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If you are a woman over the age of forty that experiences any difficulty sleeping, sudden rushes of heat from your chest to your head, or mood swings you may be going through menopause.

Menopause is a normal part of aging that usually occurs in women between the ages of 45 and 55 years old. A woman reaches menopause when she has gone one year without a menstrual period. Reaching menopause may take several months to years and the transition is often called perimenopause. During this time, the ovaries begin to shrink and hormone levels go up and down causing irregular bleeding. Hormones are chemical substances made by organs (like the ovaries) that produce different functions in the body. Once the ovaries stop working they will no longer produce the hormones estrogen and progesterone. This may lead to symptoms such as hot flashes, night sweats, difficulty sleeping, mood swings, vaginal dryness, and pain with intercourse.

For many women, simple lifestyle changes may be enough to manage these symptoms. Dressing in layers, sleeping in a cooler room, avoiding alcohol and caffeine, smoking cessation, and using vaginal moisturizers or lubricants are some examples that may help. If symptoms are still bothersome, discussing other options with a doctor may be necessary. The most effective treatment for symptoms like hot flashes and vaginal dryness is hormone replacement therapy (HRT). HRT may also be referred to as menopausal hormone therapy (MHT) or estrogen replacement therapy (ERT).

Hormone replacement therapy uses estrogen to treat moderate to severe symptoms. There are several forms of estrogen on the market and the proper type should be chosen based on personal symptoms. Currently available estrogen products include pills, patches, creams, and vaginal tablets or rings. Estrogen replacement may be used alone only if a patient has had a hysterectomy (removal of the uterus). If a woman still has a uterus, she must also take progesterone or progestin (a synthetic progesterone). Progesterone will help prevent the uterus from thickening and lowers the risk of developing uterine or endometrial cancer. Progestin is available as a pill, vaginal gel, or intrauterine device. There are also several more convenient combination products (estrogen + progestin) available in pill and patch form. Testosterone may also be prescribed to help improve sex drive.

When deciding on whether HRT is a good option, the doctor should discuss all relevant personal and family history. Women with a history of heart disease (including risk factors like high blood pressure, high cholesterol, obesity, diabetes, or a parent that died young from heart disease) may need to consider options other than hormone replacement therapy. Women who have had a stroke, heart attack, blood clot, or certain types of cancer (breast, ovarian, or uterine) should not use hormone replacement therapy.

Hormone replacement therapy is the most effective treatment for most menopause symptoms but does not come without risks. Estrogen + progesterone use may increase the risk of stroke, blood clots, heart attack, gall stones and breast cancer in certain patients.

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Patients taking estrogen that are most at risk for heart disease are women over 60 years old that started taking HRT more than ten years after the start of menopause. Breast cancer risk increases after using HRT for greater than five years. The increased risk of stroke, blood clots, and heart disease does go away within three years of stopping estrogen + progesterone therapy. Like all medications, the risks and benefits must be carefully considered before deciding that hormone replacement therapy is the best option.

Estrogen replacement is most effective at treating hot flashes, night sweats, sleep difficulties, and vaginal dryness. Other symptoms associated with menopause may be better treated with additional medications and lifestyle changes. Aside from relieving common symptoms of menopause, HRT has other proven benefits. Estrogen lowers LDL (bad cholesterol) and raises HDL (good cholesterol). Estrogen also lowers the risk of colon and rectal cancers. Most importantly, estrogen helps preserve bones and prevents them from breaking. Postmenopausal women not taking estrogen have higher rates of osteoporosis and are more likely to break their hip, wrist, and spinal bones. Although beneficial, hormone replacement therapy should not be used to treat osteoporosis in the absence of menopausal symptoms, as there are other medications available that have less serious side effects.

Common side effects of hormone replacement therapy are breast soreness and tenderness, irregular bleeding, bloating, headaches, mood swings, water retention, and nausea. Working with the doctor to change the dose or form of hormone replacement therapy may help lower or eliminate these side effects. If allergies to available manufactured products are an issue, bioidentical hormone replacement therapy (BHRT) may be an option. With a valid prescription from a doctor, Sand Run Pharmacy is able to compound BHRT capsules, troches, dissolvable tablets, and creams to meet specific needs. Bioidentical hormones include estrone, estradiol, estriol, progesterone, and dihydroepiandrosterone (DHEA) that are similar to the hormones produced naturally by the ovaries.

Hormone replacement therapy may be an appropriate treatment option for bothersome menopausal symptoms and come in a variety of forms. It is most safely used in patients younger than 60 years old who have entered menopause in the past five years. HRT should always be used for the shortest time possible with evaluation of need for drug therapy every 3-6 months. When it is determined that hormone replacement therapy is no longer needed, it should be discontinued slowly and under the supervision of a doctor. The pharmacists here at Sand Run Pharmacy are always available to help answer any questions about menopause and treatment options.

For more information: http://www.nhlbi.nih.gov/health/women/pht_facts.pdf http://www.nia.nih.gov/health/publication/hormones-and-menopause