

Terapia hormonal, passat, present i futur

Joaquim Calaf Alsina



Passat

Qui oblida la seva historia està condemnat a repetirla

Marc Tuli Ciceró

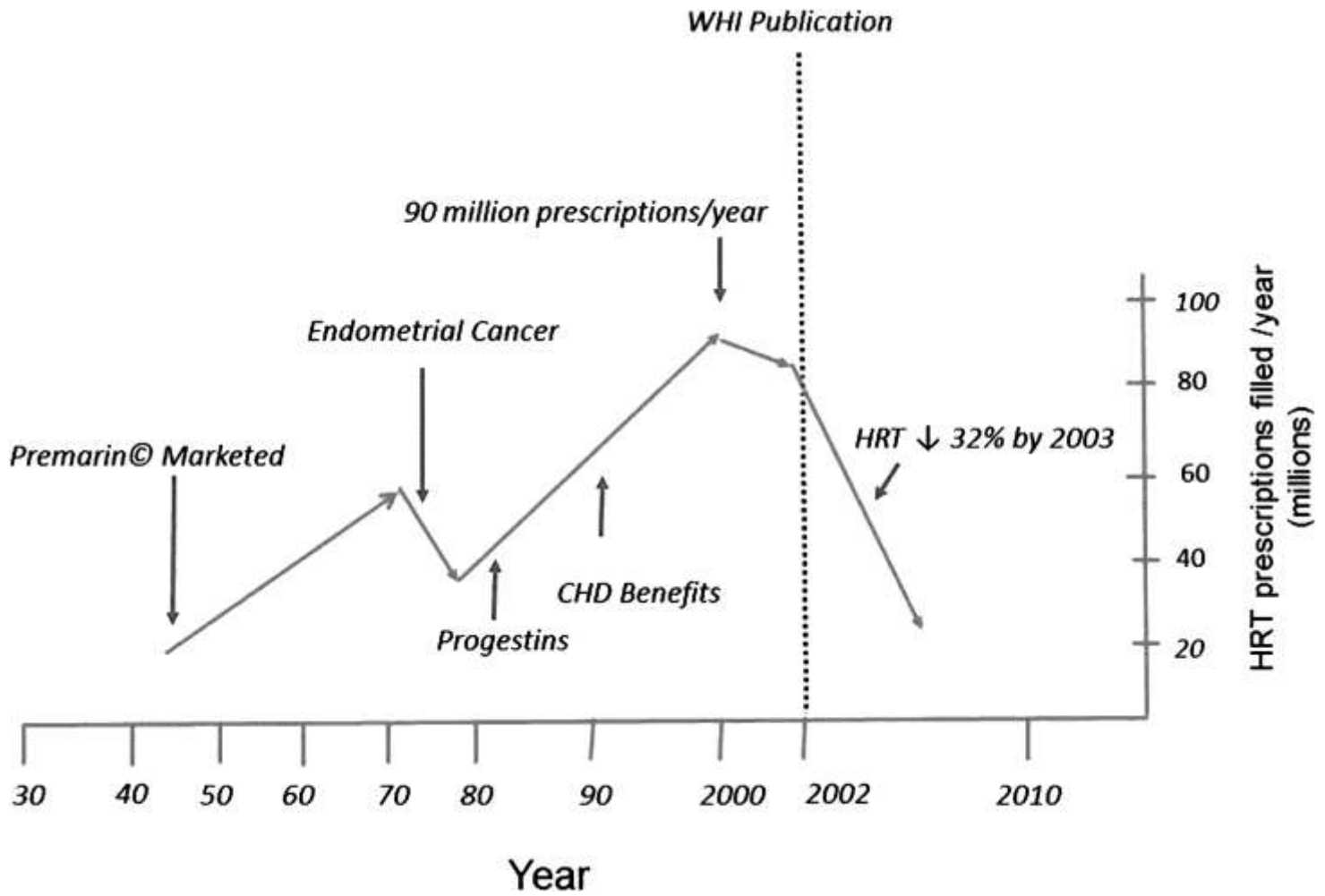
A qualsevulla edat pots ser:
FEMENINA PER SEMPRE.
Robert A. Wilson

