



ARE YOU MENOPAUSAL?

Hot flushes, night sweats or vaginal dryness?¹



UNIQUE SOLUTIONS
for Unique Women

adcock ingram 
women's health



MENO

CONTENTS

What is menopause?	1
• Hot flushes	2
• Osteoporosis	2
Sex	3
• Painful intercourse/Vaginal dryness	3
• Lack of sex drive	3
Bladder function/incontinence	4
Contraception	4
Lifestyle choices	5
Weight gain during menopause	6
Breast cancer risk associated with Hormone Therapy (HT)	7
Breast examination	8-9
• The 5 steps of a breast self-examination	8-9
The importance of a mammogram	10
The importance of a regular Pap test	10
'Natural' menopause products	11
Bioidentical Hormones	11
Pharmaceutical Menopause Hormone Therapy (MHT)	12
Menopause Hormone Therapy (MHT)	12
Menopause Hormone Therapy (MHT) choices	14
• Menopause patches	14
• Menopause Hormone Therapy tablets	15
• Menopause Hormone Therapy gel	15
Vaginal dryness	16
• Changes in the vagina after menopause	16
Treatment of Vaginal dryness	16
• Vaginal oestrogen tablets	17
• Vaginal creams	17
Vaginal oestrogen tablets compared to vaginal cream	18
Are you experiencing vaginal dryness?	18
Menopause checklist	19
Notes pages	22-25
References	26

PAUSE

WHAT IS MENOPAUSE?

Menopause defines the time when a woman's reproductive life comes to an end and is marked by the end of her menstrual periods. This is also known as 'the change of life'. The symptoms which many women suffer at menopause are primarily a result of oestrogen deficiency.¹

They may be short-term (like hot flushes and night sweats) or long-term (like osteoporosis), psychological, general or more localised.¹⁻³ Whatever their nature, doctors now seem to agree that menopausal symptoms justify treatment.^{3,4}

MENOPAUSAL SYMPTOMS CAN BE BOTH PHYSICAL AND PSYCHOLOGICAL IN NATURE.^{1,2}

1. WEIGHT^{3,5}



Weight gain

2. BONE^{3,5}

Bone loss
Risk for osteoporosis



3. GENITOURINARY^{1,2}



Irregular periods
Vaginal dryness and itching
Painful intercourse

4. HEART⁴

Higher risk of heart disease
Palpitations



5. MOOD^{1,2}



Irritability
Anxiety
Depression
Sleep disturbances
Fatigue

6. SKIN AND HAIR⁵

Skin dryness and thinning of scalp hair
Excessive hair growth on the face



7. VASOMOTOR^{1,2}



Hot flushes
Night sweats



MENO

HOT FLUSHES

Hot flushes are the most common and upsetting symptom of menopause.¹ They can make daily life a misery or condemn women to endless nights of interrupted sleep because of night sweats.²

Since hot flushes are related to declining oestrogen hormone levels, Menopause Hormone Therapy (MHT) is considered the most effective treatment of these symptoms.^{1,3,4}



“Hot flushes can make daily life a misery”

OSTEOPOROSIS

Osteoporosis has no warning signs, which is why it is called the ‘silent’ disease. Often, the first sign of the disease is a fracture. Osteoporosis means ‘porous bones’. It is a condition where the bones become porous, fragile and break easily.⁶

In women, lack of oestrogen during menopause accelerates the rate of bone loss for a few years, which explains why most cases of osteoporosis occur in postmenopausal women.⁶

Although treatable, prevention of osteoporosis is much more effective. This can be achieved by lifestyle measures like exercise and following a diet with adequate calcium. Hormone therapy at menopause is effective in preventing bone loss and reducing the risk of osteoporotic fractures of the spine, hip and wrist.^{3,6}

For more information on Menopause, visit

<http://www.healthywomen.co.za/Menopause/Default.aspx>

For more information on Osteoporosis, visit

<http://www.healthywomen.co.za/Osteoporosis/Default.aspx>

PAUSE

SEX

Not so many years ago sex life changes after menopause were taken for granted, but today, relationships and sexual enjoyment can be pursued with the same vigour as before.⁵

