

MHT & schizophrenia

It is unknown what effects menopausal hormone therapy (MHT) can have on the relapse likelihood in patients with schizophrenic disorders. To evaluate the real-world effectiveness of MHT in preventing relapses in middle aged women, a Finnish cohort of more than 3,000 women was followed. Those on MHT had 16% reduction in relapse risk than would have been anticipated without hormonal treatment ([Brand et al. Am J Psych. 2024. doi:10.1176/appi.ajp.20230850](#)).

Estrogen, either alone or combined with progestogens, and both oral and transdermal MHT modes of transmission, were found to be effective, except tibolone and dydrogesterone formulations, which showed no significant benefit. These results suggest that MHT may offer neuroprotective benefits, particularly in younger menopausal women with schizoaffective disorders, where antipsychotic treatments alone may be inadequate. This study underscores MHT's potential role in improving clinical outcomes in this population.

Dementia follow up

Last month *Menopause Matters* touched on dementia and the menopause.

Biomarkers for Alzheimer Disease

Blood-based biomarkers are available to check out patients with cognitive concerns. These should be used in conjunction with comprehensive clinical evaluations but the tests are not widely available yet and they are costly ([VandeVrede et al. JAMA Neurol. 2024; doi:10.1001/jamaneurol.2024.2801](#) and *Blood Biomarkers to Detect Alzheimer Disease in Primary Care and Secondary Care.* Palmqvist et al. JAMA. 2024; doi:10.1001/jama.2024.13855).

Why women?

The question of why women are more prone to dementia than men may have been answered - at least partially. Genetic studies involving the X chromosome have come up with a candidate locus that appears to have "downstream effects on β -amyloid accumulation" ([Buckley et al. JAMA Neurol. 2024; doi:10.1001/jamaneurol.2024.2831](#)).

Estetrol preview

A study presented at The Menopause Society's annual meeting showed that estetrol significantly reduces bone turnover markers in postmenopausal women. In a trial involving more than 500 participants for up to a year, those treated with estetrol experienced reductions in key bone resorption and formation markers, suggesting a potential benefit for

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bone health and osteoporosis prevention. While calcium levels dropped—indicating lower bone turnover—vitamin D levels remained stable.

Despite the promising results, the study focused only on bone turnover markers without directly assessing bone mineral density or fracture outcomes. Estetrol, a naturally occurring estrogen produced during pregnancy, appears to act as an estrogen agonist in tissues like bone and brain but has neutral or antagonistic effects in areas like the breast.

(Note, this is a report of a presentation, not a peer reviewed publication - [Haelle](#). *Medscape*. 2024).

Post fracture bone treatment

Older women are at risk of fragility fractures and if this occurs, they should be prescribed suitable medication. A study from Canada examined the prescription rates of antiosteoporosis medications among more than 37,000 elderly patients who were hospitalised for a fracture of the hip, pelvis, or vertebrae ([Silverstein et al](#). *JAMA Netw Open*. 2024; doi:10.1001/jamanetworkopen.2024.38393).

Despite recommendations for pharmacologic treatment to prevent secondary fractures, only one third of patients filled a prescription for antiosteoporosis medication within a year of discharge. The most commonly prescribed medication was risedronate. Factors associated with higher prescription rates included female sex, vertebral fractures, and discharge to a rehabilitation hospital.

The study highlighted persistent gaps in osteoporosis care, driven by factors such as patient concerns about side effects, clinician reluctance to prescribe for older or cognitively impaired patients, and health system inefficiencies. Despite systemwide efforts, the osteoporosis care gap remains significant, suggesting a need for improved strategies, such as fracture liaison services, to boost post-fracture medication prescribing and reduce subsequent fracture risk.

Menopause economics

Last month *Menopause Matters* broached the topic of the menopause in the political and economic arenas, and in the workplace. It was noted that women of menopausal age contribute substantially to the economy of any country, business, institution or family, and as such, they need to be supported if their health status impedes their ability to act to their full capacity.

One of the ways that this support needs to be realised is by providing an acceptable working environment but this thrust needs to be carefully nurtured as it can lead to “pathologising” or linking the menopause transition to sub-optimal functioning. In any event the “true underlying issue appears to be a lack of treatment of the symptoms of oestrogen deficiency for post-menopausal women.” (*Menopause workplace policy: The way forward or backward?* [Carter et al](#). *ANZJOG*. 2021. doi.10.1111/ajo.13445). [Editorial comment - agreed].



The economic and societal costs of neglecting women's health at any age are huge and the potential for significant returns on investment to improve the situation have been calculated ([Gorham et al. BMJ. 2024](#)). In the UK it was noted that every additional £1 invested in obstetrics and gynaecology services would yield an estimated £11 return and contribute hundreds of millions of pounds to the economy. The cost of menopause-related unemployment is approximately £1.5 billion per year.

Also, part of the bigger picture is The McKinsey Health Institute [report](#) this year titled "Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies." The report highlights that closing the gender health gap could boost the global economy by up to \$1 trillion annually by 2040. Addressing this gap could improve workforce participation, reduce early deaths, and enhance societal productivity. By their calculations for every \$1 invested in women's health, the return would be \$3 in economic growth. This investment could add the equivalent impact of 137 million women entering full-time employment by 2040 ([Graham. BMJ. 2024;385:q787](#)).

What should the medical profession be doing about rectifying the inconsistencies that face women through the menopause transition and beyond?

The biggest challenge is getting a clear message to all women about what to expect through their menopause transition - what is reasonable to anticipate and what is not. And when they experience symptoms that are bothersome, to offer support both empathetic and practical that relieves their burden. The most prominent of these remain vasomotor symptoms and the genito-urinary syndrome of menopause which are eminently treatable.