La menopausa es una malaltia
per dèficit hormonal, curable
i totalment evitable



M. Evans and Company, Inc. (June 15, 1968)

Evolució històrica de la terapia hormonal a la menopausa

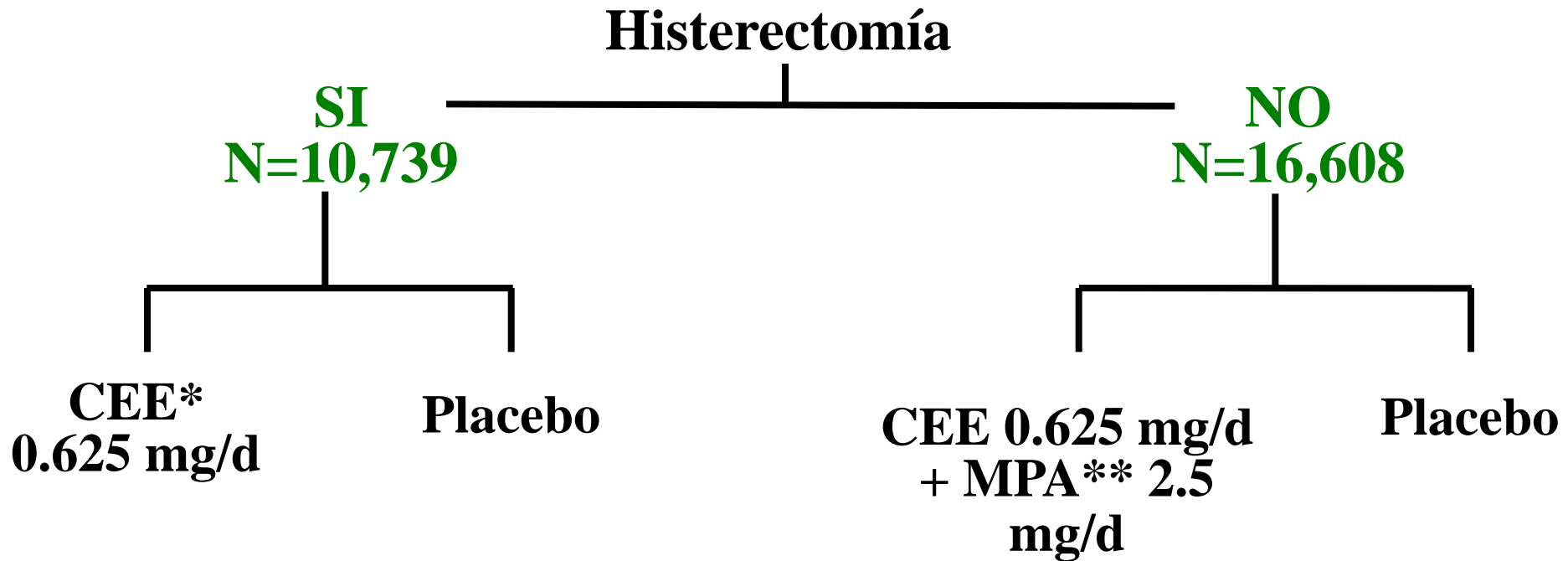


L'arribada de la medicina basada en proves



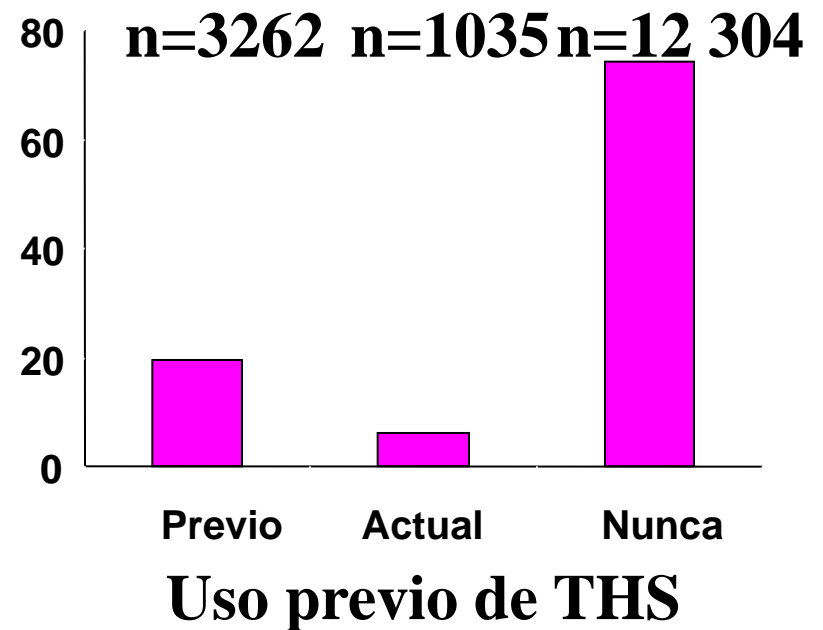
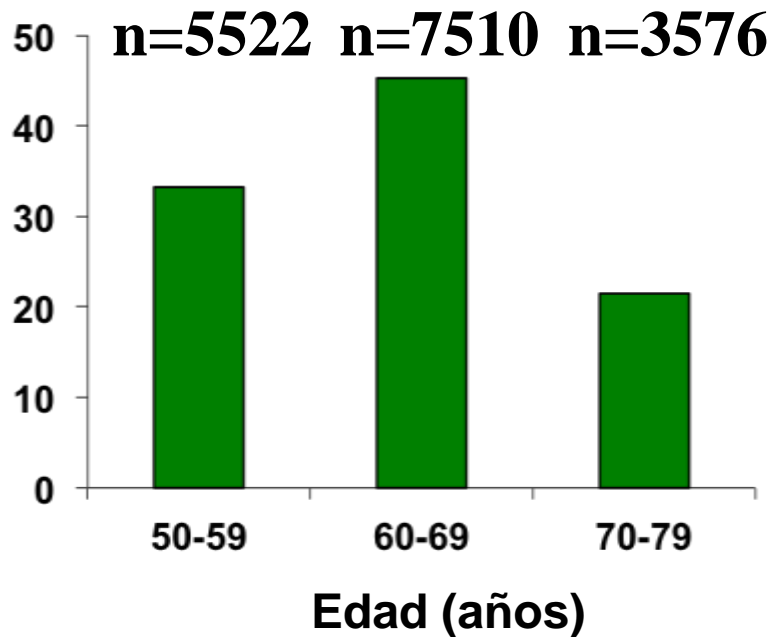
Women's Health Initiative

