Acta Scientific MEDICAL SCIENCES (ISSN: 2582-0931)

Volume 5 Issue 5 May 2021

Mini Review

The Use of Bioidentical Hormone Therapy and the Quality of Womans Health After the Reproductive Period

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Received: February 13, 2021

Published: April 27, 2021

Abstract

Hay to age healthy….What is bioidentical hormones it is not a lot of thing. It is a certainly not a scientific term. BHTs are very similar to endogenous hormones, which are synthesized in the body, and therefore bhima therapy has clear characteristics of personalized or individual therapy, tailored to each patient. The female population is growing more and more, life expectancy has been extended, so the concept of investing in the quality of life of post-reproductive health is very important. Guidelines for the development of non-hormonal and therapy are still being developed" We suggest that clinicians and health professionals consider menopausal age relevant to a region or ethnic group to be a part of the assessment at the time of cessation or initiation of therapy. Special importance is given to monitoring women with a family history of wound. This is part of preventive health strategies - personalized menopause and personalized therapy. This position from the European Society for Menopauses and Andropause (EMAC) provides a path of care for maintaining women's health during and after menopause. It is designed for use by those involved in women's health. It includes assessment, screening for later life diseases, treatment and follow-up. Strategies must be optimized to maintain post-reproductive health due to increased longevity. These include diet and lifestyle optimization, menopausal hormone therapy and for the treatment of menopausal symptoms and skeletal preservation, tailored to individual needs with all recommended medical procedures.

Keywords: Bioidentical Hormone Therapy

Fever or sweat

Hot showers can be associated with sweating, palpitations and sudden "hot flashes", especially around the neck and face, or with "creeping" skin rashes. Sweating can be more noticeable at night and disturbs sleep.

Vaginal dryness

The vaginal mucosa becomes thinner and less elastic and there may be less vaginal lubrication and elasticity. This can lead to a less comfortable or uncomfortable intercourse.

Urinary problems

Decreased muscle elasticity can affect bladder tonus and cause frequent urination when coughing or sneezing.

Emotional or psychological changes may include:

Symptoms of depression, anxiety, mood swings, Fatigue, lower sex drive, poor concentration or memory.

- Emotional symptoms can also be the result of life stresses such as children leaving home, aging or death of parents, changes in employment, health or relationships.
- **Cardiovascular disease:** The rates of these conditions increase after menopause, and by the age of 65, the rates in men and women are equal. There are data that show that the number of women who die from cardiovascular diseases has approached a significant number of men who die from the same

- **Diabetes and obesity:** The most common conditions in menopause, brought under the entity of metabolic syndrome, the disease of modern age lasts long and persistently\reduces the immune response.
- **Osteoporosis:** Osteoporosis is characterized by thinning of the bones, which leads to a higher chance of a fracture, especially in the area of the hip, spine and joint. Estrogen loss after menopause is a major cause of osteoporosis.
- Dyslipidemias are thought to significantly increase the risk of cardiovascular disease. The transition to menopause is associated with an atherogenic lipid profile, with an increase in total cholesterol, low-density lipoprotein, triglycerides (TG), apolipoprotein B (apoB) and potentially lipoprotein A (a), and a decrease in high-density lipoprotein cholesterol (HDL-C).

Changes in diet and pharmacological management of dyslipidemias should be adapted to the type of dyslipidemia, and statins are the basis of treatment. Regarding menopausal bio hormone therapy, systematic estrogens induce a decrease in cholesterol, LDL-C and L1, as well as an increase in HDL concentration; these effects are more pronounced with oral administration in women with hypertriglyceridemia, estrogens should be administered transdermally rather than orally.

Micronized progesterone and dydrogesterone are the preferred progesterone because of their neutral effect on complete lipid status.

- Metabolic changes during menopause include redistribution of adipose tissue, decreased energy, and a significant change in the metabolic panel, which is individual for each patient and is defined by the level of hormones in the blood.
- Increased sensitivity to insulin, thus increasing the risk of developing type 2 DM during the post-reproductive period women with DM-2, and the use of hormone therapy should be aligned with the risk of cardiovascular disease, as well as with an increased risk of worsening of the same.

In women with DM-2 and a low risk of CVDs, oral estrogens may be preferred, while transdermal 17βestradiol is preferred for women with DM-2 and coexisting risk factors of CVDs, such as obesity.

- Disorder of pelvic floor statics implies total passage as well as lower degrees of vaginal and rectal prolapse, including sexual dysfunction.
- A very small number of women seek help to correct pelvic floor statics, and advanced stages are most pronounced after 60 years of age. The initial stages can be treated with non-surgical methods with the addition of bioidentical hormones.

POP-pelvic organ prolapse, can be identified in up to 50% of women after vaginal examination, very early especially in women who gave birth vaginally, in rapid twin pregnancies, prolonged births, soft birth canal injury.

