TREATMENT OF MENOPAUSAL SYMPTOMS : A COMPARATIVE STUDY

Gynaecology

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ABSTRACT

Menopause is permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Women suffer many troublesome problems after menopause resulting from estrogen deficiency. Aim of this study is to compare symptomatic response in Indian women using different medicine preparations for treatment of menopausal symptoms. It is an observational prospective study conducted in PMCH Gynae OPD from October 2017 to September 2019. Two hundred women were enrolled and assigned to different treatment groups. There was 90.32% decrease in hot flushes in E2V group while it was 87.09% in CEE group. Psychosomatic symptoms reduced by 75% and 70% in E2V and CEE group respectively. Sexual and urinary symptoms also got more improved when treated with estrogen preparations. Both estradiol valerate and conjugated estrogen were effective in reducing severity of hot flushes, psychosomatic symptoms, sexual and urinary symptoms as compared to isoflavones and placebo. Isoflavones had very little advantage over placebo

KEYWORDS

Menopause, estradiol valerate, conjugated estrogen, isoflavones

INTRODUCTION

Menopause is permanent cessation of menstruation due to loss of ovarian function¹. A wide variety of symptoms have been attributed to the menopause. Besides the classical vasomotor symptoms (hot flushes and night sweats), urogenital symptoms like vaginal dryness, dyspareunia and varying degrees of incontinence are common. Sleeping problems anxiety depression are described, as well as fatigue, muscle and joint pain, drying of the skin, loss of energy, loss of libido and many others symptoms and problems².

AIM AND OBJECTIVES

Aim of this study is to compare symptomatic response in menopausal women to different treatments. This is a prospective study done at PMCH Patna in duration of 2 years between October 2017 to September 2019.

MATERIAL AND METHODS

This is an observational prospective study done at dept of obstetric and gynaecology, PMCH Patna, Bihar in a duration of 2 years. Two hundred patients who attended OPD and IPD of obstetric and gynaecology department with menopausal symptoms were included in the study.

Tobacco or alcohol abusers, patients with abnormal mammogram, patients having conditions where estrogen preparations are contraindicated were excluded.

Patients were divided in 4 groups

Grp A treated with estradiol valerate 0.5 mg daily for 24 weeks. Patients with intact uterus were combined with natural micronized progesterone tabs.

Grp B treated with conjugated equine estrogen 0.625 mg for 24 weeks. Grp C treated with isoflavones 60 mg daily. Grp D were given placebo.

All patients were informed regarding procedure necessity and duration of treatment. History examinations and relevant medical records duly registered. Patients were followed up at 12 and 24 weeks.

For Statistical significance of variables were determined by Chi-square, Fisher's exact test, and P value less than 0.05 was considered statistically significant.

OBSERVATIONS :-

Among 200 patients 124 patients had hot flushes 156 patient psychosomatic symptoms, 100 sexual symptoms and 100 patients had urinary symptoms.

Mean age of patients receiving E2V in group A is 46.08 years while in

Group B receiving CEE the mean age is 47.34 years. In Group C patients receiving Flavones mean age is 49.42 years. In Group D patients receiving Placebo mean age is 54.42 years.

22 patients were in < para 3 group, 80 patients were para 3, 49 were P4, 31 were P5, and 18 were P6.

Symptomatic response at 12 and 24 weeks from starting of treatment :

Table -1 Response In Hotflushes In Different Treatment

TREATMENT GIVEN	SYMPTOMATIC PATIENTS AT 0 WEEKS		SYMPTOMATIC PATIENTS AT 12 WEEKS		SYMPTOMATIC PATIENTS AT 24 WEEKS	
	No. of Cases	%	No. of Cases	%	No. of Cases	%
(A) Estradiol Valerate E2V	31	100	10	32.25	3	9.67
(B) Conjugated estrogen CEE	31	100	12	38.71	4	12.90
(C) Isoflavones	31	100	16	51.61	12	38.71
(D) Placebo	31	100	22	78.96	18	58.06

In grp A receiving E2V 90.33% got relieved of symptoms at the end of 24 weeks while in grp B receiving CEE 87.1 %got relief. In isoflavone grp C 61.29%patients got symptomatic relief. In grp D it was only 41.94%.