Diseño del estudio



Estudio WHI

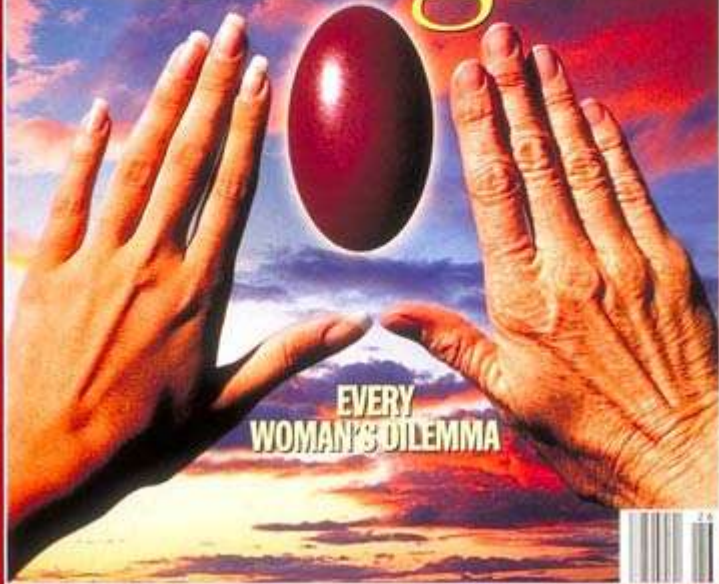
Características de muestra



Scott O'Grady, Part 2: The Big Spin

TIME

Estrogen



EVERY
WOMAN'S DILEMMA



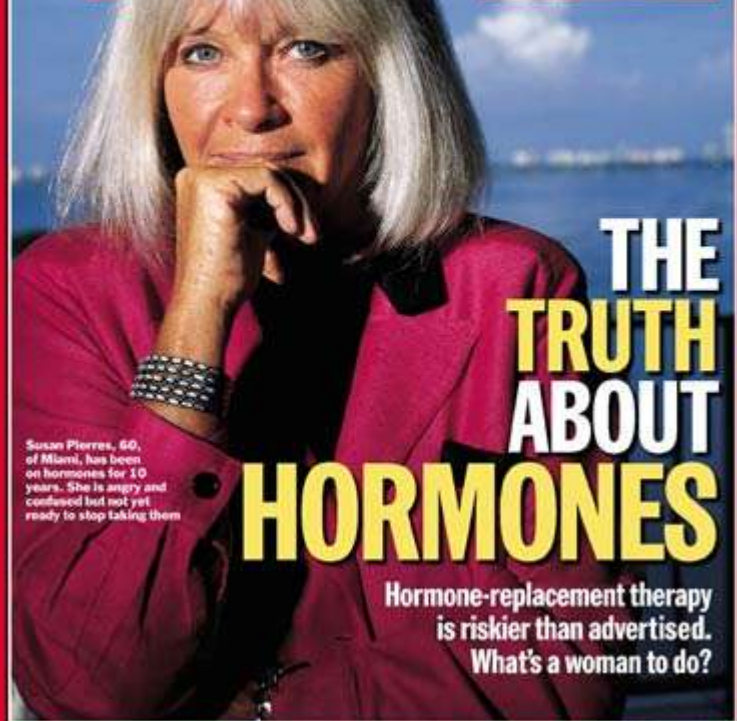
JULY 22, 2002

WALL STREET: LOSING SAVINGS—AND TRUST

IS THIS
OUR
FIRST
ANCESTOR?