PAINFUL INTERCOURSE/VAGINAL DRYNESS

One of the consequences of menopause is that a decrease in oestrogen levels may cause the soft tissues of the vagina and surrounding areas to become dry, thinner and less elastic.^{2,5}

Under such circumstances, the vagina remains stubbornly dry, often unable to respond to the sexual stimulation which previously led to vaginal lubrication. The result is that intercourse is now a painful (and thus unwelcome) experience.⁵

LACK OF SEX DRIVE

Many of the women suffering from a dry vagina (and painful intercourse) complain that they have lost interest in sex. Oestrogen treatment restores thickness and moisture to the cells of the vaginal wall, bringing relief from a dry vagina. There are, however, some instances where loss of libido is a psychological problem unconnected to changes in the vagina.⁵



“Sexual enjoyment can be pursued with the same vigour as before”



MENO

BLADDER FUNCTION/ INCONTINENCE

Urinary incontinence becomes more common with aging, and may be partially affected by menopause.⁵

As menopause approaches and during the years that follow, lack of oestrogen can cause thinning of the lining of the urethra, the outlet for the bladder. With aging, the surrounding pelvic muscles may weaken. As a result, women are at increased risk for urinary incontinence.⁵ Hormone therapy helps to reduce these changes and may be used in combination with pelvic floor exercises.^{3,5}



“With aging, the surrounding pelvic muscles may weaken.”

Recurrent urinary tract infections may be due to vaginal dryness and result in many unnecessary courses of antibiotics. Local vaginal oestrogen may help to avoid such problems.⁷

CONTRACEPTION

Despite a decline in fertility during perimenopause, and even if a few months have passed without a period, women are not totally protected from an unplanned pregnancy until menopause has been confirmed after 12 consecutive months without periods.⁵ Your doctor will advise you on an effective and appropriate method of birth control.



PAUSE

LIFESTYLE CHOICES

Menopause can be an opportunity for positive transformation and growth.⁵

Women should be advised not to smoke.⁴

Regular moderate-intensity exercise such as brisk walking, jogging, aerobics, dancing, swimming or tennis for at least 150 minutes every week improves overall health, balance, muscle strength and quality of life.^{4,5} Two weekly sessions of resistance exercise e.g. weight training may provide further benefit.⁴

A healthy diet, low in total fat and high in whole grains, fruits and vegetables, with adequate water, vitamins and minerals (particularly calcium) contributes to good health.^{4,5} Consumption of salt and alcohol should be limited.⁴ Being overweight increases the risk for heart disease and diabetes. It is important to maintain a healthy weight.⁵

Women in menopause may face many stressors and it is beneficial to take time to relax each day. Exercise, slow deep-breathing, meditation, yoga, massage or just a leisurely bath can increase relaxation and reduce stress.⁵

“Menopause can be an opportunity for positive transformation and growth”





MENO

WEIGHT GAIN DURING MENOPAUSE

Women often gain weight in their 40's and 50's, and they tend to attribute this weight gain to menopause. Although menopause may play a role, weight gain seems to mainly relate to aging and changes in lifestyle. Factors identified that have an influence on weight gain during menopause include a decrease in exercise, and an increase in food and alcohol consumption.⁵

As one grows older, muscle mass tends to decrease, while fat mass tends to increase. The distribution of fat also changes from the known pear-shape, with fat distribution around the hips and thighs, to an apple shape, where fat distribution is more around the abdomen and waist area. Being overweight increases the risk of heart disease.⁵



"Fat mass tends to increase."