- Postmenopausal osteoporosis can be diagnosed based on the World Health Organization (WHO) definition: a bone of -2.5 or below in the lumbar spine, femoral neck, total hip, and/or 33% (one-third) radius mineral density (BMD) T-score.

World Health Organization Criteria for Classification of Osteopenia and Osteoporosis

Category	T-score
Normal	–1.0 or above
Low bone mass (osteopenia)[a]	Between –1.0 and –2.5
Osteoporosis	–2.5 or below

[a] Fracture rates within this category vary widely. The category of "osteopenia" is useful for epidemiology studies and clinical research but is problematic when applied to individual patients and must be combined with clinical information to make treatment decisions.

Figure 1

TABLE 2. **Common Compounded Bioidentical Hormone Therapy Preparations**[a,b]

Preparation	Ingredients	Dose
Tri-estrogen	Estriol Estrone Estradiol (8:1:1 ratio)	1.25-2.5 mg/d
Bi-estrogen	Estriol Estradiol (8:2 or 9:1 ratio)	1.25-2.5 mg/d
Estriol	Estriol	2.0-8.0 mg/d
Progesterone	Progesterone	100-200 mg/d

[a] Data were compiled from multiple compounded bioidentical hormone therapy Web sites and pharmacies on the Internet and from Boothby et al[15]; however, this summary is not a comprehensive listing of all available products.

[b] All preparations are available in oral, transdermal, sublingual, or vaginal routes of administration, with the exception of progesterone, which is also available as an injectable medication.

Figure 2

Bioidentical hormone therapy as a form of biological therapy certainly has an effect on the immune and inflammatory response of patients. A prospective study is underway based on several parameters of monitoring response after therapy. It involves measuring certain values from the blood as well as monitoring subjective problems by patients.

We measured pressure values, body weight, body mass index, hormone values after application of therapy, assessment of pelvic floor statics, assessment of cognitive functions, as well as subjective parameters of quality of life.

Subjects receiving compounded transdermal bioidentical hormone therapy showed significant favorable changes in:

- Our study is still ongoing, but observations indicate that almost all attributive parameters of quality of life are improving. Other parameters for now indicate a better quality of sexual life, and a moderate improvement in the statics of the genital organs. Given that the study is still ongoing, the significance and conclusions of the study are still not relevant. The significance of the study certainly improved the quality of life of women after the period of reproduction

Menopause	Dose range	Recommended starting dose
Bi estrogen	Cream 0.5mg/ml – 5 mg/ml	Cream 0.5mg/ml – 2 mg/ml Apply 1 ml Once daily for 25 days evry month and 5 days off
Progesterone	5mg/ml – 50 mg/l Caps. 25mg-40mg	Cream 10mg/ml-15mg/ml (1ml/day) Caps: 50mg – 100mg once a day Once daily for 25 days evry month and 5 days off
Testosterone	Cream 0.5mg/ml-5mg/ml	Cream/Gel: 0.5mg/ml-1mg/ml Once daily for 25 days evry month and 5 days off
DHEA	Cream 1mg/ml-5mg/ml Caps 5mg – 25mg	Cream 2mg/ml – 5mg/ml (once transdermal daily) Caps: 5mg/25mg (once a day)

Figure 3: Menopausal dose.

Perimenopause	Dose range	Recommended starting dose
Bi estrogen	Cream 0,5 mg/ml – 5 mg/ml	Cream 0.5mg/ml – 2 mg/ml Apply 1 ml Once daily for 25 days evry month and 5 days off
Progesterone	Cream: 5mg/ml-50mg/ml Caps: 25mg- 400mg/ml	Cream 10mg/ml-15mg/ml (1ml/day) Caps: 50mg – 75mg once a day Once daily for 12 days startnig from day 14 of the cycle
Testosterone	Cream: 0.5mg/ml – 50mg/ml	Cream/Gel: 0.5mg/ml-1mg/ml Once daily for 25 days evry month and 5 days off
DHEA	Cream: 1mg/ml- 5mg/ml Caps: 5mg – 25mg	Cream 2mg/ml – 5mg/ml (once transdermal daily) Caps: 5mg/25mg (once a day)

Figure 4: Perimenopause dose.

Clinical indication - Before starting hormone therapy (BHT), a number of factors should be taken into account: the patient's age, the severity of the symptoms and the calculated risk for cardiovascular disease and breast cancer.

In addition, data on the attributive risks and benefits of BHT for a period of five years in women aged 50 to 59 are available and can be used to make evidence based decisions.

Conclusion

Bioidentical hormone therapy therapy is a part of modern biological therapy and occupies a significant place in the future. The quality of life and health of a woman largely depends on the levels of hormones and their metabolic response. Our goal is to improve the quality of a woman's health with adequate therapy and simple application [1-10].

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