Keynote lecture - Thursday

I 01

Asian Epidemiology and Society of the Menopause

N. Dusitsin*

Life expectancy has increased progressively in developing Asia since World War II. Improved sanitation, living standards and medical care are all contributing to this achievement. The number of menopausal women is consequently increasing at an imposing rate. Therefore concern with menopause to improve women's rightful welfare and quality of life has become a compelling issue in many Asian countries. However, due to the paucity of domestic informations, Western style approach to the menopause has been largely adopted which may not elicit optimum risk benefit and/or cost-effectiveness in a developing nation. Commercialism and inadequate understanding of menopause among health care providers as well as clients may also lead to unwarranted practices such as the improper use of expensive diagnostic procedures and the over-use of medication.

Asian perspectives to menopause need to be formulated and developed through research based on cultural and economic attributes, changing life styles and native morbidity. Emphases must also focus on integrated health care, preventive measures, sexual health and alternative therapeutic options. Services for menopausal women should be incorporated into primary health care system. Information and counseling on menopause should be made available readily and widely to create an awareness and felt-need among women to seek proper care.

* President, Thai Menopause Society

Keynote lecture - Thursday

I 02

European Epidemiology and Society of the Menopause

H. Rozenbaum*

In 1950, the world-wide average life expectancy of a woman at birth was 46; it will be 88 by the year 2000. In France it is currently over 82 years.

The remaining life expectancy of a woman aged 50 years in the Western world is about 33 years.

In 1990, 467 million women in the world were aged over 50; in 2030 this figure will be 1200 million.

Few tissues or organs do not suffer sooner or later from the consequences of the hormone deficiency brought on by the menopause. This fact is explained by the almost ubiquitous presence of estrogen receptors in the female body. It is therefore not surprising to note that no molecule or currently known medication can replace the entire effect of these estrogens.

Thus, given the number of women concerned, the development of the role of women in modern society and the multiplicity of the possible effects of estrogens, the menopause and its treatment now constitute a real public health problem.

Although certain biases could partially falsify the results of epidemiological studies which compare women who receive HRT and those who do not, the main question at present and for the future is no longer "should we prescribe HRT?", but how should we prescribed it, which molecules should be used, which dosages are appropriate and for how long should treatment last?

* President, European Menopause Society

Plenary lecture - Thursday

I 03 (PL1)

HRT in Prevention and Treatment of Alzheimer's Disease

H. Honjo*, K. Iwasa*, K. Tanaka*, N. Kikuchi*, M. Urabe*

The average of life span in Japanese women became 83.59 years old in 1996. Alzheimer's disease (AD) has become a big problem in the world with increased number of aged persons. Resent works suggested possibilities that estrogens treat and prevent AD. The mechanisms of these good effects of estrogens are thought to be the following;

1. Improvement of the depressive status by estrogens may make patients more active and improve the psychometric tests.
2. Improvement of cerebral blood flow by estrogens may have beneficial effects on cognitive function.
3. Estrogens may stimulate acetylcholine metabolism in central nervous system.
4. Estrogens may increase the number of developed type gliacytes and support neural functions, more.

By these mechanisms, estrogens would induce symptomatic improvements in AD.

5. Estrogens suppress apolipoprotein E, which precipitates ß - protein (amyoloid) in the senile plaques of AD. The ε4 allele of apolipoprotein E seems to be a risk factor in late onset AD. Estrogen recipe for postmenopausal women, especially those demonstrating the ε4 allele on screening, may prevent AD.

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Plenary lecture - Thursday

I 04 (PL 1)

Sex Hormones and Brain : Female Sensorium and Steroid-depending System

M.O. Sator, M.D.*

As life expectancy increases, more of a woman's life spent in the years after menopause. It is therefore reasonable to reassess the benefits of estrogen and progestin for postmenopausal women as a means of improving the quality and duration of life. When examining the problems associated with climacteric signs and symptoms, one finds that nearly 90% of the effects of sexual hormones are of an extragenital nature. The term "extragenital target organs" refers to the fact that a variety of target organs has been discovered over the past few years. The list of indications includes a number of ophthalmological conditions such as keratoconjunctivitis sicca and glaucoma, which have been treated ineffectively by ophthalmologists. Significant improvements may also be achieved on the ENT sector by using sexual steroids in brainstem audiometry and olfactometry. As one of the pioneers in the field, we find it interesting to note that this issue is now well established in medical research and will increasingly also gain importance in clinical practice.

