

# GYNAECOLOGY & OBSTETRICS UPDATE

## Practice and District Nurses

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There have been regular Update issues in Obstetrics and Gynaecology for General Practitioners since 1997. I have been asked by Practice and District Nurses to write similar newsletter; hence my first issue. The success of this newsletter will rely entirely on your feedback and on helping me to choose the topics of interest to you. I am sure you will find the GP's issues very useful as well. You can access the GP's and your issues on a special educational web site ([markmalak.com](http://markmalak.com)). Due to the development of new treatments and new scientific evidence on current treatment, advice included in recent "Update" issues is more appropriate than that included in earlier issues on the same topic except otherwise specified in the recent issue. There is also a web site for patient information ([mrmmalak.com](http://mrmmalak.com)). Please e-mail me on [r1tmm@yahoo.com](mailto:r1tmm@yahoo.com) if you like to receive the Update issues by e-mail and to send your feedback and suggestions.

## HRT Update

- \* Since HRT was introduced 70 years ago, a steady flow of studies has produced evidence of both harmful and beneficial effects. In UK; 60% of women aged 51-7 years have taken HRT
- \* The latest studies (WHI and Million Women) showed that HRT-associated risks (Strokes, coronary diseases, DVT, Pulmonary embolism, cancer of breast and ovary) outweigh the benefits (decrease incidence of bowel cancer and of fractures due to osteoporosis) above the age of 50.
- \* The risk of using HRT for 1-2 years to control menopausal symptoms is very small. However it is advisable to use other methods first. HRT should not be used as first line therapy for osteoporosis.
- \* There are other medications that can help the control of hot flushes and the prevention or the treatment of osteoporosis which are safer than HRT.
- \* There is no need to stop HRT immediately.
- \* In rare circumstances patients with persistent symptoms and reduced quality of life in spite of the use of other methods; HRT may be continued, as long as they understand the potential risks.
- \* If it is decided to stop HRT it can be gradually tapered (reducing the frequency of administration, the dose, or both ) over a period of weeks to months depending on the type of HRT (Irregular bleeding may a problem with combined HRT).
- \* Patients on HRT because their ovaries prematurely failed or surgically removed can continue HRT until the age 50
- \* Natural progesterone has gained extensive publicity as a safe HRT. This is contrary to the scientific evidence that progestogen only-HRT is associated with a twice increase of breast cancer risk
- \* Women should be very cautious about the use of herbal and natural alternatives to HRT as there is no scientific proof of their safety. It has been recently reported that Black cohosh which is widely used to control hot flushes may be associated with liver problems. It has also been recently recommended that patients with history of breast cancer should not use Soya products. This stresses that we really need more research into the safety of both herbal and natural therapies.
- \* Local symptoms of lack of oestrogen like vaginal and vulval irritation and dryness can be helped with a short course of local oestrogen (cream, pessaries or tablets). It is confirmed that there is no increase risk of breast cancer with a short course of local oestrogen and there is no current evidence that it is associated with heart or other diseases.
- \* Management of the menopause should include Lifestyle counselling because good health habits can reduce the incidence of chronic health problems and reduce the menopausal symptoms. Critical components of a healthy lifestyle include good nutrition, exercise and smoking cessation
- \* General measures to control hot flushes include avoiding warm environment (by turning down the thermostat, sleeping with fewer blankets, and wearing layered clothing), stress, alcohol, caffeine, and spicy foods.

I wish you  
*a*  
*very*  
*Happy*  
*2004*

