

Life begins at 50: from Berlin, some advice for a risk-free menopause

Berlin, 11 June 2002 - Eighty years: the average lifespan of women in developed countries has never been so long. Guaranteeing their health by combating the problems of ageing is the objective of the 10th World Congress on the Menopause, which until 14 June is attracting over 4000 specialists from all over the world to the German capital. So women in the "first world" now spend around thirty years of their lives in the post-menopause: this means that the body has to manage for a third of its life without the help of sex hormones, and to fight off the onset of breast cancer, cardiovascular diseases, dementia, osteoporosis and arthrosis. Scientific and technical advances are being analysed in over 75 meetings dedicated to a subject which until a few years ago was considered a marginal area of gynaecology, but which today is one of its most important topics.

The risks and benefits of hormone replacement therapy, the 'gentle' alternative offered by plant oestrogens and the new frontiers in research into diseases associated with the menopause are some of the subjects embraced by the most important international meeting in the sector, in which 250 opinion leaders have been invited to participate. One Italian among them is Professor Andrea Genazzani, President of the International Menopause Society.

"Going through the menopause," explains Genazzani, "means a change in the hormonal status, an end to the production of certain substances, such as the steroidal hormones to which a woman has always been accustomed. And a great number of studies, of which some are still in progress, have been focused on hormones and the benefits they confer upon women." Among recent discoveries highlighted by the Italian expert are the advantages which an androgen hormone may offer to women in the initial phases of the menopause. "With the start of the menopause, a woman undergoes a profound hormonal change, involving not only oestrogens and progestogens, the typical female hormones," continues Genazzani, "but also an androgen, D5 (DHEA), produced by the adrenal glands. A 12-month study of women after early and late menopause noted a progressive and significant improvement in quality of life due to a reduction in complaints associated with the menopause." Also the focus of attention at the Congress are the often disabling diseases associated with the menopause, such as osteoporosis and arthrosis. "Among the problems associated with the postmenopausal period," says Alessandra Graziottin, director of Milan's San Raffaele Resnati Centre for Gynaecology and Sexual Medicine, "we find not only osteoporosis, with its already recognised risk of bone fractures, but also arthrosis, a disorder which, if neglected, becomes a disabling condition for 25% of women over 50 years of age. The most recent research," continues Dr Graziottin, "shows in fact that muscles, cartilage and nerves also suffer from the effects of the menopause. The main symptoms are generalised pain and sudden arthralgia. Cartilage degeneration involves, in addition to progressive thinning of the joint surface, ulcerations, immobility and muscle weakness, which seriously affect quality of life. Joint pain also alters sleep patterns and reduces recovery from fatigue. There is a change in body image: it is seen as a kind of 'rusty armour' in which the patient feels trapped. Anxiety about the future and reactive depression then increase the perception and chronic nature of the pain."

Dr Graziottin is presenting in Berlin a study on the relationship between the end of reproductive life and arthrosis which emphasises the advantages of hormone replacement therapy even on the symptoms of arthrosis. The Framingham study, in particular, has shown a 60% reduction in risk in patients receiving hormone replacement therapy versus a control group. "As well as the potential effect on the sinovial metabolism," explains Graziottin, "replacement therapy can reduce the incidence and the progression of arthrosis through numerous direct and indirect effects, some of which have not yet been explained. Hormone therapy maintains or increases bone density and nutrition of the ligaments, reducing the laxity which makes elderly joints unstable; in addition, the hormones help to maintain muscle nutrition, lead to central and peripheral neuroplasticity and maintain the speed of central conduction, as well as encouraging the synthesis of nutritional factors".

Today we are witnessing an increased interest on the part of the doctor in obtaining better quality of life for menopausal women, and arthrosis is seen as a new enemy to be overcome. "The gynaecologist," Graziottin concludes, "can help to delay the first appearance of arthrosis and its progression by early diagnosis and appropriate treatment, treatments such as glucosamine sulphate, which can reduce symptoms and delay structural alterations. Further studies are necessary to identify subgroups of postmenopausal women (an average of 25%) who are most vulnerable to arthrosis, and to assess whether glucosamine sulphate and hormone replacement therapy may have synergic actions in preventing and treating the disease in women."