TIME



THE TRUTH ABOUT HORMONES

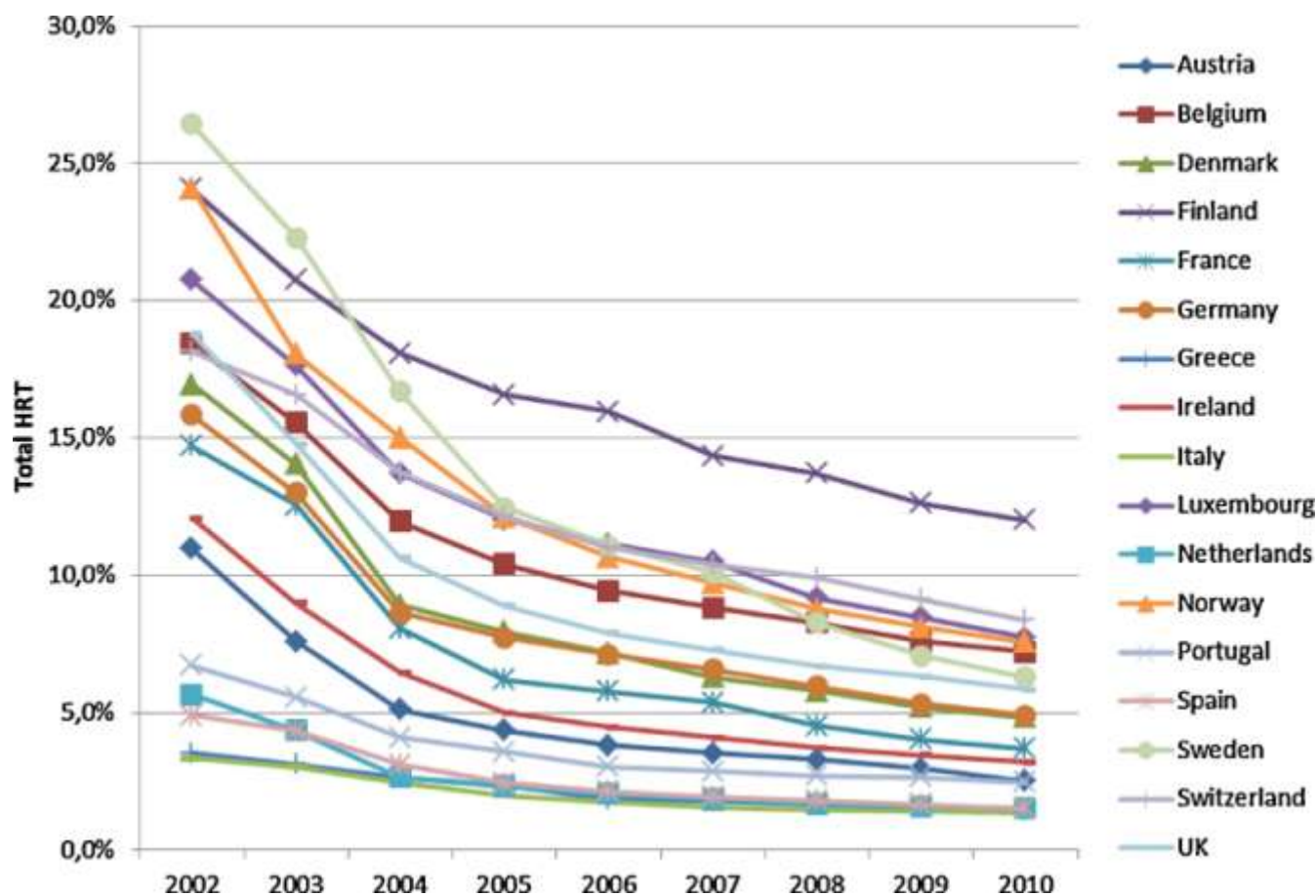
Susan Pterres, 60, of Miami, has been on hormones for 10 years. She is angry and confused but not yet ready to stop taking them.

Hormone-replacement therapy is riskier than advertised. What's a woman to do?

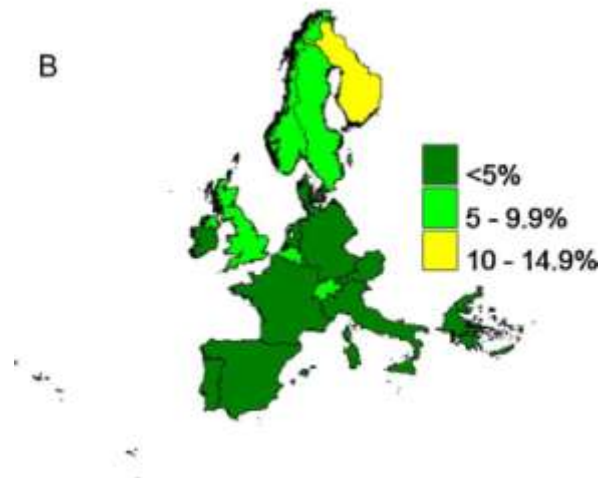
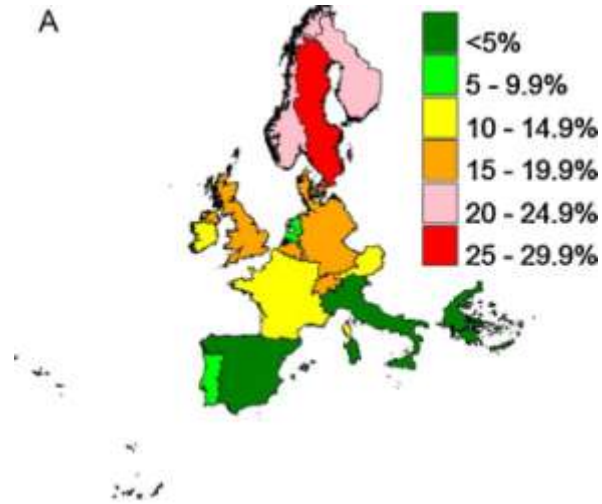
www.time.com AOL Keyword: TIME

Present

Evolució del ús de la TH a Europa



Diferències geogràfiques d'ús entre 2002 i 2010



Unitats de tractaments d'estrogens i dones tractades per mil i per any (IMS)

