



Hormone Replacement Therapy to Treat Menopause

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Introduction

During or around menopause, hormone replacement therapy (HRT) can help balance estrogen and progesterone levels. A doctor may also prescribe supplemental sex hormones for a variety of other reasons. HRT, often known as menopausal hormone treatment, can help reduce sweating, hot flashes, and other menopausal symptoms. The primary hormonal medicines used in HRT for menopausal symptoms are estrogens and progestogens, with progesterone being both a naturally occurring female sex hormone and a synthetic medication utilized in menopausal hormone treatment. Though both can help with symptoms, progestogen is given to estrogen regimens when the uterus is still present. Unopposed estrogen treatment causes endometrial thickening and raises the chance of cancer, whereas progestogen lowers the risk.

Androgens such as testosterone are also utilized on occasion. HRT is accessible by a number of different routes. The long-term effects of HRT on most organ systems vary by age and time since the last physiological exposure to hormones, and individual regimens might vary greatly, making analysis challenging. According to the Women's Health Initiative (WHI), the most current studies show that starting HRT within 10 years after menopause decreases all-cause mortality as well as the risks of cardiovascular disease, osteoporosis, and dementia. After ten years, the favorable benefits on mortality and coronary heart

disease are no longer visible; however there is a reduction in hip and vertebral fracture risks and an increase in venous thromboembolism when taken orally.

"Bioidentical" hormone replacement is a 21st-century invention that employs synthetic substances that have "exactly the same chemical and molecular structure as hormones generated in the human body." These are mostly plant-derived steroids that may be found in either registered pharmaceutical or custom-made compounded formulations, the latter of which is typically not advised by regulatory authorities owing to a lack of standardization and official monitoring.

As of 2017, there were insufficient clinical studies to evaluate the safety and efficacy of bioidentical hormone replacement. In the United States, approved applications of HRT include the short-term treatment of menopausal symptoms such as hot flashes and vaginal atrophy, as well as the prevention of osteoporosis. HRT is approved by the American College of Obstetrics and Gynecology (ACOG) for symptomatic treatment of menopausal symptoms and is recommended for usage beyond the age of 65 in suitable situations. The 2016 annual conference of the North American Menopause Society (NAMS) indicated that HRT may offer more advantages than dangers among women under the age of 60.

Women who get this therapy are often postmenopausal, perimenopausal, or surgically menopausal. Menopause is described as the permanent cessation of menstruation caused by a decrease of ovarian follicular activity that begins twelve months following the last natural menstrual cycle. This twelve-month interval separates menopause into early and late transition stages known as 'perimenopause' and 'postmenopause,' respectively.

If the ovaries are surgically removed to treat ovarian or uterine cancer, premature menopause can occur.

The great bulk of available data is in postmenopausal American women with concomitant pre-existing conditions and an average age of more than 60 years. HRT appears to have a diverging effect in menopause, with a reduced risk when begun before five years but no benefit after ten.

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