PAUSE

BREAST CANCER RISK ASSOCIATED WITH HT

One of the biggest concerns of women considering Menopause Hormone Therapy (MHT) is the potential increased risk of breast cancer. Long-term clinical studies have suggested an increased risk of breast cancer while on Menopause Hormone Therapy (MHT).⁸

However, the risks are relatively small and only became apparent after 5 years or more of Menopause Hormone Therapy (MHT).^{9,10}

The most recent consensus statements from local and international experts support this view, stating that women should rest assured that the possible increased risks of breast cancer associated with Menopause Hormone Therapy (MHT) are small and are similar to the increased risks associated with common lifestyle factors such as obesity and alcohol consumption.^{3,9,10}

BREAST CANCER RISK IN WOMEN TAKING MENOPAUSE HORMONE THERAPY (MHT)^{3,9,10}

BREAST CANCER RISK ASSOCIATED WITH HT:	
Oestrogen-only	Up to 13 years No increase in risk ¹⁰
Combined oestrogen + progestogen	< 1 additional case per 1 000 women per year ^{9,10}

Media will often report on the relative risk of breast cancer when talking about Menopause Hormone Therapy (MHT), without reporting on the real or 'absolute' risk.⁸ The table reports absolute increased risk, which is less than 0.1 % per year.^{9,10}



MENO

BREAST EXAMINATION

Research does not show a clear benefit of breast examination done by either a health professional or the woman herself for breast cancer screening. Still, all women should be familiar with how their breasts normally look and feel and report any changes to a doctor straight away.¹¹

5 STEPS OF A BREAST SELF-EXAMINATION¹²

LOOKING



STEP 1

Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips.

Here's what you should look for:

- Breasts that are their usual size, shape and colour.
- Breasts that are evenly shaped without visible distortion or swelling

If you see any of the following changes, bring them to your doctor's attention:

- Dimpling, puckering or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash or swelling

STEP 2

Now, raise your arms and look for the same changes.

STEP 3

While you are at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky or yellow fluid or blood).

PAUSE

LYING DOWN



STEP 4

Next, feel your breasts while you are lying down, using your right hand to feel your left breast and then your left hand to feel your right breast. Use a firm, smooth touch with the first few finger pads of your hand, keeping the fingers flat and together. Use a small circular motion to examine the entire breast from top to bottom, from side to side, from your collarbone to the top of your abdomen and from your armpit to your cleavage.

SHOWER



STEP 5

Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Examine the entire breast, using the same hand movements as described in Step 4.



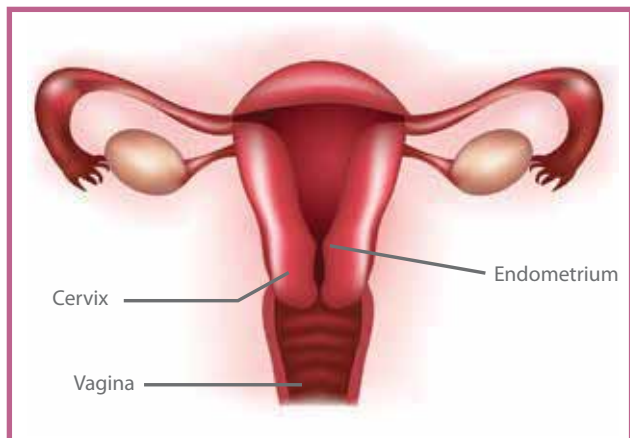
MENO

THE IMPORTANCE OF A MAMMOGRAM

A mammogram is a test that screens for breast cancer. In South Africa, it is recommended that women who are low risk for breast cancer start screening at the age of 50 years at two- to three yearly intervals, and stop screening at the age of 70 years. Should you wish to have a mammogram before the age of 50, it is important to discuss the risks associated with premenopausal mammograms with your doctor.¹³

THE IMPORTANCE OF A REGULAR PAP TEST

A pap test aims at detecting cervical cancer, which can be present without any symptoms. It is recommended that all South African women should initiate cervical screening at the age of 25 years (earliest). Thereafter, a 3-yearly pap test to look for abnormal cells is recommended, up to the age of 65 years (or up to a hysterectomy). A new test, which is not yet widely available or widely used, is called an HPV-test. This test looks for certain types of the Human Papilloma virus, which may cause cervical cancer. These HPV-tests only need to be done every 5 years.¹⁴



