

An overview of Menopausal Hormone Replacement Therapy (MHRT)

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ABSTRACT

Menopausal hormone therapy has been challenging for contributors in care of menopausal women. An important variable which affects the balance of benefit-risk profile are age and years. Many hormone products were approved for use in menopausal hormone therapy according to U.S. Food and Drug Administration (FDA). FDA-approved products have subjected to extensive testing and are mainly produced under standardized conditions to shield that each and every dose—whether in a pill, a skin patch, or a cream must contains the correct amount of the suitable hormones. Hormone replacement therapy around the time of menopause can reduce the risk of developing diabetes in women. HRT can also prevent the loss of bone density. The duration of combined therapy is preferably limited to not more than 5 years due to the lack of first-pass metabolic effects, which in turn mainly evade of increased synthesis of clotting proteins by liver, triglycerides, C-reactive proteins and sex hormone-binding globulin.

INTRODUCTION

Menopause is mainly defined as the time when there have been no menstrual periods for a minimum 12 consecutive months and there are no other physiological or biological cause can be recognized.

HRT, which was also known as hormone therapy (HT) or menopause hormone therapy (MHT) is known as the medication containing hormones that a woman's body stops secretions after menopause. MHRT is mainly concerned to treat symptoms of menopause.

HRT mainly reduces the chances of colorectal cancer, osteoporosis and heart disease but may increase the possibility of developing a blood clot if given in tablet form or else it may cause breast cancer with usage of some types when used for long-term.

Women who experience menopause before the age of 45, MHRT is recommended strongly until the average age of onset around 51 years, unless there is a particular reason for a women that not to take it.

SYMPTOMS OF MENOPAUSE AND HRT

Symptoms of menopause that may relieved by MHRT as follows:

- Night Sweats and hot flushes
- Dryness in vagina
- Vaginal walls thinning
- Urinary Incontinence
- Pains and aches
- Sleep disorders
- Loss of memory
- Minimized Sex drive

- Mood changes
- Abnormal sensations like crawling or prickling under the skin
- Eye palpitations
- Abnormal growth of hair
- Itching and dry eyes
- Loss of teeth and periodontitis

Benefits of MHRT:

- HRT mainly reduces the risk of enormous chronic conditions that can affect postmenopausal women. Some of the important benefits are as follows.
- During the time of menopause HRT therapy minimizes the risk of developing diabetes in women.
- Osteoporosis which mainly includes bones weakening that may leads to break more easily.
- HRT therapy mainly prevents further loss of bone density, preserving the bone integrity and also reduces the risk of fractures, even though it is not recommended usually as the first choice of treatment, unless in younger postmenopausal women mainly below the age of 60 years.
- Risk of colorectal cancer was slightly reduced by the MHR therapy.

Unwanted effects of MHRT

HRT was mainly needs to be prescribed for each and every woman individually. Some women may experience some side effects during the early stages of medication, which may include

- Tenderness of breast
- Vaginal bleeding
- Abhorrence
- HRT associated health risks
- Breast cancer and MHRT

Women above 50 years age who use combinations of oestrogen and progestogen (progesterone) replacement for not less than 5 years may have minute or no increased risk of developing breast cancer. Moreover women who use combinational HRT for more than 5 years have mainly a slightly increased risk of developing breast cancer. Women who use oestrogen alone have no increased risk almost up to 15 years of consumption. Risk of developing breast cancer is greater with combined usage of oestrogen and progestogen than with oestrogen alone or mainly with newer HRT products such as Livial and can also depends on type of usage of progestogen.

Cardiovascular disease with MHRT

Heart disease and stroke are more common to occur in women over 60 years who use combined oral HRT. If oestrogen is taken in a tablet form it increases the risk of stroke but not if using as a skin patch. Likewise tibolone mainly increases the risk of developing stroke in women at the age of 60.

Venous thrombosis and MHRT

Venous thrombosis is nothing but the formation of blood clots inside the veins. Women below 50 and above 50-60 may face an increased risk of venous thrombosis bu the usage of HRT. This was particularly applicable to women with genetic predisposition to develop thrombosis are generally advised to not use HRT.

Endometrial cancer and MHRT

Inner wall of the uterus is endometrium. Risk of developing endometrial cancer is more in women who use oestrogen-only HRT and is not seen in women with combined usage of oestrogen and progestogen continuously. Women who had hysterectomy should not have any risk of endometrial cancer.

CONCLUSION

Hormone replacement therapy is neither required nor suitable for every woman, but for most of the women, HRT can spare remarkable benefits not only for relief of distressing symptoms but also for the treatment of osteoporosis. Many different treatment options are available for women who can do other adjustments. No erratic limits should be placed on the duration for MHRT. Duration and type of treatment should be categorized; symptoms should be considerable as well as the family history and past history, risk of balancing against benefits.

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