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Sequential treatment in vulvovaginal atrophy

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Vulvovaginal atrophy (VVA) is a chronic and progressive disease, especiall in the menopausal women. The poor sexuality and quality of life is very difficult to consult to physician in Taiwan, because of the privacy. VVA requires long-term and often sequential treatment to achieve the desired benefits. The topical products (including non-hormonal lubricants and moisturizers applied to the vagina), systemic hormone therapy and estrogens, and prescribed vaginal dehydroepiandrosterone (DHEA) are the therapeutic options in Taiwan. In addition, the selective estrogen receptor modulator, ospemifene, and new energy-based treatments (laser and radiofrequency) are also considered. Every treatment for the VVA need to use for a long time. The patients express fear of the long-term use of estrogens. Some of patients will use other treatment, but the compliance is low because of the vaginal route, low efficacy, or the price of the treatments. Sequential treatments in VVA are very important. VVA will not be improved in the short-term use. Personalized medicine is a good mthod for the treatment of VVA .

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Bridging the Bone Health Gap: Strategies for Women's Health Across the Lifespan
骨骼健康的連結：涵蓋女性不同生命階段

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Osteoporosis (T-score ≤ -2.5) and osteopenia (low bone mass, -2.5 < T-score < -1) are prevalent conditions among postmenopausal women in Taiwan, affecting 41% and 44%, respectively. Both groups face fragility fracture risks, with 25% of osteopenic women at high risk, identified by the FRAX tool and intervention threshold.

Fragility fractures, common in the lumbar spine, hip, and wrist, lead to increased mortality, disability, and economic burdens. In Taiwan, access to anti-osteoporosis medication through the National Health Insurance program is currently limited to those with an osteoporosis diagnosis who have already experienced at least one fragility fracture. Nevertheless, healthcare providers should implement routine screening tools to assess bone health in postmenopausal women and mitigate the risk of fragility fractures.

This symposium reviews evidence-based strategies for managing bone health in postmenopausal Taiwanese women, emphasizing high fragility fracture risk management, medication rationale, and monitoring. The exploration extends to bone health in special populations, such as those with premature ovarian insufficiency, cancer survivors, and individuals with other risk factors for early estrogen decline and secondary osteoporosis.

This symposium aims to provide practical insights to enhance the bone health of Taiwanese women across their lifespan.

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Selective tissue estrogenic activity regulator (among drugs in the therapy of postmenopausal women)

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Tibolone, a selective tissue estrogenic activity regulator, is a synthetic steroid with estrogenic, androgenic, and progestogenic properties in a tissue-specific manner. It is widely used for managing perimenopausal vasomotor symptoms. According to previous literatures, tibolone has demonstrated efficacy in reducing vasomotor symptoms compared to placebo but is less effective than estrogen therapy. It also shows a positive impact on bone mineral density and sexual dysfunction. Furthermore, due to its estrogenic activity in the brain, the neuroprotective effects of tibolone have become a recent focus in research.

On the other hand, although tibolone exhibits relatively weak estrogenic activity in the breast and endometrium, it has been a subject of controversy regarding the risk of these hormone-sensitive cancers, especially breast cancer. Through this talk, we will comprehensively review the existing literature on tibolone, elucidating both its positive and negative effects. This aims to assist clinicians of menopausal women's health in gaining a clearer and more flexible understanding for the judicious use of this drug.

Key words: Menopause, Selective tissue estrogenic activity regulator (STEAR), Tibolone,

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The impacts of menopausal hormone therapy on longer-term health consequences of ovarian hormone deficiency

Osteoporosis, coronary heart disease (CHD), stroke, and dementia are prevalent degenerative conditions in women, closely associated with a decrease in estrogen levels during menopause, termed as 'late problems' of ovarian hormone deficiency (OHD).

The Women’ s Health Initiative (WHI) study, with an average participant age of 63 years, revealed that menopausal hormone therapy (MHT) utilizing conjugated equine estrogen (CEE) and medroxyprogesterone acetate (MPA) can prevent bone mineral density (BMD) loss and fractures in healthy postmenopausal women. However, a notable upward trend in CHD risk was observed with the duration of time since menopause at MHT initiation, and stroke risk was elevated regardless of the age at recruitment. An additional WHI memory study indicated an increased risk of dementia in older women.

A meta-analysis of previous randomized controlled trials (RCTs) found that MHT using oral estrogen significantly reduced CHD risk by 48%, but had no impact on stroke risk in women within 10 years post-menopause. Prospective studies suggested that early initiation of MHT after menopause might lower the risk of dementia. The WHI study also noted a decline in dementia mortality with CEE therapy. These findings, combined with the timing hypothesis, strongly propose MHT as a potential strategy for Alzheimer's disease (AD) prevention in recently postmenopausal women. Consequently, a timing hypothesis has been proposed for both CHD and dementia.

Further research is essential to refine the optimal MHT regimen concerning dosage, administration route, and preparation, potentially benefiting even older postmenopausal women considering MHT. MHT has been shown to enhance menopause-related quality of life and reduce all-cause mortality (ACM) in younger postmenopausal women. It may be prudent to cautiously reconsider MHT for primary prevention of the late problems associated with OHD in early postmenopausal women.

Keywords: menopausal hormone therapy , Osteoporosis, coronary heart disease, stroke, dementia