



## Menopause a Modern Disease with Old Remedies

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### Editorial

Toward the end of reproductive years when women reach menopause, circulating levels of estrogen and progesterone decrease because of reduced synthesis in the ovary. Hypoestrogenism can lead to several symptoms, the severity of which varies widely. Hormone therapy, involving the administration of synthetic estrogen and progesterone, has been linked to various risks, and debate regarding the risk benefit ratio continues. It is the estrogen component that is useful to treat menopausal symptoms. Progesterone is added because, in women with a uterus, estrogen treatment alone increases the risk of endometrial cancer greatly. However, while estrogen alone does little to the breast, Estrogen Progesterone Therapy (EPT) increases the risk of breast cancer. In general, women with a uterus should be prescribed estrogen progesterone treatment, and women without a uterus can manage with estrogen treatment alone. The decline in the use of hormone therapy might have affected the epidemiology of breast cancer. Sharp declines of up to 22% in the incidence of breast cancer in the USA and Europe have been reported recently. This was particularly evident in hormone receptor-positive tumors and among women between the ages of 50 and 60 years. Women at high risk for serious medical outcomes, with the use of estrogen, include those with a history of breast cancer, those with an elevated risk for breast and ovarian cancer, and those at high risk of cardiovascular disease. Estrogen containing products are the most effective therapies for managing vasomotor symptoms and symptoms of genital atrophy. They are also good for bone protection.

Improvement in vasomotor symptoms has been shown to be associated with reduced body mass index, reduced weight and reduced waist circumference. An intensive lifestyle behavioral program associated with weight loss is likely also to improve hot flushes in overweight and obese women.

Gaining weight is quite common after menopause and a bigger waistline is more likely. With lower estrogen levels, laboratory animals tend to eat more and be less physically active. Reduced estrogen may also lower metabolic rate, and cause the body to use starches and glucose, less effectively (insulin resistance), thus increasing fat storage and making it more difficult to lose weight. With age women lose muscle mass, are less likely to exercise and their aerobic capacity declines. Exercise is effective in influencing the levels of total body and abdominal fat, and could be critical in maintaining weight loss. Furthermore, exercise is one of the best ways to strengthen bones and preventing osteoporosis. Even if osteoporosis is there, exercising can help maintain the existing bone mass. It is a cheap and healthy management modality to keep osteoporosis at bay. Estrogens and progestogens should be used at the lowest dosages and for the shortest durations, necessary to achieve symptomatic relief. Menopause is medicalized in contemporary human society. There is need to disseminate information emphasizing menopause, as a normal healthy phase of women's lives, and promote its demedicalization.