PAUSE

‘NATURAL’ MENOPAUSE PRODUCTS

Complementary and alternative medicines (CAMs) have become popular because of the mistaken belief that so-called ‘natural’ medicines are safe. However, there is no such thing as a natural medicine as all medicines are manufactured in factories. Soy and other phyto-oestrogen and isoflavone supplements derived from red clover or soy, may have no serious side effects but they are less effective than Menopause Hormone Therapy (MHT) in treating menopausal symptoms. Black cohosh is no more effective than placebo and may be toxic to the liver. Isoflavones and Black cohosh should be avoided in women being treated for breast cancer.³

BIOIDENTICAL HORMONES

The term “bioidentical hormones” is understood by many to refer to a custom-mixed recipe containing one or more hormones in differing amounts according to an individual prescriber’s request.^{3,15,16}

Custom-compounded products have not been tested for quality, efficacy or safety by pharmaceutical regulatory bodies such as our own Medicines Control Council (MCC) or the Food and Drug Administration (FDA) in the USA.^{3,16} There is no scientific evidence to support the claims of greater efficacy or safety of these custom-mixed products. Inconsistencies may occur in the quality and potency of these products.³ Reliable sterility and freedom from unwanted contaminants are also concerns.¹⁶ There are no long-term safety studies for custom-compounded hormone therapy, and their use is not recommended.³



All main-stream scientific, clinical and regulatory bodies in women’s health advise against the use of these products.^{4,10}



MENO

PHARMACEUTICAL (MHT) *

Pharmaceutical MHT products usually contain hormones synthetically manufactured to be chemical duplicates of hormones produced by women's own ovaries.¹⁶

These products are well-tested and have been approved by the pharmaceutical regulatory bodies such as our own Medicines Control Council or the FDA in the USA.^{3,16}

*Menopause Hormone Therapy

MENOPAUSE HORMONE THERAPY (MHT)

MHT effectively relieves the symptoms associated with menopause discussed earlier in the booklet, and is also used to prevent bone loss (osteoporosis).³

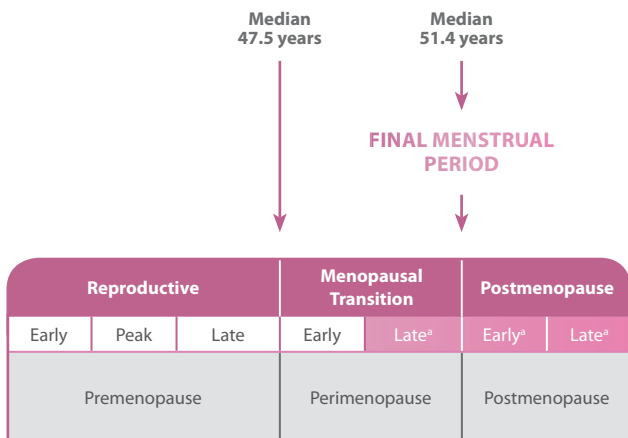
MHT can only be prescribed by gynaecologists, doctors at well-woman clinics and GPs. Your medical history and a few checks will indicate if you are suitable for MHT and if this is the right solution for you.

Women who have had a hysterectomy, and no longer have a uterus, may use MHT that contains only oestrogen. Women who still have a uterus will need a combination of oestrogen and progestogen. It is important to include progestogen to prevent thickening of the lining of the uterus (the endometrium) which can lead to cancer of the endometrium.⁴

Physical signs of menopause may begin many years before the final menstrual period. This transition period is called the "perimenopause". Menopause does not occur until 12 months after the last menstrual period. Thereafter, a woman is considered to be postmenopausal. During perimenopause, you may experience irregular menstrual cycles, hot flushes, night sweats, sleep disturbances, dryness of the vagina and mood changes.¹⁷

PAUSE

THE STAGES OF MENOPAUSE:



^a Stages most likely to be characterised by hot flushes

Adapted from Umland EM. 2008¹⁷

Some hormone therapy regimens for women with an intact uterus add progestogen for 10 or more days of the treatment cycle. This is called **sequential hormone therapy** and results in a monthly withdrawal bleed. Sequential hormone therapy is preferred if the last menstrual period occurred less than one year ago and for perimenopausal women who experience irregular cycles.^{18,19}

