%.

Following are some of the products that have been put to clinical trials (3). (define type of trial – i.e. were all or some prospective, randomised, and placebo-controlled?)

Soya

Our work on Soya is consistent with the published literature, namely that two or three serves of Soya-rich food a day are associated with around a 50-60% improvement in menopause symptoms after 12 weeks suggesting an effect either equivalent to placebo or slightly better.

Red Clover

A number of trials have been performed using red clover. The trials have either been negative or shown an effect around the 50% placebo mark.

Black Cohosh

Remifemin is an extract of black Cohosh, which is very popular in Germany. Clinical trials have shown that this product probably is better than placebo with an efficacy rate of around 60-70% by 12 weeks.

Topical Progesterone

Our research group has recently completed a 12-week trial of progesterone cream and found this to be ineffective for treatment of menopause symptoms as well as being ineffective for prevention of bone loss (based on biochemical markers).

Other studies

Other herbal preparations that have been studied and shown to have negative clinical trials include Dong Quai, Evening Primrose Oil and Wild Yam Cream (3).

With regard to osteoporosis, all menopausal women should be having a calcium intake of at least 1000mg per day and 400units of Vitamin D daily. There is little evidence that the source of these compounds makes any difference (i.e. supplement versus food source). At least three or four hours a week of weight-bearing exercise can also help prevent bone loss. However it is also clear that some women despite an excellent lifestyle and an intake of calcium and vitamin D will lose bone probably because of genetic factors. Herbal therapies such as phytoestrogens cannot be recommended for the prevention or treatment of osteoporosis. The gold-standard studies for osteoporosis are fracture studies. Small studies with bone density measurements as the endpoint do not constitute gold-standard proof.

Conclusions

For most women using HRT it should be used for a couple of years to treat symptoms and then the dose can be reduced over a couple of months and stopped. Women who wish to try a natural therapy for treating



menopause symptoms can try either a diet high in soy (in cereals) or Remifemin in a dose of two twice a day. A few women will need to stay on long-term HRT because of severe persistent symptoms such as hot flushes (10-20% of women). A peri-menopausal woman with a low bone density may choose to use HRT in some form for up to five years and then may consider swapping to a non-HRT option such as Evista or Fosamax.

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References:

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3. Eden JA. Managing Menopause – HRT or Herbal? *Modern Medicine* August 1999:32-35.