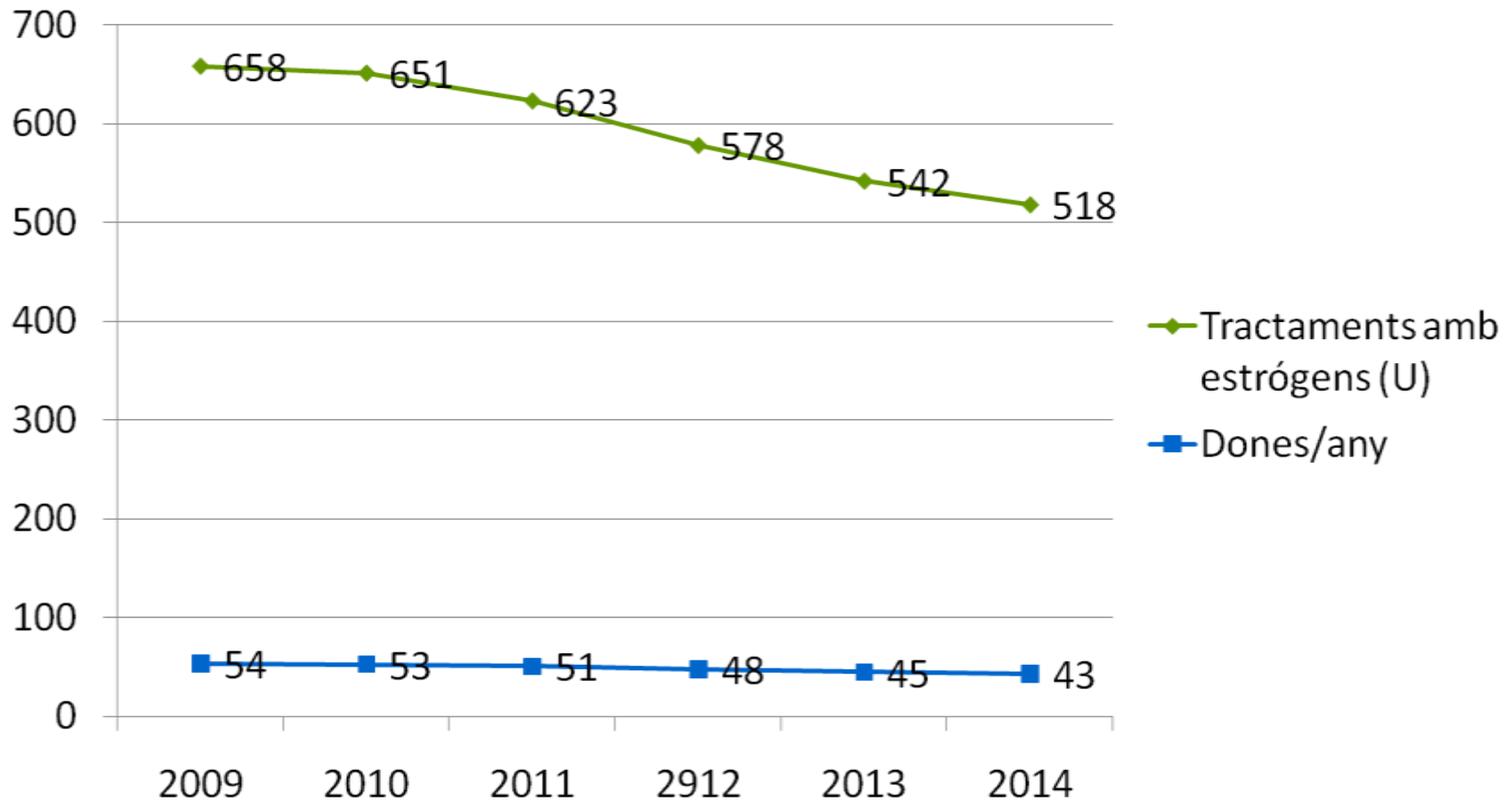


Figure 1. Risks and Benefits by Randomized Assignment to Conjugated Equine Estrogens Plus Medroxyprogesterone Acetate or Placebo Before and After Termination of the Intervention in the Women’s Health Initiative Estrogen Plus Progestin Trial

