

The Women's Health Research Program

Health Bulletin
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Breaking news regarding the care of women at menopause

A new Consensus Statement, endorsed by the major international and regional menopause societies, as well as other international organisations active in women's health (including endocrinology, reproduction, and osteoporosis), has been published this month¹. The endorsing Societies include the International Menopause Society, the American Society for Reproductive Medicine, the Asia Pacific Menopause Federation, the Endocrine Society (of USA), the European Menopause and Andropause Society, the International Osteoporosis Foundation and the North American Menopause Society.

This is a new milestone for women, as this statement reintroduces common sense into the treatment of menopausal women.

The Consensus Statement resulted from a round table meeting involving representatives of the above named Societies in Paris, November 2012, funded by the named societies.

Two KEY components of this statement are that:

1. Menopausal hormone therapy (MHT) (commonly referred to as HRT) is the most effective treatment for vasomotor symptoms (hot flushes and night sweats) associated with menopause at any age, but benefits are more likely to outweigh risks for symptomatic women before the age of 60 years or within 10 years after menopause.
2. MHT is effective and appropriate for the prevention of osteoporosis-related fractures in at-risk women before age 60 years or within 10 years after menopause.

The full Consensus Statement is publically available at:
http://www.imsociety.org/position_papers_and_consensus_statements.php

These statements follow years of symptomatic women either being refused postmenopausal hormone therapy or feeling guilty for using such therapy. They provide reassurance for women and their doctors, and to a degree 'give permission' for women to use MHT.

Furthermore there is widespread belief that MHT should only be used at the lowest dose and for the shortest possible time, with many women told they must stop after five years of use. This new Consensus states "The dose and duration of MHT should be consistent with treatment goals and safety issues and should be individualized". In other words, women should be taking the dose of

hormones they need to alleviate their symptoms, which may not always be the lowest dose available. It also leaves the duration of treatment open ended.

In line with widespread concerns regarding the use of individually compounded hormone therapy, the conclusion reached in this Consensus was that "The use of custom-compounded bioidentical hormone therapy is not recommended".

1. T. J. de Villiers, M. L. S. Gass, C. J. Haines, J. E. Hall, R. A. Lobo, D. D. Pierroz and M. Rees. *Global Consensus Statement on Menopausal Hormone Therapy Climacteric*. 2013;16: 203-204



New research to improve the health of women in Bangladesh

Bangladesh has one of the highest rates of invasive cervical cancer in the world, with an incidence of 22 per cent compared to south Asia, 21 per cent, and the global incidence of 16 per cent. Cervical cancer and breast cancer are major problems in this developing country.

A cervical cancer screening program was introduced in Bangladesh in 2005, but the uptake of screening among eligible women was extremely low (8.6 per cent). Clearly barriers that impeded screening need to be understood.

Age, religion, occupation, income and prior exposure to gynecological evaluation have been found to influence the uptake of screening for cervical and breast cancer in the slums of Mumbai, India. Women were less likely to accept screening if they were Muslim. As Bangladesh is a predominantly Muslim country, we suspect religious behavior/beliefs may contribute to the low uptake of cervical cancer screening and the presentation of breast cancer when the cancer is advanced. Without understanding religious and other barriers to early cervical and breast cancer detection, the efficacy of awareness programs, let alone screening will be impeded.

Assistant Professor M Rakibul Islam is a PhD student in the Women's Health Research Program undertaking a study to evaluate the knowledge of cervical and



Assistant Professor M Rakibul Islam

breast cancer, and the barriers to clinical examination in Bangladeshi women aged 30 years and older recruited from the community. Assistant Professor Islam completed training in Sociology at the University of Dhaka, Bangladesh, and has an MPhil in Indigenous Studies and MPH from the University of Tromsø, Norway.

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Get involved in research

A New Approach to Treating Women Who Do Not Experience Orgasm

Most recently a novel approach has been developed to potentially treat women who fail to reach orgasm (anorgasmia). Researchers recognised that testosterone therapy not only improved sexual desire, but also resulted in increased vaginal blood flow and increased orgasm frequency. As a result the approach of using testosterone on an "as needs" basis is being studied in centres across Australia and North America, including the Women's Health Research Program.

Our new study will assess whether the self-administration of a single dose of testosterone as an intra-nasal gel will result in ability to reach orgasm for women who have previously experienced orgasm but no longer do so.

To participate in this study women need to be over 18 years of age and premenopausal, be experiencing inability to reach orgasm, but have experienced orgasm in the past and be in a stable sexual relationship of at least 6 months duration.

The study is being conducted at our centre at the Alfred Centre in Melbourne as well as in Sydney, Perth and Adelaide. Women interested in participating in the trial should call 1800 998 055.