

**Request # 20285330****JUN 30, 2006****Mail To:**

Fordham Health Sciences Library (OhioLINK#547)  
Interlibrary Loan  
3640 Colonel Glenn Highway  
Dayton, OH 45435-0001

**DOCLINE: Journal Copy EFTS Participant**

Title: Climacteric : the journal of the International Menopause Society.  
Title Abbrev: Climacteric  
Citation: 2000 Sep;3(3):153-4  
Article: How should we give progestogen?  
Author: Sturdee D  
NLM Unique ID: 9810959 Verify: PubMed  
PubMed UI: 11910615  
ISSN: 1369-7137 (Print)  
Publisher: Parthenon Pub., New York :  
Copyright: Copyright Compliance Guidelines  
Authorization: barb  
Need By: N/A  
Maximum Cost: **\$15.00**  
Patron Name: Glaser, Rebecca - TN: 93017  
Referral Reason: Not owned (title)  
Phone: 1.937.775-4110  
Fax: 1.937.775-2232  
Email: fill@www.libraries.wright.edu  
Ariel: 130.108.121.58  
Alternate Delivery: Ariel,Email(PDF),Fax

Comments: **GMR-RL PLEASE ARIEL OR EMAIL IF POSSIBLE.  
THANKS**

Routing Reason: Routed to MNUMAY in Serial Routing - cell 3

Received: Jul 02, 2006 ( 03:40 PM EST )

Lender: Mayo Clinic College of Medicine/ Rochester/ MN USA (MNUMAY)

This material may be protected by copyright law (TITLE 17,U.S. CODE)

**Bill to: OHUDAC**

Fordham Health Sciences Library (OhioLINK#547)  
Interlibrary Loan  
3640 Colonel Glenn Highway  
Dayton, OH 45435-0001

## Editorial

## How should we give progestogen?

David W. Sturdee  
EDITOR-IN-CHIEF

Side-effects from hormone replacement therapy (HRT) have always been one of the main reasons for patient dissatisfaction, with the progestogen component more often being the cause of this. Such problems are more common with sequential regimens and better long-term compliance is achieved with continuous combined therapy regimens<sup>1,2</sup>. Additional progestogen is obligatory for women with a uterus to protect the endometrium from hyperplasia and carcinoma, but how should it best be given? We have the option of giving progestogen by the oral, transdermal, vaginal or rectal routes, and each has its particular merits. However, as the endometrium is the only tissue where the effects of progestogens are necessary, it is logical to deliver the hormone directly into the uterine cavity. Intrauterine contraceptive devices that release progestogen have been tried for many years and currently the Mirena® intrauterine system (IUS) is available in several countries. However, the additional benefit, a significant reduction in the menstrual blood loss, means that it is becoming used increasingly for controlling menorrhagia as well. Using an IUS for postmenopausal women as part of their HRT regimen is a natural progression. The development of intrauterine progestogen systems is comprehensively reviewed in this issue by Frits Riphagen<sup>3</sup>. It is likely that this route of administration will prove to be most effective and acceptable, especially for long-term continuous combined therapy.

In previous issues, in Editorials<sup>4,5</sup>, original scientific articles<sup>6,7</sup> and a review<sup>8</sup>, this Journal has highlighted concerns about the exaggerated and

unsupported claims for the benefits of various complementary medicines, and, in particular, for phytoestrogens. Another controlled study of phytoestrogens in this issue, by Kotsopoulos and colleagues<sup>9</sup>, reports that the effect of soy supplement on menopausal symptoms is no different to that of a placebo. A further complementary medicine for which much has been claimed, particularly in relation to osteoporosis prevention, is natural progesterone cream<sup>10</sup>, but again there are no validated data. Using such a preparation alone with the intention of protecting the skeleton is unlikely to cause any harm, but some women are now using it as part of their HRT regimen, in the hope that it will avoid some of the progestogenic side-effects. But there are no data to show that this preparation will protect the endometrium from the proliferative effect of estrogen, and this is clearly demonstrated in the study by Barry Wren and colleagues<sup>11</sup>, also in this issue. Furthermore, the very low levels of progesterone in the plasma suggest that any significant clinical effect would be unlikely.

Unfortunately, our patients do not read these papers and anyway often seem more ready to accept the attractive anecdotal promotions in the media. We have a responsibility to inform our patients about the relative risks and benefits of hormone therapies, but some of the media will have a different agenda and motive in publishing unvalidated advertisements. What are we going to do about this?

We welcome correspondence on this and any other subjects relevant to the Journal.

## References

1. Dören M, Reuther G, Minne HW, Schneider HP. Superior compliance and efficacy of continuous combined oral estrogen-progestogen replace-

ment therapy in postmenopausal women. *Am J Obstet Gynecol* 1995;173:1446-51

2. Hill DA, Weiss NS, LaCroix AZ. Adherence to postmenopausal hormone therapy during the year after the initial prescription: a population study. *Am J Obstet Gynecol* 2000;182:270-6
3. Riphagen FE. Intrauterine application of progestins in hormone replacement therapy: a review. *Climacteric* 2000;3:199-211
4. MacLennan AH. The four harms of harmless therapies. *Climacteric* 1999;2:73-4
5. MacLennan AH. Advertising standards for complementary medicines at the climacteric. *Climacteric* 2000;3:81-3
6. Knight DC, Howes JB, Eden JA. The effect of Promensil®, an isoflavone extract, on menopausal symptoms. *Climacteric* 1999;2:79-84
7. Baber RJ, Templeman C, Morton T, Kelly GE, West L. Randomized placebo-controlled trial of an isoflavone supplement and menopausal symptoms in women. *Climacteric* 1999;2:85-92
8. Ginsburg J, Prelevic GM. Is there a proven place for phytoestrogens in the menopause? *Climacteric* 1999;2:75-8
9. Kotsopoulos D, Dalais FS, Liang Y-L, McGrath BP, Teede HJ. The effects of soy protein containing phytoestrogens on menopausal symptoms in postmenopausal women. *Climacteric* 2000;3:161-7
10. Lee J. Osteoporosis reversal: the role of progesterone. *Int Clin Nutr Rev* 1990;10:384-9
11. Wren BG, McFarland K, Edwards L, O'Shea P, Sufi S, Gross B, Eden J. Effect of sequential transdermal progesterone cream on endometrium, bleeding pattern, and plasma progesterone and salivary progesterone levels in postmenopausal women. *Climacteric* 2000;3:155-60

# Effect proge bleed proge levels

B. G. Wren

Sydney Men  
Centre for R

Key words: TI  
PROGESTERON

## AB

Bac  
trea  
estr  
of t  
pro  
pro  
pat  
  
Me  
den  
in  
15  
res  
fol  
las  
ap  
  
Re  
bu  
m  
sa  
de  
  
In  
da  
a  
o

Correspon  
South Wal

ORIGINAL