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Evento Formativo Residenziale

I DISTURBI DELLA SFERA SESSUALE

NEI PAZIENTI ONCOLOGICI

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Utilizzo di terapia ormonale sostitutiva: in quali pazienti e con quali rischi?

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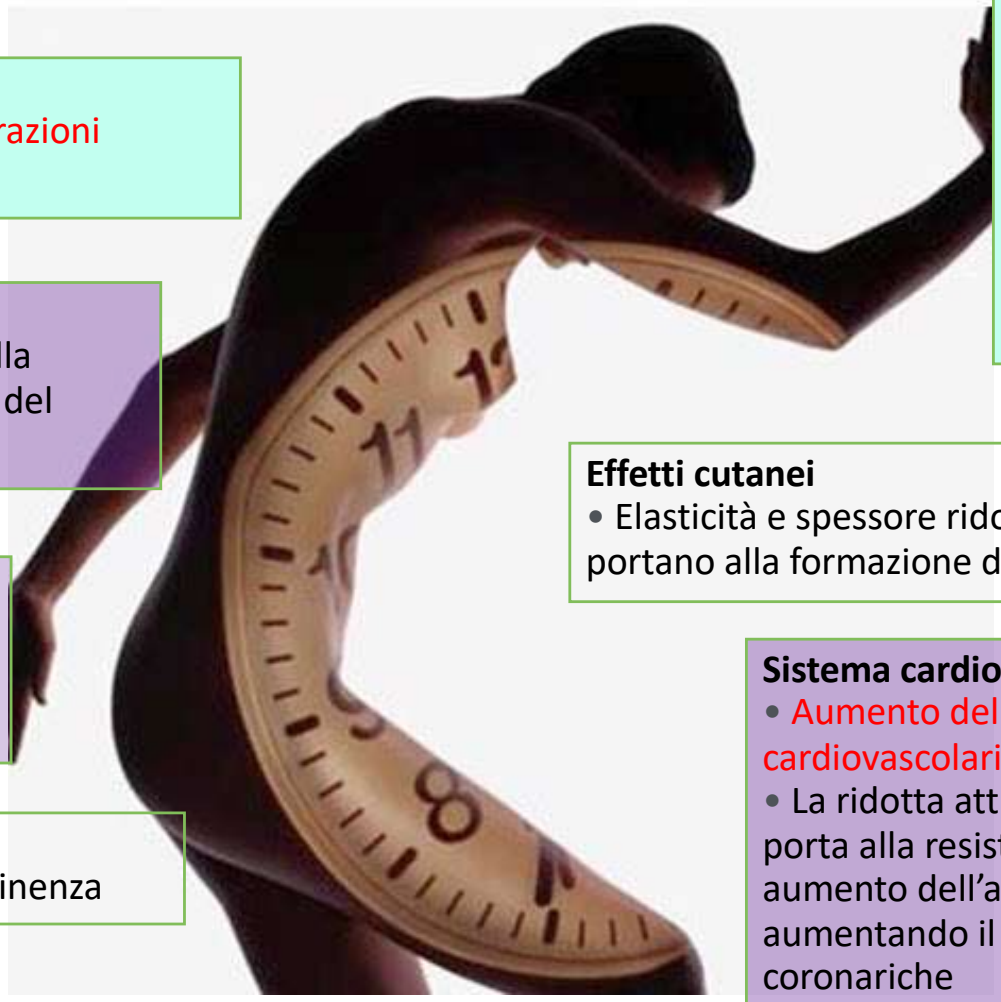
Sintomi precoci o tardivi da carenza estrogenica

Sintomi vasomotori
• Vampate di calore e sudorazioni notturne

Ossa
• Osteoporosi, riduzione della resistenza ossea e aumento del rischio di fratture

Sistema riproduttivo
• Atrofia vaginale che porta alla secchezza vaginale e dispareunia

Sintomi urologici
• Infezioni urinarie e incontinenza



Cervello e cognizione
• Cambiamenti di umore a causa della caduta dei livelli di neurotrasmettitori
•I sintomi comprendono insonnia, ansia, irritabilità, perdita di memoria, stanchezza, scarsa concentrazione

Effetti cutanei
• Elasticità e spessore ridotti, che portano alla formazione delle rughe

Sistema cardiovascolare
• Aumento dell'incidenza di malattie cardiovascolari
• La ridotta attività dell'asse somatotropo porta alla resistenza all'insulina e a un aumento dell'adiposità centrale, aumentando il rischio di malattie coronariche

Terapia ormonale sostitutiva (TOS)

Menopause: The Journal of The North American Menopause Society
Vol. 29, No. 7, pp. 767-794
DOI: 10.1097/GME.0000000000002028
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NAMS Position Statement

The 2022 hormone therapy position statement of The North American Menopause Society

FDA-APPROVED INDICATIONS

Hormone therapy is approved by FDA for four indications: bothersome VMS; prevention of bone loss; hypoestrogenism caused by hypogonadism, castration, or POI; and genitourinary symptoms.