MHT that delivers oestrogen and progestogen in a continuous manner is called **continuous combined therapy**. It may be recommended after at least one year of sequential MHT, or at least one year after the last menstrual period. Continuous combined therapy is also called bleed-free hormone therapy, because it aims to stop bleeding completely.¹⁸

It is important to realise that a woman can still conceive during her perimenopause, although fertility is very low. Therefore, effective contraception is needed until 12 months after the last menstrual period i.e. menopause is reached.⁵



MENO

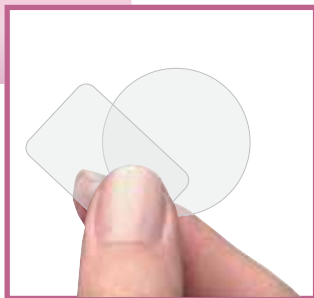
MENOPAUSE HORMONE THERAPY (MHT) CHOICES

Speak to your doctor about which type of MHT will be best suited to you. Different types of MHT products are available (e.g. tablets, skin patches and gels). All pharmaceutical hormone therapy choices effectively relieve the symptoms of menopause.^{1,3}

Taking your medical history, type of symptoms and personal preferences into account, your doctor will advise you on which type of MHT will benefit you the most.

MENOPAUSE PATCHES

Patches allow for a high concentration of active ingredient, embedded in microscopic pockets, to move to the skin surface in a continuous manner, resulting in sustained delivery of the active ingredients to the body.²⁰



Patches effectively relieve menopausal symptoms and protect against bone loss, yet offer lower hormone doses vs. tablets.^{21,22} Technological advances in the way that patches are designed and hormones are delivered allow for smaller patches that are discreet and cosmetically acceptable.²⁰ Patches tend to stick quite well and allergic reactions are rare.²² In a clinical trial, < 1 % of patches came loose or were lost, while 78 % of women experienced no redness, and > 95 % of women experienced no itchiness.²⁰

Should you need more information on Menopause Hormone Therapy patches, speak to your doctor.

PAUSE

MENOPAUSE HORMONE THERAPY (MHT) TABLETS



Different kinds of Menopause Hormone Therapy (MHT) tablets are available for the management of menopausal symptoms.

Your doctor will help you choose the most appropriate option taking into account whether you still have a uterus or not, and whether you are perimenopausal or postmenopausal.

Some women may still have menstrual bleeding when starting MHT. It is important not to mistake MHT tablets for birth control tablets. Menopause Hormone Therapy does not provide protection against pregnancy.⁵

Should you need more information on Menopause Hormone Therapy tablets, please speak to your doctor.

MENOPAUSE HORMONE THERAPY (MHT) GEL

Oestrogen gel is another option used to relieve symptoms of menopause. It is applied as a thin layer on the arm from shoulder to wrist, once a day, at the same time every day.²³



With hormones applied to the skin, care should be taken to avoid inadvertent transfer to children and animals.²⁴ Do not allow anyone to touch the area where you have applied the gel for 1 hour after application. This also applies to applications of creams e.g. sunscreens.²³

Should you require more information on oestrogen gel, speak to your doctor.



MENO

VAGINAL DRYNESS

Do you suffer from vaginal dryness, painful intercourse, itching or burning or vaginal discomfort?⁷

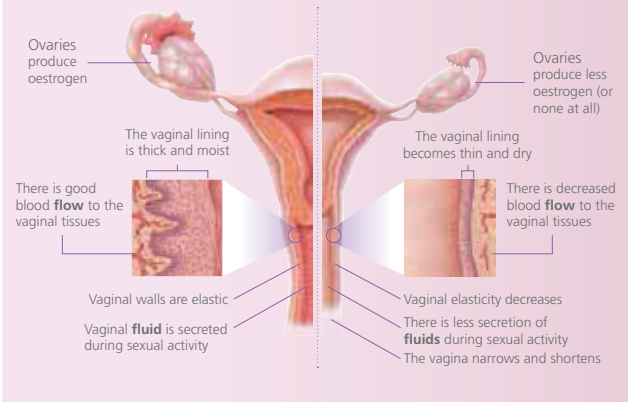
About 50 % of all women experience symptoms of dry vagina after menopause. Yet, despite the availability of effective treatment options, only 1 in 4 women seek medical help.²⁵