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I 05 (Sem/Sympo 1)

HRT in Cardiovascular Disease

Göran Samsioe*

Primary preventive trials have repeatedly found that myocardial infarction can be reduced by some 50% by oestrogen use. In women with a sustained myocardial infarction the degree of protection may be even greater and the relative risk as low as 0.2. In other words, HRT may be even more protective in women carrying risk factors for cardiovascular disease than in healthier individuals. It has also been amply shown that the two major mechanisms by which oestrogens excerpt their cardioprotection are vasodilatation and anti-atherosclerotic effects. A coronary injection of 17 ß oestradiol causes vasodilatation in women but not in men. In line with this data it has been reported that oestrogen administration alleviates angina pectoris and is of particular value in the so called syndrome X of cardiology. Oestrogens have also been shown to be calcium antagonists and to possess ACE inhibitory effects. Oestrogens and indeed oestrogen/progestogen combinations seem also to be anti-atherosclerotic. This is in part derived through decreases in cholesterol, LDL cholesterol and LP(a). In addition, some oestrogens also elevate HDL cholesterol. Progestogens may contribute to the beneficial effect by decreasing triglycerides. Progestogen addition which yields a further decrease of LDL cholesterol also reduces LDL. A common denominator for both anti-atherosclerotic and vasodilatory properties may be the antioxidative effect by oestrogens and indeed by oestrogen/progestogen combinations. So far, HRT has not been shown to convincingly diminish the risk of stroke to any greater extent.

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Seminar/Symposium - Thursday

I 06 (Sem/Sympo 1)

HRT in Immunological Diseases

A.E. Albrecht*

Autoimmune, connective tissue and other rheumatic disorders, such as rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE), are far more common in women. The menopause is a time of hormonal changes that result in the manifestation of many different rheumatic diseases. The age of disease onset of RA in women peaks at the ages of 45 to 55 years, suggesting that the menopausal transition in the production of ovarian steroids may play an important role in the etiopathogenesis of this disease. Most studies have found that nulliparous women are two to three times more likely to develop RA. There are controlled studies that found an significant improvement of RA when estrogen insufficiency was corrected in women with menopuasally related rheumatoid arthritis. Estrogen replacement in physiological doses could lead to significant improvements in the articular index and the visual analog pain scale of postmenopausal women with RA compared with controls. There is convincing evidence that the use of hormone replacement therapy may have preventive and therapeutic benefits in the treatment of connective tissue disease, although further controlled studies are needed to consolidate these beneficial effects in women.

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I 07 (Sem/Sympo 1)

HRT in the Patient with Thrombo-embolic Disorders

Martin H. Birkhäuser*

Until 1996, it was generally accepted that Estrogen Replacement Therapy (ERT) or Hormone Replacement Therapy (HRT) did not increase the risk of venous thrombosis and of thromboembolic diseases. In the most important paper until 1995, M. Devor et al. (Am J Med., 1992,92:275-282) had reported a relative risk of thromboembolism in HRT-users of 0.79 (0.30-2.08) (RR, 95% CI). Studies with determination of coagulation factors in HRT-users led to contradictory results. The PEPI-trial did not show an increase of fibrinogen with HRT, but with placebo. However, in 1996, three articles published in the Lancet pointed to a slightly increased risk for thromboembolism in post-menopausal HRT-users. Grodstein et al. (Lancet, 1996, 348:983-987) reported in their prospective study in 112,596 women a modestly increased risk in HRT user: The calculated adjusted RR (± 95% CI) based on 123 cases of primary lung embolism (no carcinoma, no trauma, no surgery, no immobilisation) was 2.1 (1.2-3.8, 155,669 person-years) in current and 1.3 (0.7-1.4, 157,809 person-years) in past users. Similar results have been reported by Daly et al. (Lancet, 1996,348:977-980) and by Jicks et. al. (Lancet, 1996 348:981-983). The RR in current users is therefore 2-4x higher than in controls. The highest risk is observed in new HRT-users. Hypertension, smoking, age or body mass index have no or little effects on the RR for VTE. The missing negative effects of transdermal systems reported in the three studies mentionned has to be confirmed. The role of the progestins (which progestin? which dose?) and the role of the venous wall are still not clear.

Conclusion: In postmenopausal women using HRT, the absolute risk for thromboembolism remains insignificant and corresponds in women aged 50-59 years to approx. one additional case of VTE in 5000 HRT users per year. The highest risk exists during the first year of use. However, known individual risk factors such as high family risk (hereditary defects of the coagulation system such as APC-resistance), obesity, thromboembolism in the personal history or immobilisation have to be respected.

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Special lecture - Thursday

I 08 (SP 1)

Aging - A Challenge for Humankind

E. Diczfalusy*

What distinguishes our time from all other epochs is the magnitude and rate of change; for instance, between 1950 and 2050, world population is projected to increase from 2.5 to 10 billion people and the elderly population (aged 65 years and over) from 128 to 1445 million people (or from 5.1% to 14.7% of the global population). The challenge will be compounded by an equally dramatic decline in the proportion of children from 34.5% in 1950 to 20.8% in 2050. Even in a shorter perspective, between 1990 and 2020, the global population will increase by 52%, but its elderly population will grow by 115% and the "old-old" population (aged 80 years and over) by 134%. The United Nations project that between 1990 and 2025 the fastest increase in the elderly populations will take place in Indonesia (414%), Kenya (347%), Thailand (337%), Zimbabwe (271%), Morocco (250%), India (242%) and China (220%).