FDA-APPROVED INDICATIONS

1

Vasomotor symptoms

Hormone therapy has been shown in double-blind RCTs to relieve hot flashes[23] and is approved as first-line therapy for relief of menopause symptoms in appropriate candidates.

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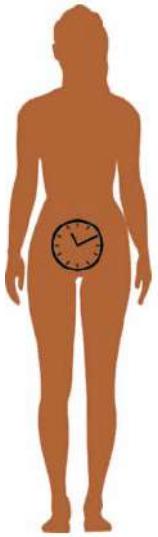
Premature hypoestrogenism *<40 years old*

Hormone therapy is approved for women with hypogonadism, POI, or premature surgical menopause without contraindications, with health benefits for menopause symptoms, prevention of bone loss, cognition and mood issues, and in observational studies, heart disease.[26-31]

2



Unless contraindicated, women with premature menopause who require prevention of bone loss are best served with HT or oral contraceptives (which are less effective than HT) rather than other bone-specific treatments until the average age of menopause, when treatment may be reassessed.

Prevention of bone loss

Hormone therapy has been shown in double-blind RCTs to prevent bone loss, and in the WHI, to reduce fractures in postmenopausal women.[24,25]

3

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4

Genitourinary symptoms

Hormone therapy has been shown in RCTs to effectively restore genitourinary tract anatomy, increase superficial vaginal cells, reduce vaginal pH, and treat symptoms of vulvovaginal atrophy (VVA).[32]

Menopause: The Journal of The North American Menopause Society
Vol. 27, No. 9, pp. 976-992
DOI: 10.1097/GME.0000000000001609
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NAMS Position Statement

The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society

Estrogen delivered vaginally provides sufficient estrogen to relieve genitourinary symptoms with minimal absorption and **is preferred over systemic therapy when only genitourinary symptoms are present**

Controindicazioni alla TOS

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Online version at http://www.minervamedica.it

Minerva Ginecologica 2020 Mese;72(??):000-000
DOI: 10.23736/S0026-4784.19.04500-3

LINEE GUIDA

Raccomandazioni sulla terapia ormonale sostitutiva in menopausa

Angelo CAGNACCI [1], Marco GAMBACCIANI [1] *, Mario GALLO [2], Stefano LELLO [2]
a nome del Direttivo della Società Italiana della Menopausa (SIM) e della Società Italiana di Ginecologia della Terza Età (SIGiTE) ‡

- Sanguinamento uterino anomalo non investigato
- Carcinoma della mammella
- Carcinoma endometriale ormonosensibile tipo I
- Iperplasia endometriale non trattata
- Patologia coronarica e cerebrovascolare (ad es. angina, infarto del miocardio, ictus)
- Tromboembolia venosa (trombosi venosa profonda, embolia polmonare);
- Malattie epatiche croniche o in atto, fino al ritorno alla normalità dei test di funzionalità epatica;
- Porfiria cutanea tarda
- Otosclerosi
- Ipersensibilità nota al principio attivo o ad uno qualsiasi degli eccipienti
- Rifiuto della donna informata

sim
società italiana menopausa

MINIMIZZARE I RISCHI CON L'APPROPRIATEZZA PRESCRITTIVA

1 Vasomotor symptom assessment

Confirm that hot flashes and/or night sweats are adversely affecting sleep, daytime functioning, or quality of life.

2 Risk factor assessment

Confirm that there are no absolute contraindications to menopausal hormone therapy

- Breast, endometrial, or other estrogen-dependent cancer
- Cardiovascular disease (heart disease, stroke, transient ischemic attack)
- Active liver disease
- Undiagnosed vaginal bleeding