The hormone oestrogen, which is produced by the ovaries, helps to keep the vagina moist and maintain the thickness of the vaginal lining.²⁶ After menopause, vaginal dryness and other symptoms that affect the vagina and the urinary tract may occur, because the ovaries produce less oestrogen.^{25,26}

Changes in the vagina after menopause

Vaginal environment before menopause

Vaginal environment after oestrogen loss



Adapted from Johnston S, 2006²⁷

TREATMENT OF VAGINAL DRYNESS

While the hot flushes and night sweats of menopause resolve over time, symptoms associated with vaginal atrophy are progressive and frequently require treatment.²⁵

PAUSE

Vaginal dryness can be helped by simple lubricants, but the best and most logical treatment for vaginal atrophy is to use local oestrogen.²⁵

According to the International Menopause Society, local vaginal oestrogen therapy is preferred when symptoms are limited to the vagina. This is because only small doses of oestrogen are needed to treat vaginal symptoms of menopause, plus the vaginal response to local oestrogen therapy is quick and long-lasting.^{9,25} Oestrogen therapy effectively restores the vaginal wall and treats the symptoms associated with vaginal dryness.^{9,10}

LOCAL OESTROGEN THERAPY CAN BE GIVEN AS VAGINAL TABLETS OR A VAGINAL CREAM.²⁵

VAGINAL OESTROGEN TABLETS

Vaginal oestrogen tablets contain estradiol, which is the same as the female oestrogen hormone found in the body.²⁸

The vaginal tablets are initially inserted every day for two weeks; thereafter twice weekly insertions are enough to maintain vaginal health.^{28,29}



VAGINAL CREAMS

Vaginal creams contain different types of oestrogen, depending on the source.^{30,31}

The creams are usually administered with a re-usable applicator.^{30,31}



HOW DO VAGINAL OESTROGEN TABLETS COMPARE TO VAGINAL CREAM?

	Vaginal tablet [#]	Vaginal cream ^{**}
Exact dose delivered ^{32,33}	✓	Concerned about using too much/to little cream
Easy to use ^{34,35}	Prefer disposable applicators with small tablets	X
Clean and virtually leak free ^{33,35}	✓	X
Improved compliance with treatment ³²	✓	X
Greater persistence with treatment ^{32,36}	✓	X

[#]Based on patient perception regarding leaking and messiness³³

**5 DIFFERENT STUDIES INCLUDING
> 30 000 WOMEN HAVE SHOWN
CONCLUSIVELY THAT WOMEN
PREFER VAGINAL TABLETS TO
VAGINAL CREAM^{32,33,34,35,36}**

PAUSE

ARE YOU EXPERIENCING VAGINAL DRYNESS?

Fill in the boxes below and show it to your doctor or pharmacist, to help start the discussion about the symptoms of vaginal dryness and their management.

SYMPTOMS CHECKLIST⁷

1. Vaginal dryness Yes No
2. Painful intercourse Yes No
3. Vaginal itching or burning Yes No
4. Vaginal discomfort Yes No
5. Frequent urination Yes No

Ask your doctor or pharmacist about the cleaner alternative to cream for³¹



Vaginal
dryness

www.dryvagina.co.za



MENO

MENOPAUSE CHECKLIST^{1,2,3,7}

TICK THE FOLLOWING BOXES IN THE CHECKLIST BELOW TO DETERMINE WHETHER YOU ARE IN YOUR MENOPAUSE.

1. Are you over 45? Yes No

2. Do you have irregular periods? Yes No

3. Have you not had a period for a year? Yes No

4. Do you have trouble with hot flushes? Yes No

5. Do you suffer from night sweats? Yes No

6. Do you experience disturbed sleep because of night sweats? Yes No

7. Do you feel depressed and/or anxious? Yes No

8. Do you feel tired and irritable? Yes No

9. Do you have trouble with dryness or itching of the vagina? Yes No

10. Is intercourse painful? Yes No

11. Do you have trouble with burning urine? Yes No

12. Do you have trouble concentrating or memory loss? Yes No

If you have ticked most of the boxes as 'yes', you may be menopausal. Take this checklist with you when you visit your doctor to discuss possible treatment options suited to your individual profile.