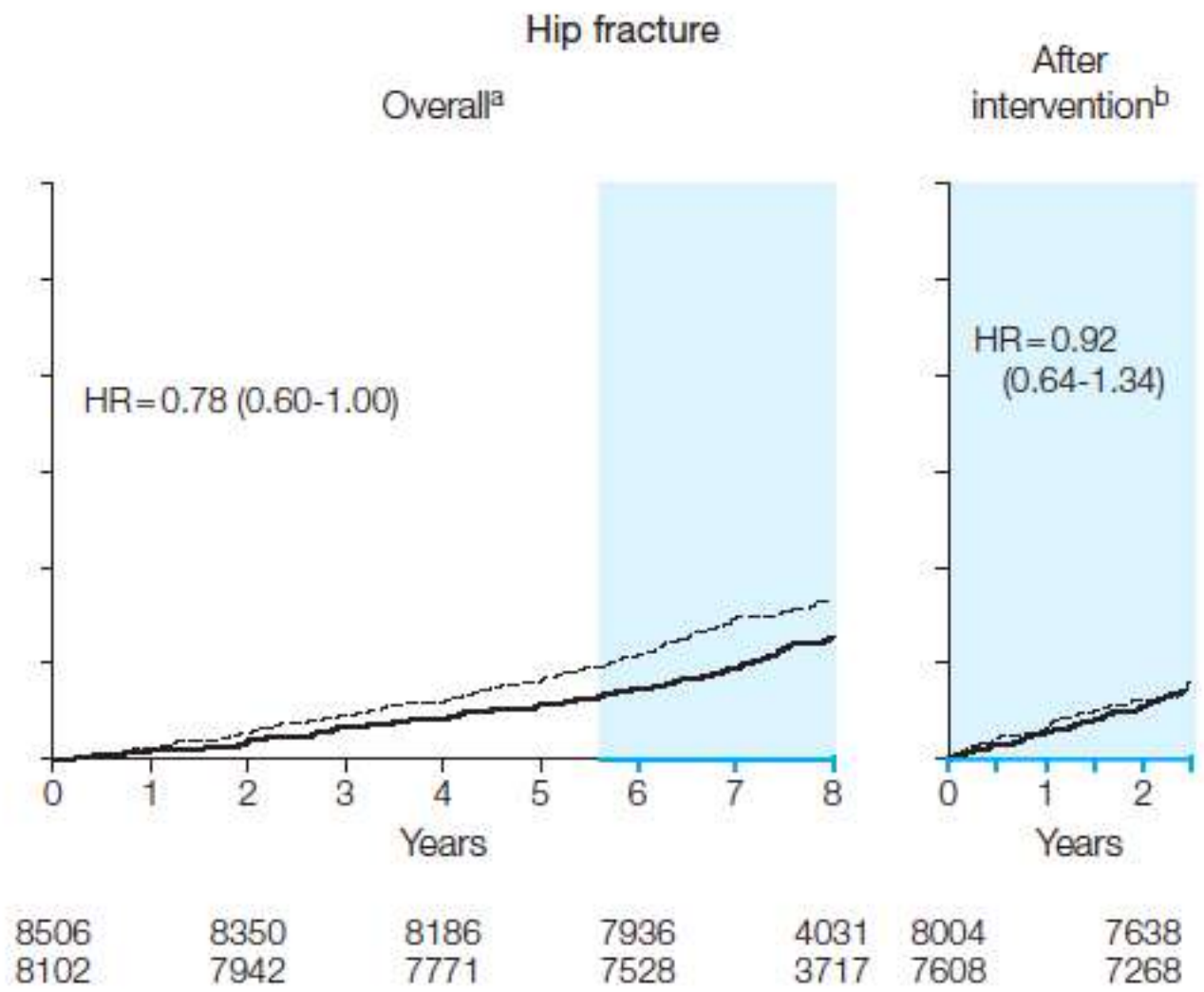


Figure 1. Risks and Benefits by Randomized Assignment to Conjugated Equine Estrogens Plus Medroxyprogesterone Acetate or Placebo Before and After Termination of the Intervention in the Women’s Health Initiative Estrogen Plus Progestin Trial