Editorial opinion. This starts with education at medical school, at the postgraduate level and continuing learning about developments. With hind-sight the Women's Health Initiative research project into hormone therapy, published at the turn of the century is a supreme example of disinformation distribution, and it had the effect of setting back menopausal hormone therapy (MHT) for decades. It spread negative perceptions regarding hormone therapy that have taken years to disavow and are the likely cause of the decline in MHT prescribing from 25% in 1999 to 5% a quarter of a century later, according to the latest United States data ([Yang et al. JAMA Health Forum. 2024; doi:10.1001/jamahealthforum.2024.3128](#)). It remains "vastly underused" despite efforts to redress the situation ([Iyer et al. JAMA Health Forum. 2024; doi:10.1001/jamahealthforum.2024.3135](#)).

The WHI project was misguided from the outset in that it sought to test the effects of estrogen and progesterone on their long-term outcomes in a cohort of women with a mean age of 63 years old. The ethics of allowing such a project to even be considered are easy to question, and the predictable dangers duly occurred, with the "composite" outcomes clumsily released for public consumption. There was an understandable outcry of dismay. Rolling back that perception has proved difficult to achieve.



Medical progress in the composition and delivery methods of modern hormone therapy has meant that extrapolation of the “old” WHI recipe is inapplicable today and with the new medications, the benefits far outweigh the harms. This message of safe and effective treatment needs to be sent to all women, so they do not have to carry the burdens their “older sisters” had to endure.

The personal, health, relationship and economic gains of MHT are there to be enjoyed by prudent menopausal management and it is up to professional societies to drive this message forward.

Perhaps the message is getting through with the latest data from England ([October 2024](#)) as follows:

“In England in 2023/24 there were 13 million Hormone Replacement Therapy (HRT) items prescribed, a 22% increase since 2022/23. The estimated number of identified patients increased by 12%, from 2.3 million in 2022/23 to 2.6 million in 2023/24.”

How many eggs in healthy diet?

This may seem a very esoteric question for dietitians only, but research shows that for a certain cohort of post-menopausal women, it could be important for optimal weight maintenance.

A study over 10 years tracked more than 4,000 women over the age of 50 and noted:

- Their weight-gain and their dietary habits
- Their genetic predisposition to BMI increase
- Their egg intake

Those with a high polygenic risk score for a raised BMI, and followed a Western diet were sensitive to weekly egg intake which was associated with increased weight ([Greenberg et al. Clinical Nutrition. 2024;43;80-90](#)). It seems those eating a surfeit of “processed and red meats, French fries, sweets and deserts, sugar-sweetened beverages, fried foods, and dietary fat, and dietary energy” are vulnerable to ballooning weight if they increase their egg consumption by two per week compared to those reducing their diet by two eggs per week.

The study’s nutritionists serially measured cholesterol, choline, and betaine levels as well exploring “GWAS meta-analysis effect-allele frequencies” for susceptibility, so this was a serious attempt to address dietary effects on women in this age group.

Worth bringing to the attention of certain of your patients?

Menopausal symptom reduction - non-hormonal methods

A study was conceived to evaluate the effects of acupressure, laughter yoga, and a mindfulness-based stress reduction (MBSR) programme on menopause symptoms and quality of life in postmenopausal women. In a randomized controlled trial involving 150



women, participants were divided into four groups: acupressure, laughter yoga, MBSR, and a control group ([Hacer et al. Menopause. 2024; doi:10.1097/GME.0000000000002402](#)).

The interventions included 16 acupressure sessions over eight weeks, and eight weekly sessions of laughter yoga or stress reduction. The Menopause Rating Scale and Menopause-Specific Quality of Life Scale (MENQOL) were used for assessment. Results showed significant reductions in menopause symptoms in all intervention groups compared to the control group.

Acupressure, laughter yoga, and MBSR reduced scores by 5.5, 3.2, and 4.7 points, respectively. Improvements in MENQOL scores were seen in the laughter yoga and acupressure groups, with MBSR improving only the psychosocial domain. These findings suggest the potential of these interventions for symptom relief.

Editorial comment. With such a wide range of methods all achieving the desired outcome, one is bound to question whether the Hawthorne Effect was in evidence during this trial. Closer attention to each aspect would be more convincing, but maybe the “proof of concept” has been achieved to inspire others to take things further.

Vasomotor symptoms & type 2 diabetes (T2D) risk

An American study using data from the Study of Women’s Health Across the Nation (SWAN) assessed whether vasomotor symptoms during the menopausal transition are linked to T2D risk ([Hedderson et al. JAMA Netw Open. 2024; doi:10.1001/jamanetworkopen.2024.43546](#)).

The study included 2,700 diverse midlife women (mean age 46 years) without diabetes at baseline. Over an average 13 follow-up visits, 12% developed T2D. Frequent, and longer duration vasomotor symptoms were linked to a higher risk of T2D (HR 1.45).

Four vasomotor symptoms patterns were identified: consistently low, persistently high, early onset with decline, and late onset with increase. Women with persistently high symptoms had a 50% greater risk of T2D compared to those with consistently low symptoms (HR 1.50; 95% CI, 1.12-2.02).

Findings suggest that women with high frequency or persistent vasomotor symptoms during their menopausal transition may benefit from targeted diabetes prevention strategies.

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Menopause Matters is a monthly review of matters menopausal that have recently appeared in the journals. These summaries and opinions do not necessarily reflect the views of the South African Menopause Society. Any clinical decisions made on the data presented are exclusively at the reader’s discretion. ChatGPT has been used to assist with the production of some of the summaries.

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