



Hormone Replacement Therapy- Boon or Bane?

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Menopause, also called as the climacteric, is the time in a woman's life when menstrual periods is stopped permanently, and they are no longer able to conceive. Menopause more often than not happens somewhere in the range of 49 and 52 years old. Doctors often define menopause as having occurred when a woman has not had any vaginal bleeding for a year and decrease in hormone production by the ovaries. As menopausal wellbeing request need in Indian situation because of increase in life expectancy and growing population of menopausal women, substantial endeavors are required to teach and make these ladies mindful of menopausal side effects. This will help in early recognition of symptoms, reduction of discomfort and fears and enable to seek appropriate medical care if necessary. HRT, otherwise called hormone treatment (HT) or menopausal hormone treatment (MHT), is prescription containing the hormones that a women's body quits delivering after menopause. HRT is used to treat menopausal symptoms. HRT is highly effective in relieving menopause symptoms such as hot flashes, night sweats, emotional lability, palpitations, insomnia, uncomfortable and frequent urination and painful intercourse. The HRT is a debated subject, fuelled by numerous examinations announcing opposing outcomes in regard to its dangers and advantages especially in post-menopausal women. For a significant extensive stretch till the finish of earlier century, HRT was utilized aimlessly by women expecting the advantage of diminishing cardiovascular risks, while giving a protection against bone fractures and enhancing quality of life. However, in 1990s two of the largest studies of HRT users were undertaken, one clinical randomized trial in USA namely Women's Health Initiative (WHI) and one observational questionnaire study in UK namely Million Women Study (MWS) and these studies raised concerns regarding the safety of HRT. This safety concerns revolved around two main issues; increased risk of breast cancer and increased cardiovascular risk. The after-effects of the studies got wide attention, making alarm among users and new direction for doctors on prescribing. After the results were published, the UK regulatory authorities issued an urgent safety restriction about HRT, recommending that doctors

should prescribe the lowest effective dose for symptomatic relief, should utilize it just as a second line treatment for the anticipation of osteoporosis, and prompted against its utilization in asymptomatic postmenopausal women. There remained widespread confusion and uncertainty amongst both doctors and HRT users. Numerous doctors quit endorsing HRT and numerous women relinquished HRT instantly, with an arrival of their menopausal side effects. The quantity of women taking HRT fell by 66%, which has not changed with the goal that now after over 10 years, there has been just about a generation of women who have for the most part been prevented the open door from securing enhanced personal satisfaction amid their menopausal years. It is worth mentioning that women studied for the adverse effects of HRT were found to be in their mid-sixties, often overweight and thus totally unrepresentative of women in the UK for whom HRT might be considered suitable. These would normally be around the age of the menopause, to be specific 45-55 years. It ought to likewise be valued that, in an astonishing turnabout, consequent production of the full WHI results demonstrated that the apparent increased risk for breast cancer was just found in the individuals who had been on HRT before entering the trial. In addition, whereas the investigator of WHI claimed initially that there was no difference in effects with age, further analyses from both the combined HRT therapy and estrogen alone WHI studies have shown no increase in cardiovascular disease in women starting HRT within 10 years of the menopause. This about turn and withdrawal of a portion of the past findings got little attention in the media. Furthermore, a large controlled trial from Denmark reported in 2012 has demonstrated that healthy women taking combined HRT for 10 years immediately after the menopause had reduced risk of heart disease. This report underpins the idea of a 'window of chance' when HRT is begun not long after menopause, while the WHI consider affirmed that beginning HRT after the age of 60 years may expand the danger of cardiovascular disease. Various other studies have also investigated the concerns related to the use of HRT and it has been concluded that properly timed HRT is safe for healthy women in their early post menopause and

has preventative effects against fractures. It reduces mortality and heart disease. The balance of benefit to harm always needs to be assessed but appears to have shifted favorably for HRT. If women start HRT around the time of menopause the risk is very small, but there is only limited data for continued usage beyond the age of 60 years. It isn't typically suitable for women more than 60 to begin HRT, as the WHI study shows, the dangers are expanded, however this does not imply that women who began HRT before ought to need to stop it on achieving 60.

Having said that nothing conclusive can be said about the safety of HRT in women of any age group given the enormity of conflicting data emerging from a series of multi-centric mega clinical trials that often add up to the confusion rather than resolving some and question each other's design and methodology most of the times. However, if used sparingly in the specified patient population to address specific post-menopausal symptoms in the recommended dosage, frequency and duration, hormone replacement therapy could very well prove to be a boon than a bane.

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