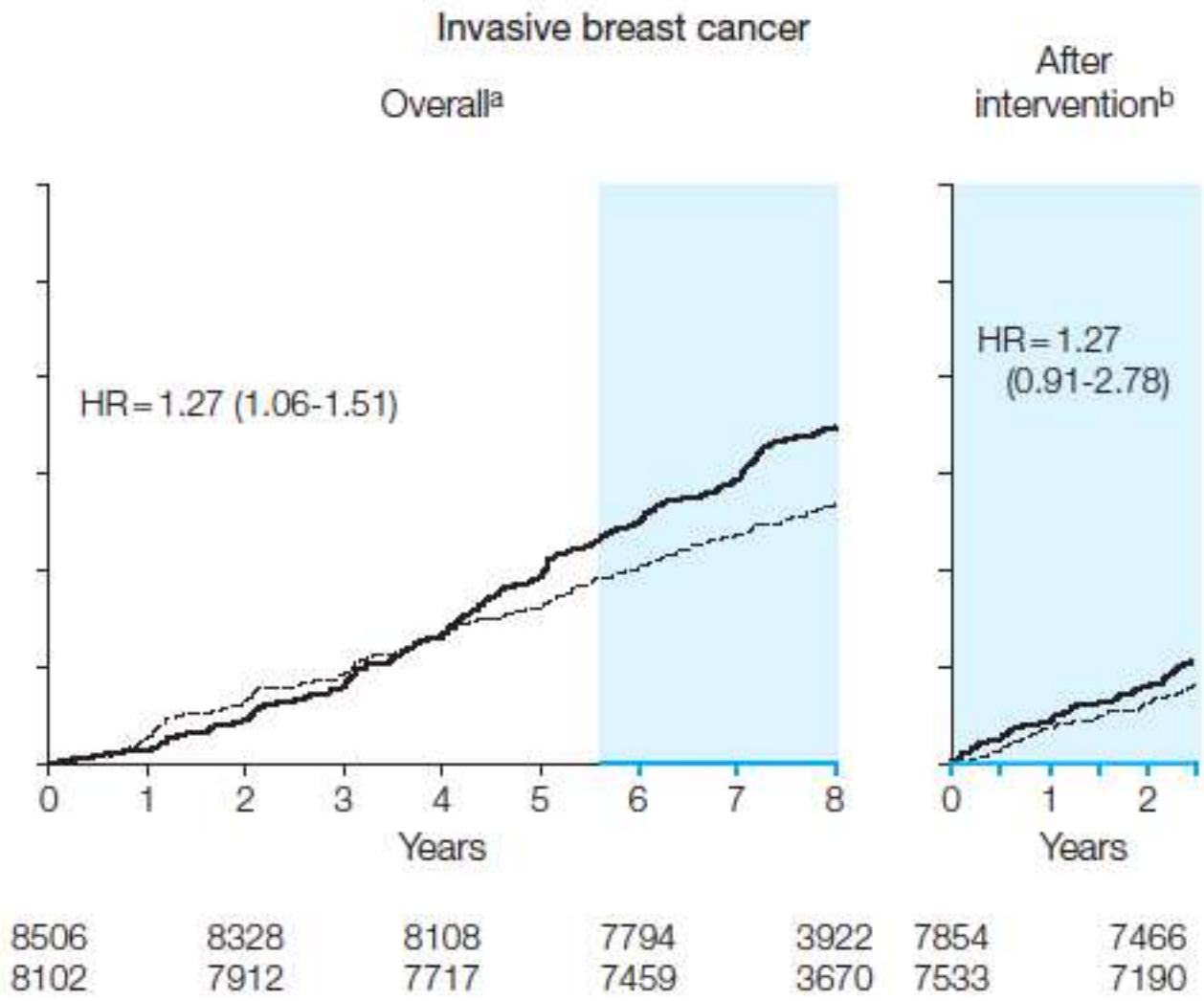
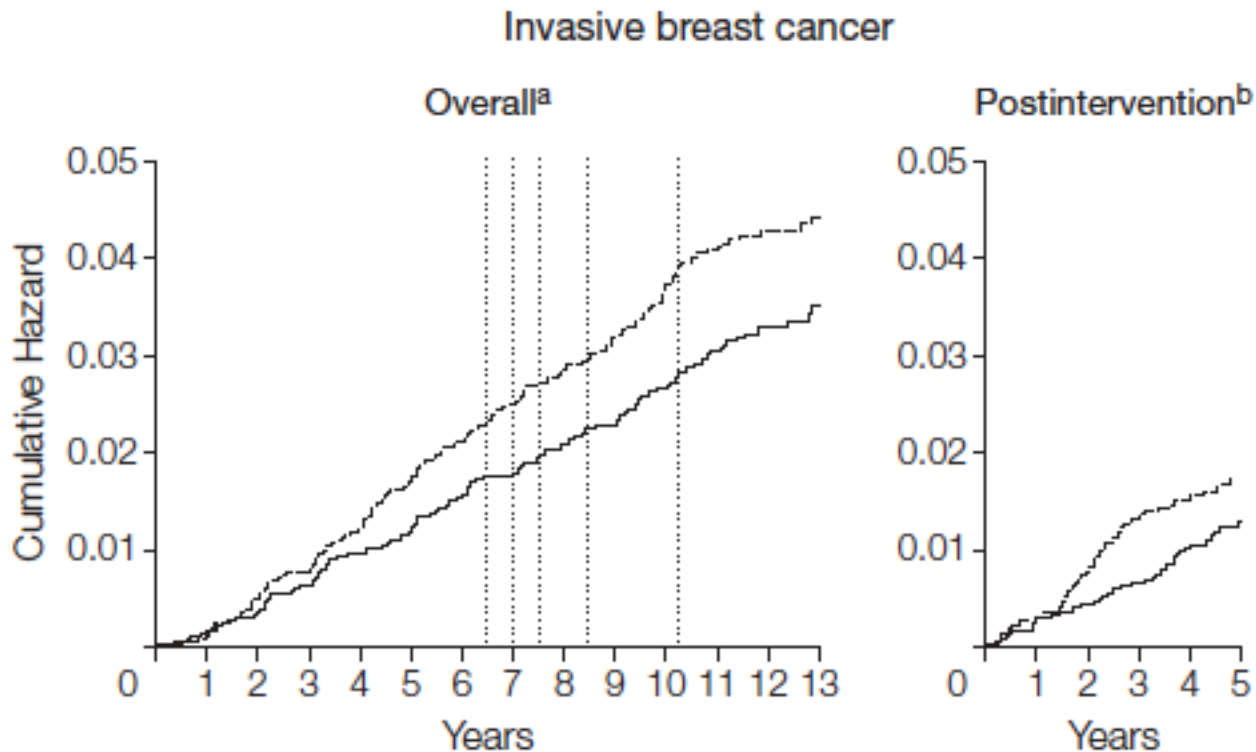


Figure 2. Effects of Conjugated Equine Estrogens (CEE) Compared With Placebo on Clinical Outcomes During the Intervention and Postintervention Phases in the Women’s Health Initiative Estrogen-Alone Trial

Invasive breast cancer					
Intervention	104 (0.28)	135 (0.35)	0.79 (0.61-1.02)] .76	
Postintervention	47 (0.26)	64 (0.34)	0.75 (0.51-1.09)		
Overall	151 (0.27)	199 (0.35)	0.77 (0.62-0.95)		



No. at risk										
CEE	5310	5166	5007	4840	4261	3620	1696	4697	3635	3438
Placebo	5429	5280	5106	4915	4301	3678	1771	4756	3670	3459

EDITORIAL

Editorials represent the opinions of the authors and *JAMA* and not those of the American Medical Association.