PAUSE



MENOPAUSE

WH

WOMEN'S HEALTH

UNIQUE SOLUTIONS
for Unique Women



MENOPAUSE



OSTEOPOROSIS



UROLOGY



FERTILITY



Use your product barcode to become part of the Adcock Ingram Menopause Programme.

**Gain access to:
Menopause education**

Reminders

- To change patch
- To make doctors' appointments
- To renew scripts

Product information

Monthly e-newsletters

- E.g.
- Surviving hot flushes
 - Menopause & sleep
 - Menopause & weight gain



www.healthywomen.co.za

PAUSE

NOTES

www.healthywomen.co.za
0860 Adcock (232625)

References: 1. Casper RF. Patient information: Menopause (Beyond the Basics) [online] 22 May 2017 [Cited 25 January 2018]. Available from <http://www.uptodate.com/contents/menopause-beyond-the-basics>. 2. Menopause: Merck Manual Professional [Online] January 2016. [Cited 25 January 2018]. Available from <http://www.merckmanuals.com/professional/gynecology-and-obstetrics/menopause/menopause>. 3. Guidozzi F, Alperstein A, Bagratree JS, et al. on behalf of the Council of the South African Menopause Society. South African Menopause Society revised consensus guidelines on menopausal hormone therapy, 2014. SAMJ 2014;104(8):537-543. 4. De Villiers TJ, Pines A, Panay N, et al. Updated 2013 International Menopause Society recommendations on menopausal hormone therapy and preventive strategies for midlife health. Climacteric 2013;16: 316-337. 5. The North American Menopause Society. The Menopause Guidebook. 7th Ed. USA. 6. National Osteoporosis Foundation South Africa. A-Z of osteoporosis. [Online]. [Cited 25 January 2018]. Available from http://osteoporosis.org.za/wp-content/uploads/2016/10/A-Z_of_OP_May_2012.pdf. 7. Portman DJ, Gass MLS, on behalf of the Vulvovaginal Atrophy Terminology Consensus Conference Panel. Genitourinary syndrome of menopause: new terminology for vulvovaginal atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society. Menopause 2014;21(10):DOI: 10.1097/gme.0000000000000329. 8. McLennan AH. Hormone replacement therapy: a 2008 perspective. Obstet Gynaecol & Repr Med 2008;19(1):13-18. 9. Baber RJ, Panay N, Fenton A the IMS Writing Group. 2016 IMS Recommendations on women's midlife health and menopause hormone therapy. Climacteric 2016;19(2):109-150. 107448 09/2016. ZA1611550211 10/2016. 10. The 2017 hormone therapy position statement of The North American Menopause Society. Menopause 2017;24(7):1-26. 11. American Cancer Society. American Cancer Society Recommendations for Early Detection of Breast cancer [Online] 9 Oct 2017. [Cited 25 January 2018]. Available from <http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breastcancer-early-detection-acs-recs>. 12. The Five Steps of a Breast Self-Exam. [Online] 22 February 2017. [Cited 25 January 2018]. Available from http://www.breastcancer.org/symptoms/testing/types/self_exam/bse_steps. 13. Snyman LC. Breast cancer mammography screening for low-risk women in South Africa. South Afr J Gynaecol Oncol 2010;2(2):69-70. 14. Botha H, Cooreman B, Dreyer G, et al. Cervical cancer and human papillomavirus: South African guidelines for screening and testing. South Afr J Gynaecol Oncol 2010;2(1):23-26. 15. North American Menopause Society. Bioidentical Hormone Therapy 2015. [Cited 25 January 2018]. Available from <http://www.menopause.org/publications/clinical-practice-materials/bioidentical-hormone-therapy>. 16. North American Menopause Society. What is custom-compounded therapy? [Cited 25 January 2018]. Available from <http://www.menopause.org/publications/clinical-practice-materials/bioidentical-hormone-therapy/what-is-custom-compounded-therapy>. 