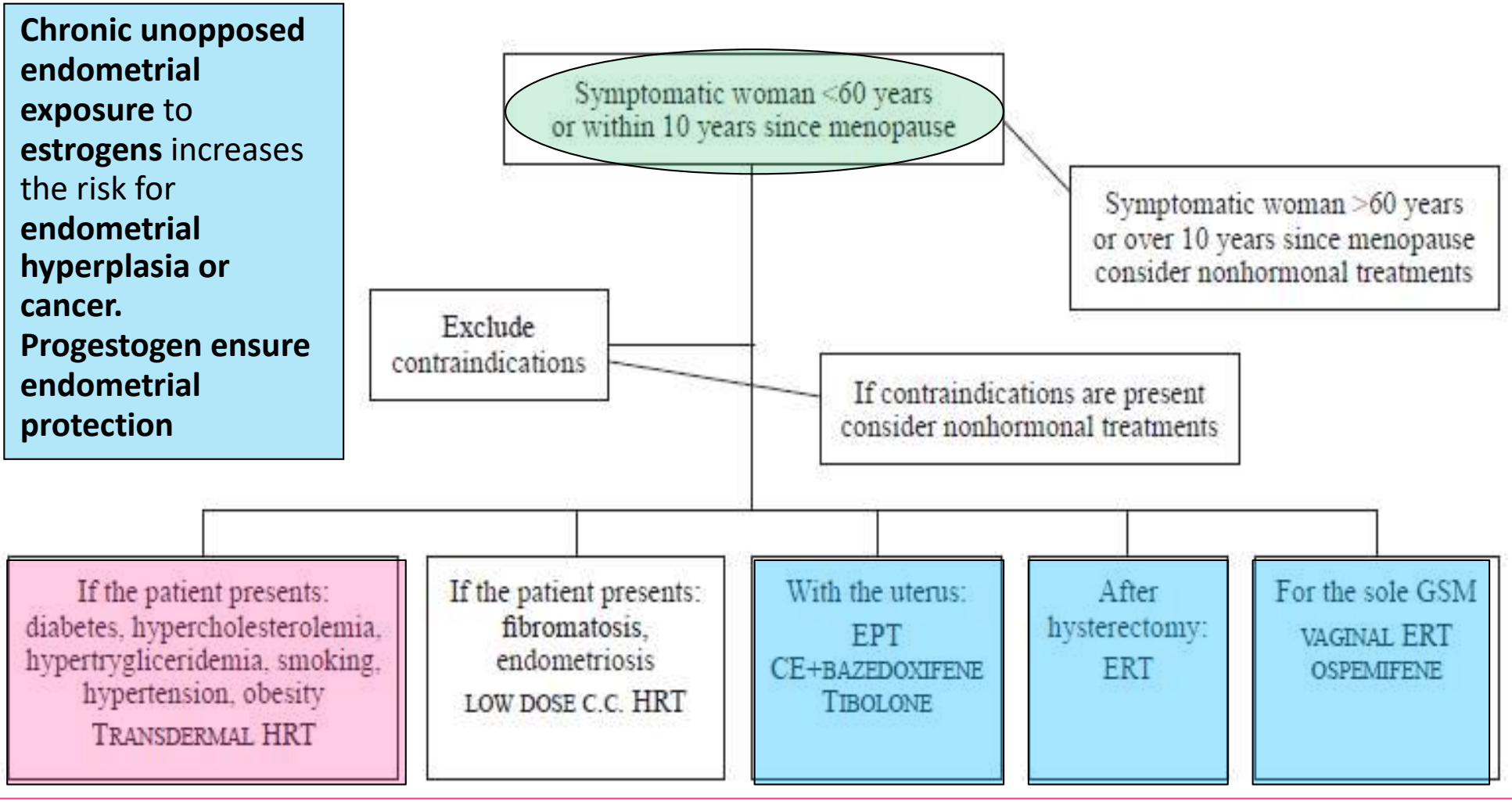
3 Menopausal hormone therapy initiation

RECOMMEND	CONSIDER WITH CAUTION	AVOID
Age <60 y AND Menopause onset within 10 y AND Low risk of breast cancer and cardiovascular disease	Age ≥ 60 y ••••••••••••••••OR•••••••••••••••• Menopause onset >10 y prior ••••••••••••••••OR•••••••••••••••• Moderate risk of breast cancer or cardiovascular disease	High risk of breast cancer or cardiovascular disease ••••••••••••••••OR•••••••••••••••• Age ≥60 y or menopause onset >10 y prior and Moderate risk of breast cancer or cardiovascular disease

Shifren JL, et al. JAMA 2019;321:2458-2459

Prescription Flow Chart

Chronic unopposed endometrial exposure to **estrogens** increases the risk for **endometrial hyperplasia or cancer.**
Progestogen ensure endometrial protection



Menopause and Hormone Replacement Therapy
The 2019 Recommendations of the Italian Menopause Society

