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CONTROL OF MENOPAUSAL SYMPTOMS IN WOMEN DENIED OESTROGEN USING UNOPPOSED MEGESTROL ACETATE

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Few absolute contra-indications to oestrogen- containing hormone replacement therapy remain. However, many women with past histories of oestrogen dependent tumours or thrombo-embolism are denied hormone replacement. Such women may be treated with progestogens without the potential "risks" of oestrogen therapy. Some women in these categories decline oestrogen even after reassurance by their medical advisers. This Study assesses the symptom relief provided by the progestogen Megestrol acetate (Megace). Twenty eight women with a past history of breast cancer, endometrial cancer, thrombo-embolic phenomena or severe endometriosis were treated with megestrol acetate 40 mg daily continuously, increasing to 80 mg daily continuously if required for symptom control, for one year, completing a validated symptom score chart (the Greene Climacteric Scale) at 0, 3, 6, and 12 months. Analysis showed significant reduction ($p < 0.001$) in vasomotor symptoms after three months, maintained for the duration of treatment. Anxiety and depression scores decreased steadily over the year but did not achieve significance. Adverse effects, principally weight gain, fluid retention symptoms and vaginal bleeding were common (57.1%) and 10 women discontinued treatment (35.7%). Women with breast carcinoma reported fewer adverse events (15.4%).

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USE OF MICRONISED PROGESTERONE IN WOMEN UNDER ESTROGEN REPLACEMENT THERAPY: ORAL VS VAGINAL ROUTE

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OBJECTIVE: To compare the effects of Micronised Progesterone (MP) administered by oral or vaginal route on progesterone (P) plasma levels and on the endometrium in women under estrogen replacement therapy (ERT). METHODOLOGY: Sixteen women with 1 to 5 years of postmenopause received 0,75 mg daily of estradiol percutaneously during 2 cycles of 30 days with one week free-interval between them. From day 17 to 30 of first cycle 200 mg of MP were administered to 16 women: 8 received the drug orally and 8 intravaginally; in the second cycle the route of administration was inverted. On days 16 and 30 of each cycle P was measured by RIA. Before ERT and on day 30 of the second cycle, vaginal ultrasound and endometrial biopsy were performed.
RESULTS: Mean plasma P(ng/ml) on day 30 were: oral route: 4.3 $\pm$ 3,8(0.4-10.4); vaginal route: 2.6 $\pm$ 2.2 (0.3-7.3) ($p<0.05$). The mean increase of plasma P comparing day 30 values with day 16 values was: oral route: 3.8 $\pm$ 3.2; vaginal route: 2.0 $\pm$2 ($p<0.05$). When the same increase for each patient was compared, significant differences ($p<0.05$) for the oral route were also found. All basal ultrasounds studies showed an endometrial width under 6 mm; at the end of treatment 2 cases -one from each group- showed higher values.

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Basal endometrial biopsies showed atrophic endometrium in 9 cases, proliferative in 4 and no tissue in 2; at the end of the study 13 biopsies showed a secretory endometrium; in 3 cases -2 receiving MP orally and 1 intravaginally- showed no tissue.
CONCLUSIONS: These results indicate that, although orally administered MP induced plasma P levels significantly highers than intravaginally administration of MP, the effect of both routes of administration on the endometrium appears to be similar according to ultrasound and histological findings.

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CARDIOVASCULAR RISK FACTORS, BLEEDING PATTERNS AND ENDOMETRIAL HISTOLOGY IN POSTMENOPAUSAL WOMEN TAKING SEQUENTIAL COMBINED ESTRADIOL AND DYDROGESTERONE (FEMOSTON), RESULTS FROM A ONE-YEAR STUDY

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To assess the effects of Femoston (2 mg micronized estradiol daily, sequentially combined in one tablet with 10 mg dydrogesterone for 14 days per 28-day cycle) on serum lipid profiles, bleeding patterns and endometrial histology, 188 postmenopausal women were entered into a one-year multi-centred study. After 12 months, one noted an increase of 20% in HDL while mean serum levels of total cholesterol and LDL were decreased 5% and 20%, respectively.
Triglycerides were also increased. Blood pressure and heart rate remained unchanged.
In 97.2% of the women, the endometrial histology showed an adequate progestational response (secretory or atrophic endometrium). One simple hyperplasia was diagnosed. Cyclic bleeding occurred in 85% of all cycles, the day of onset was regularly on day 13 or 14 of the combined period and the mean duration was approximately 5 days with minimal bleeding. Only 2 women discontinued therapy because of bleeding problems.
In conclusion, the use of Femoston showed very favourable lipid metabolism results as well as endometrial safety.