

# **MENOPAUSE MATTERS**

**JUNE 2022**

## Menopause care in the spotlight

At present, menopause care is in the spotlight in the United Kingdom.

Menopause Matters is mandated to reflect what is in the journals, not just the research, but trends giving an idea of “matters that matter”. This issue of MM will report on issues peripheral to menopause physiology or pathology, but nevertheless appearing in the journals and of importance to SAMS members.

### **Why is menopause care a topical issue in the UK?**

There are two reasons for this – one good and one not so good.

The not so good reason is that supplies of hormone therapy have become scarce in the UK, partly because of increased demand and partly due to manufacturing and import machinations. These problems are not within the ambit of medical practitioners.

The good reason is the ongoing rising profile of women’s health in general.

Scotland and England are introducing governmentally backed Women’s Health Strategy plans. These plans are for the government Department of Health and Social to be more responsive to women’s health needs. There have been a number of issues that have arisen in recent years that have highlighted concerns in the public domain about how women’s issues were/are not being addressed as expediently as they should be. Examples resonating in the UK are:

Domestic violence against girls and women, unequal pay for equal work, the mesh and tape prolapse-surgery debacle, inadequate oversight of medications such as teratogenic anti-seizure drugs, sub-standard obstetric services (the Ockenden Report), genital mutilation “tolerance”, availability and access to abortion facilities, menstrual poverty, limited IVF services, access to contraception and sex education.

Wider issues such as rape accusations not being pursued, unequal women’s representation in decision-making processes in parliament, on business boards or leading medical organisations and academic promotion.

More insidious have been health issues that have affected women more than men and this has pushed injustices to the foreground. The following summary is from an international forum looking at “Quantifying the effects of the COVID-19 pandemic on gender equality”

*The most significant gender gaps identified in our study show intensified levels of pre-existing widespread inequalities between women and men during the COVID-19 pandemic. Political and social leaders should prioritise policies that enable and encourage women to participate in the labour force and continue their education, thereby equipping and enabling them with greater ability to overcome the barriers they face. ([Flor et al Lancet 2022;399:2381-97](#)). Also, [Morgan et al Lancet 2022;399:2327-9](#)).*

There is a panoply of matters that society in the UK feels women’s viewpoints are seen as unequal or subservient to men’s dominance.

## What is a “movement”?

“Me Too#”, “Black Lives Matter”, “Taking-The-Knee”, “LGBTQ+” are movements that have taken matters of societal concern and given them a voice – be it through the social media, the press, the internet or in public or private conversations. Whether this “[Women’s Health Strategy](#)” constitutes a “movement”, a transition, a pivotal point in history, an awakening, a socio-political swing or a passing trend; is for history to judge.

Articles are appearing in the medical journals articulating how women in our profession face challenges in the existing balance of possibilities favouring men. As more and more women enter medical schools the profile of the profession will change, and these will be more pressing considerations and Menopause Matters and other conduits for information exchange will continue to report them.

## Are menopause matters on the agenda?

In this wide-ranging agenda, menopause matters are being targeted by those gathering data on what “needs addressing”. Half of those questioned about appropriate topics for the Women’s Health Strategy chose the menopause transition as a priority area (see the UK Government’s [Policy Paper](#)).

One of the aims of the strategy is to “demystify” or bring precision to areas of women’s health and one such topic is the terminology of menopause hormone therapy.

Hormone Replacement Therapy (HRT) was the initial shorthand for estrogen and progestogen medication that was taken for the treatment of menopausal symptoms. However, as ingredients were modified in their pharmacology and modes of administration widened, HRT became Menopausal Hormone Therapy (MHT) with various means of delivery (oral, transdermal, intravaginal etc).

With these adaptations came changes in amounts and types of hormones with varying effects on symptoms (both systematic and specific) and an array of potential side effects which were undesirable or desirable – for example thrombogenic or anti-osteoporotic. Clearly there are large differences in the intended effects of oral combined estrogen and progestin preparations for vasomotor symptom relief and topical products for genitourinary symptom (GSM) resolution, but both are referred to as HRT.