The World Health Organization projects equally dramatic increase in the number of people with disability and morbidity worldwide, particularly various dementias including Alzheimer disease, diabetes, osteoporosis, visual and hearing impairment and musculoskeletal degenerative diseases.

All these changes represent entirely new features in humanity's history; indeed so new, that people and their governments have not had, as yet, time, vision, determination or courage to recognize that the soaring elderly population is bound to raise fundamental socio-economic, health-policy and ethical issues and will necessitate major political readjustments worldwide.

The United Nations World Assembly on Aging (1982) stressed that *"Diseases do not need to be essential component of aging"* predicting that *"as men and women live to increasingly greater ages, major disabilities will largely be compressed into a narrow age range just prior to death"*

It can happen, if we let it happen. What will be indispensable for it, is *a quantum leap in research and research funding,* particularly in the most affected developing countries. As Mme.Gro Harlem Brundtland said in the Foreword to the Report of the World Commission on Environment and Development : *"Since the answers to fundamental and serious concerns are not at hand, there is no alternative but to keep on trying to find them"*

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I 09 (Sem/Sympo 2)

Sexuality and Life-style of Japanese Postmenopausal Women

Takeshi Aso*

Sexuality is dependent on a complex interaction among the factors including cognitive processes, neuro- and bio-physiological mechanisms and mood. These factors are different from person to person who has various backgrounds built up on the personal and environmental basis. Especially, the past and the present life-styles have the definitive influences on the sexuality of the women in the life stage of postmenopause. It is obvious that the sexuality of procreation, the reproductive sex, is less important than that of recreation which provide satisfactory quality of life for postmenopausal women.

The general basic attitude of Japanese women of the older generation to the aging process is passive, and they willing to accept the mental and physical changes in postmenopause period as the natural consequence. Comparatively, they used to complain rarely the climacteric symptoms and the problems of sexuality. But, the distinct longevity, and in particular, the increasing duration of the life span after reproductive age in recent years, made dramatic changes in the life-style and the role of the elderly in the society. This current situations provoked great interest on the sexuality of the postmenopausal women. The specific factors of the life-style of Japanese postmenopausal women relating to the proceptivity and receptivity of sexuality should be discussed extensively.

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Seminar/Symposium - Thursday

I 10 (Sem/Sympo 2)

Western Women and Menopause Health, Quality of Life and Sexuality

B. Lemke*

Western women who are in their fifties today and thus in an age facing menopause are different from the women of their mother's generation:

- They belong to the so called 68 generation or Vietnam generation and are thus influenced by a sociopolitical background which opposed traditional female role-models. Therefore they had to define completely new role-models for themselves.
- They belong to the first generation of women who had the chance to divide fertility and sexuality due to the introduction of safe hormonal contraception.

The pre- and postmenopause is experienced by this women as a challenge again, because once more they have to define a new role-model. A model for aging in the age of prolonged life-expactancy.

Perception and attitudes of this women concerning health, quality of life and sexuality are described by samples of female literature and a representative survey amongst 1000 German women age 50 to 70.

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I 11 (DB 1)

Menopause : Disease or Natural Changes in Life

S. Chirawatkul*

The paper explores the process by which hot flush menopause is socially constructed. While people describe, explain and account for menopause as a natural biological event, the biomedical discourse of menopause shapes the understandings of health practitioners who have gained a dominant status and professional trust from people in society. Due to the influences of medicalization, a number of peri- menopause women who are suffering from irregular menses and symptoms such as headache, pounding of the heart, and feeling of suffocation consult their physicians to confirm that they are not ill. At this point - during the clinical encounter - the biomedical discourse of menopause as a deficiency disease and the idea of mastering menopause by using HRT is transferred directly to women. Therefore menopausal women are vulnerable to the process of medicalization and to a shift of understanding to regard menopausal experience in the image of disease.

It is very difficult to obstruct the power of medicine over women's lives but it can be done in a positive way. How to make it possible? The answers may lie in the attitudes of health personnel toward women's reproduction including women's reproductive function and capacity and the interaction among women and health personnel. For women themselves, awareness and active responsibility for their own bodies need to be developed. Similarly for health personnel, a positive perspective on women's bodies and health, humankind, and the awareness of human's rights may be the keys of success.

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Debate - Thursday

I 12 (DB 1)

Menopause : Disease or Natural Changes in Life

Alfred S. Wolf*

The menopause is a natural event, following degression and consumption of primordial follicles within the ovary. According to data from FADDY (1991) the menopause appears when the account of primordial follicle has decreased below 10,000. Menopause is a natural transition signal, documenting the period at the end of reproductive life and caused by the natural aging of the ovaries. The typical perimenopausal complaints are natural in its origin and most of them will transist and disappear with time. The long term consequences of the decrease of estradiol (e.g. vulvo-vaginal-complaints, urinary symptoms, osteoporosis, cardio-vascular diseases) do not only/correlate to the estradiol decrease but also to changes in nutrition and lifestyle. For this reason counseling of periclimacteric and aging women should also include lifestyle and nutrition counseling, as well as the possibility of an estradiol replacement therapy.

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