17. Umland EM. Treatment strategies for reducing the burden of menopause-associated vasomotor symptoms. J Manag Care Pharm. 2008;14(3)(suppl S):S14-S19. 18. Panay N, Hamoda H, Arya R, Savvas M. on behalf of The British Menopause Society and Women's Health Concern. The British Menopause Society & recommendations on hormone replacement therapy. Menopause International 2013;19(2):59-68. 19. Guidozzi F. Bleeding and HT. SA Fam Pract 2005;47(7):34-36. 20. Ibarra de Palacios P, Schmidt G, Sergejew T, Quebe-Fehling E, Lockhart L, Krinsky L. Comparative study to evaluate skin irritation and adhesion of Estradot and Climara in healthy postmenopausal women. Climacteric 2002; 5: 383-389. 21. Simon JA, Snabes MC. Menopausal hormone therapy for vasomotor symptoms: balancing the risks and benefits with ultra-low doses of estrogen. Expert Opin Investig Drugs 2007;16(12):2005-2020. 22. Reference available on request. 23. Estradiol Topical: MedlinePlus. [Online] 15 June 2016. [Cited 25 January 2018]. Available from <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605041.html>. 24. The 2012 hormone therapy position statement of the North American Menopause Society. Menopause 2012;19(3):257-271. 25. Sturdee DW, Panay N, on behalf of the International Menopause Society Writing Group. Recommendations for the management of postmenopausal vaginal atrophy. Climacteric 2010; 13(6):509-522. 26. Bachmann G, Santen RJ. Patient information: Vaginal dryness (Beyond the Basics) [online] Jan 2018 [cited 22 Feb 2018]; Available from URL: <http://www.uptodate.com/contents/vaginal-dryness-beyond-the-basics>. 27. Johnston S. Urogenital Concerns. JOGC 2006:533-542. 28. Reference available on request. 29. Simon J, Nachtigall L, GutR, Lang E, Archer DF, Utian W. Effective treatment of vaginal atrophy with an ultra-low-dose estradiol vaginal tablet. Obs & Gynecol 2008;112(5):1053-1060. 30. Reference available on request. 31. Reference available on request. 32. Weissmann-Brenner A, Bayevsky T, Yoles I. Compliance to vaginal treatment—tablets versus cream: a retrospective 9 years study. Menopause 2017;24(1):73-76. 33. Minkin MJ, Maamari R, Reiter S. Postmenopausal vaginal atrophy: evaluation of treatment with local estrogen therapy. Int J Women's Health 2014;6:281-288. 34. Mattsson LA, Ericsson A, Bøgelund M, et al. Women's preferences toward attributes of local estrogen therapy for the treatment of vaginal atrophy. Maturitas 2013;74:259-263 Mattsson LA, Ericsson A, Bøgelund M, et al. Women's preferences toward attributes of local estrogen therapy for the treatment of vaginal atrophy. Maturitas 2013;74:259-263. 35. Dugal R, Hesla K, Sodal T, Aase KH, Lilleeidet O, Wickstrom E. Comparison of usefulness of estradiol valerate tablets and estril vaginal tablets for treatment of vaginal atrophy. Acta Obstet Gynecol Scand 2000;79:293-297. 36. Portman D, Shulman L, Yeaw J, et al. One-year treatment persistence with local estrogen therapy in postmenopausal women diagnosed as having vaginal atrophy. Menopause 2015;22(11):1-10. 37. Casper RF. Clinical manifestations and diagnosis of menopause. [Online] 4 Feb 2014. [Cited 09 June 2016]. Available from <http://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-menopause>.

Adcock Ingram Healthcare (Pty) Ltd. Reg. No. 2007/019928/07. Private Bag X69, Bryanston, 2021, South Africa. Telephone + 27 11 635 0000. www.adcock.com. 2019012310118818.

adcock ingram 
women's health