This conflation of treatments can lead to misunderstandings of the indications and side-effects which is at present being debated in the realms of availability. A specific issue is whether topical estrogens should be sold “over-the-counter” (OTC) by pharmacists without prescription ([Schaedel & Rymer Lancet 2022 doi 10.1016/S0140-6736\(22\)00952-7](#).) As the authors and those caring for older patients acknowledge, GSM is “vastly underdiagnosed” because of its “dissociation” from the timing of the menopause transition and the onset of bothersome symptoms. It is one of the great “unheard-of, untreated and debilitating” states that should be de-stigmatised and discussed as an eminently treatable condition.

*Editorial comment – My personal view is that there is far too much regulation over medicines that, on a score of potential harms, hardly move the needle. One can buy aspirins and other analgesics in super-markets that can precipitate major problems, but contraceptives and HRT require prescriptions. Pharmacists can run checklists as readily and responsibly as medical service providers and I would like to see research that demonstrates non-inferiority on a head-to-head basis.*

*If my hunch is correct, that few harms arise and many benefits are generated (easier access, fewer unnecessary doctor’s appointments, financial advantage for pharmacies) then let there be less regulation. Let us use evidence-based medicine to formulate regulations – not fear and guess work. The benefits of contraception and menopausal hormone therapy need to be judged on criteria beyond the*

*narrow confines of “pathological reactions”. Their contributions to social, economic and general women’s health matters should be in the equation relating to access.*

### **Over the counter (OTC)**

There are moves afoot in the UK for pharmacists to oversee the purchase of estradiol vaginal tablets with the following provisos: OTC vaginal estrogen medications may not be sold to women younger than 50 years old or individuals who have history of clotting disorders. The UK Medicines Regulatory agency has already agreed that vaginal estrogen products are suitable for OTC sales.

Opening the door to OTC considerations will most likely make conversations about the menopause transition easier and reduce hesitancy in seeking assistance to treat its consequences and create less stigma.

### **Generalisability questions**

- Will these initiatives in enlightened nations be taken on board by others?
- Will they be copied in other more conservative countries where the culture is to whisper about matters directly afflicting women, or those that have misogynistic legal structures?
- On a personal note, this issue of MM is being written in the United States where the male dominated Supreme Court has set back women’s right changing the law on abortion access. This is despite the majority of the population’s desire for women to be in control of decisions about their own bodies.
- Will women’s organisations speak out – and be heard?
- Does SAMS have a role/obligation in the sphere beyond its medical remit?

### **New drug for menopausal symptoms**

The thermoregulatory centre in the hypothalamus controls the homeostasis of body temperature. Estrogens modulate responses to temperature fluctuations, so a drop in circulating levels can result in inappropriate reactions, such as flushing when uncalled for by ambient temperature changes.

Neurokinin-3 (NK3) receptors are responsible for the stimulation of the thermoregulatory centre so blocking them can prevent vasodilation and other downstream effects. Fezolinetant, is an oral NK-3 inhibitor that has shown promise in placebo controlled international trials as reported by [Bosworth](#) (Medscape 2022). Vasomotor activities in terms of frequency and severity were reduced, suggesting the medication could provide a useful alternative to hormone-based preparations.

Other symptoms, such as sleep disturbances were also reduced and side-effects were minimal, so corroborating studies and ratification are awaited with keen interest.

### **Please Don’t Take a Seat**

Last month MM banged on about the value of exercise and avoiding a sedentary way of life.

There was feed-back that participation in active past-times had helped the mental (feeling better about themselves) as well as the physical well-being of readers. The literature also suggests a longer and less co-morbid existence if we embrace physical activity, but does that actually apply to each one of us?

We in South Africa are a hybrid nation and SAMS members are not typical of the vast majority of our citizens, so how can we relate to research telling us about high, middle and low-income countries? Fortunately, it doesn't matter. There is now proof that, irrespective of your sex, race or socio-economic status, you will benefit from abandoning a sedentary life-style. The evidence from high-income countries is echoed in middle- and low-income nations in terms of reduced cardiovascular events and mortality rates according to our cardiological colleagues ([Li et al JAMA Cardiol 2022 doi 10.1001/jamacardio.2022.1581](#)). The data were collected from more than 100 000 people, the majority of whom were women and the mean age was 50 years which is probably similar to MM readership.

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Menopause Matters is a monthly review of matters menopausal that have recently appeared in the journals. It is produced for the South African Menopause Society and the summaries concentrate on clinical issues although some underlying patho-physiology will be included to ensure a scientific basis for the work. These summaries and opinions do not necessarily reflect the views of the S A Menopause Society. Any clinical decisions made on the data presented are at the reader's discretion.