Table -2 Relief In Psychosomatic Symptoms In Different Treatment

TREATMENT GIVEN	SYMPTOMATIC PATIENTS AT 0 WEEKS		SYMPTOMATIC PATIENTS AT 12 WEEKS		SYMPTOMATIC PATIENTS AT 24 WEEKS	
	No. of Cases	%	No. of Cases	%	No. of Cases	%
(A) Estradiol Valerate E2V	40	100	12	30	10	25
(B) Conjugated estrogen CEE	40	100	20	50	10	25
(C) Isoflavones	38	100	27	67.5	22	55
(D) Placebo	38	100	28	70	26	65

In E2V group 30% patients remained symptomatic at 12 weeks and 25% at 24 weeks. In both E2V & CEE groups 75% patients had relief in symptoms at the end of 24 weeks. While in Isoflavones group 55% and in Placebo group 65% patients remain symptomatic at 24 weeks.

TABLE – 3 Response in sexual symptoms in different treatment

TREATMENT GIVEN	SYMPTOMATIC PATIENTS AT 0 WEEKS		SYMPTOMATIC PATIENTS AT 12 WEEKS		SYMPTOMATIC PATIENTS AT 24 WEEKS	
	No. of Cases	%	No. of Cases	%	No. of Cases	%
(A) Estradiol Valerate	30	100	17	56.67	12	40
(B) Conjugated estrogen	30	100	18	60	13	43.33
(C) Isoflavones	20	100	15	75	14	70
(D) Placebo	20	100	19	95	18	90

At 24 weeks in group A,B,C& D, 40%, 43.33%, 70%, 90% remain symptomatic at 24 weeks respectively.

Table - 4 Urinary Symptoms Response In Different Treatment Groups

TREATMENT GIVEN	SYMPTOMATIC PATIENTS AT 0 WEEKS		SYMPTOMATIC PATIENTS AT 12 WEEKS		SYMPTOMATIC PATIENTS AT 24 WEEKS	
	No. of Cases	%	No. of Cases	%	No. of Cases	%
(A) Estradiol Valerate E2V	35	100	14	40	11	31.43
(B) Conjugated estrogen CEE	35	100	15	42.86	11	31.43
(C) Isoflavones	15	100	12	80	11	73.33
(D) Placebo	15	100	12	80	12	80

In both group A & B 31.43 patients remain symptomatic. In C & E group 73.33% and 80% patients still had symptoms at 24 weeks respectively.

DISCUSSION :-

In this study 62% patients had hot flushes. Maximum patients of hot flushes were treated with estrogen preparations. this finding is comparable with Madhu Kumar et al^[3] (2012, Bengaluru) and Dutta et al^[4] (2012, Tamil Nadu), in which prevalence was 55.9% and 60.9% respectively. The therapeutic value of estrogen preparations are superior to other treatment groups. Cochrane review of a randomized trial showed 75% reduction in hot flushes with estrogen therapy. In this study 90.33% and 80.1% patients got relieved of vasomotor symptoms in E2V and CEE group respectively.

Psychosomatic problems had significant reduction by treatment with estrogen preparations in last 3 month of duration of treatment. Relief was more in estrogen group 75%, while isoflavones showed relief in 45% only. In the present study 50% women had one or more sexual problems which is comparable to study of Madhu Kumar et al^[3] (48.2%). Patients were found very shy of discussing sexual symptoms. Nevertheless there was significant improvement in E2V group (60%) as compared to isoflavone group.

There was much more improvement in urinary symptoms (58.47%) in estrogen group while in Group C and D patients remained largely symptomatic, more than 70%.

P. Value was significant (<0.05) for estrogen groups.

CONCLUSION :-

Low doses of CEE and E2V are equally effective for vasomotor and vaginal symptoms when administered over 24 weeks. CEE offers no advantage over physiological estradiol. So use of E2V is considered more appropriate which is less costly. No serious side effects were reported in both E2V and CEE group. Isoflavones have some effect but is not comparable to estrogen preparations. Awareness regarding menopause and associated health issues should be created in community as a whole and appropriate treatment should be started whenever required.

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