Available online at www.sciencedirect.com
ScienceDirect
Maturitas 56 (2007) 420–428
MATURITAS
THE EUROPEAN MENOPAUSE JOURNAL
www.elsevier.com/locate/maturitas

Spanish post-menopausal women's viewpoints on hormone therapy

Camil Castelo-Branco [a,*], Javier Ferrer [b], Santiago Palacios [c], Sonia Cornago [a], Sara Peralta [a]

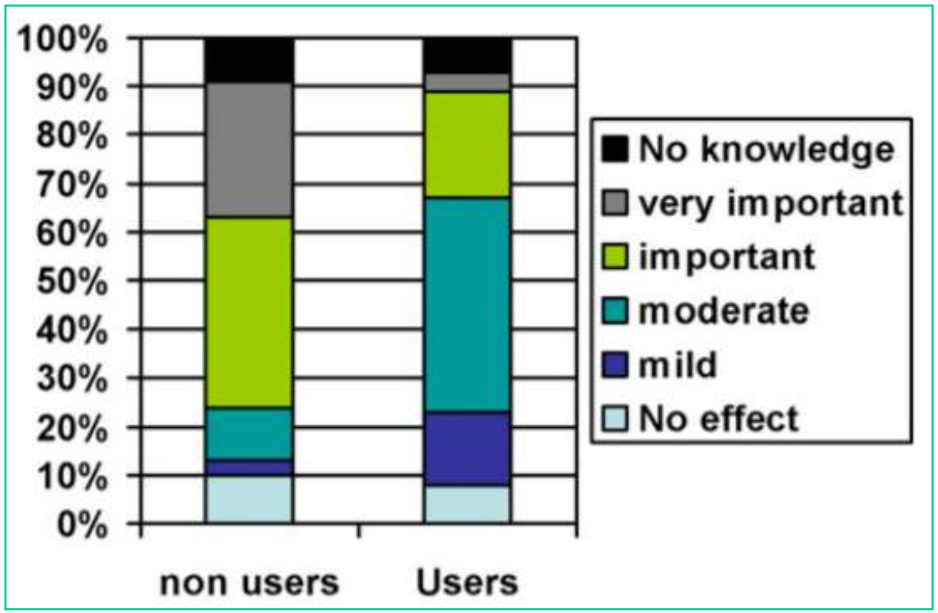
The main reason for not using HRT was the fear of cancer

Population: **270 symptomatic post-menopausal women** (180 were HRT user, 90 were no users)

Women's reaction to the negative information about HRT in the press media

Reasons given for not using HRT

	HRT non-users ($n=90$)	
	n	%
Do not like hormones	36	40
Weight gain		
More secure and safe alternatives exist	15	17
Doctor advice to stop/no use	23	26
Fear of cancer	34	38
Press and media negative input	14	16
'Too-long' therapy		
No benefit		
More than one reason, adverse effects	39	43
Cost	1	1
HRT is a time limited therapy (<5 years)	3	3
Others	6	7



CLIMACTERIC
2021, VOL. 24, NO. 1, 3–10
https://doi.org/10.1080/13697137.2020.1851183

REVIEW

Hormone replacement therapy – where are we now?

R. D. Langer[a], H. N. Hodis[b], R. A. Lobo[c] and M. A. Allison[a]

Fear of breast cancer

When asked to rank health concerns, women and health-care providers consistently place breast cancer at the top of the list[18,19].

ABSTRACT

Hormone replacement therapy (HRT) was the standard of care for menopause management until 2002, when perceptions changed following release of the initial results from the Women's Health Initiative (WHI) trial. Fears of breast cancer and heart attacks engendered by that report were not supported by the data, especially for recently menopausal women. Clinically, HRT is usually initiated near menopause. The WHI tested something different – the effects of HRT started a decade or more after menopause. As it turned out, age at starting HRT is critical in determining benefit/risk. HRT use plummeted following the WHI in 2002 and has remained low, prompting strong interest in alternative treatments. None provide the range of benefits across multiple organ systems offered by estrogen. Most have concerning adverse effects in their own right. HRT can provide effective relief for a wide range of health conditions, potentially avoiding the need for multiple treatments for separate problems. Unfortunately, among many women and clinicians, the perception of HRT benefit/risk is distorted, and its use avoided, leading to unnecessary distress. Following the WHI, many clinicians have not received adequate training to feel comfortable prescribing HRT. When initiated within 10 years of menopause, HRT reduces all-cause mortality and risks of coronary disease, osteoporosis, and dementias.