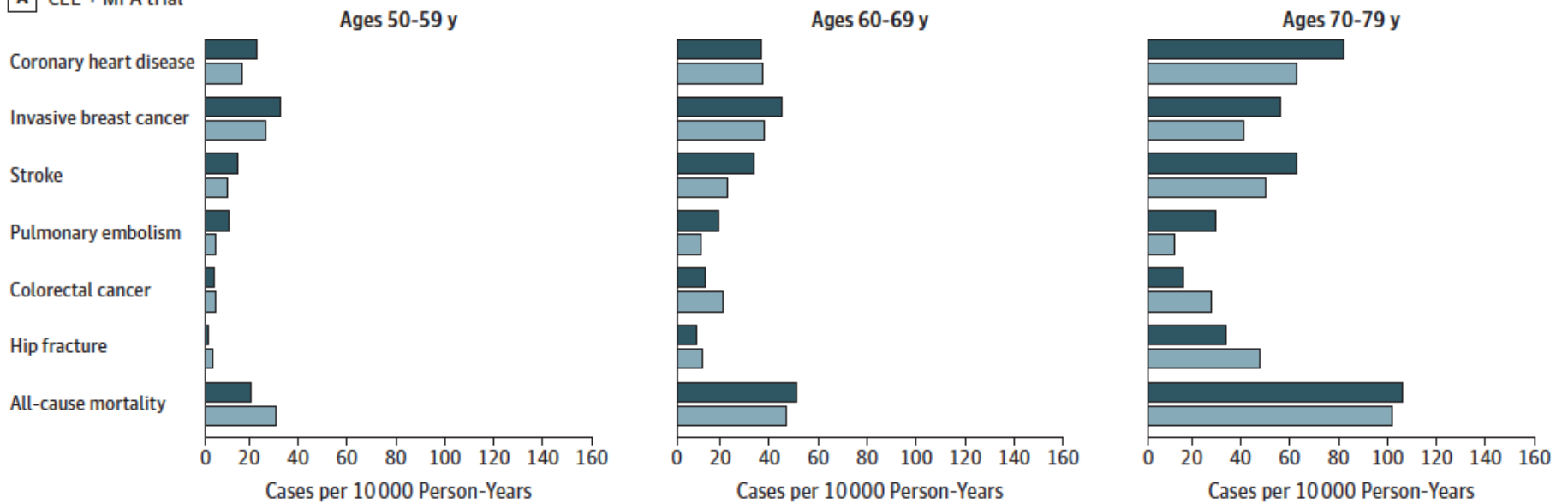
The Women's Health Initiative—A Victory for Women and Their Health

Elizabeth G. Nabel, MD

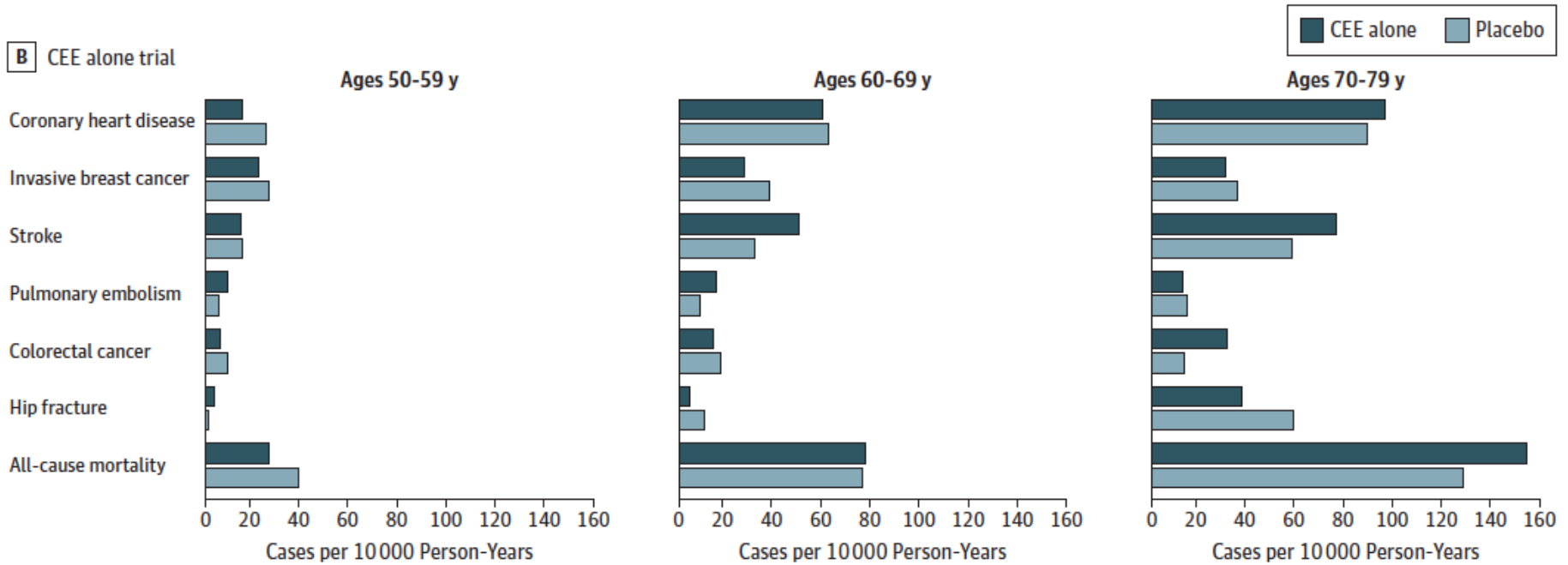
JAMA October 2, 2013 Volume 310, Number 13

Efectes en valors absoluts segons edat

A CEE + MPA trial



Efectes en valors absoluts segons edat



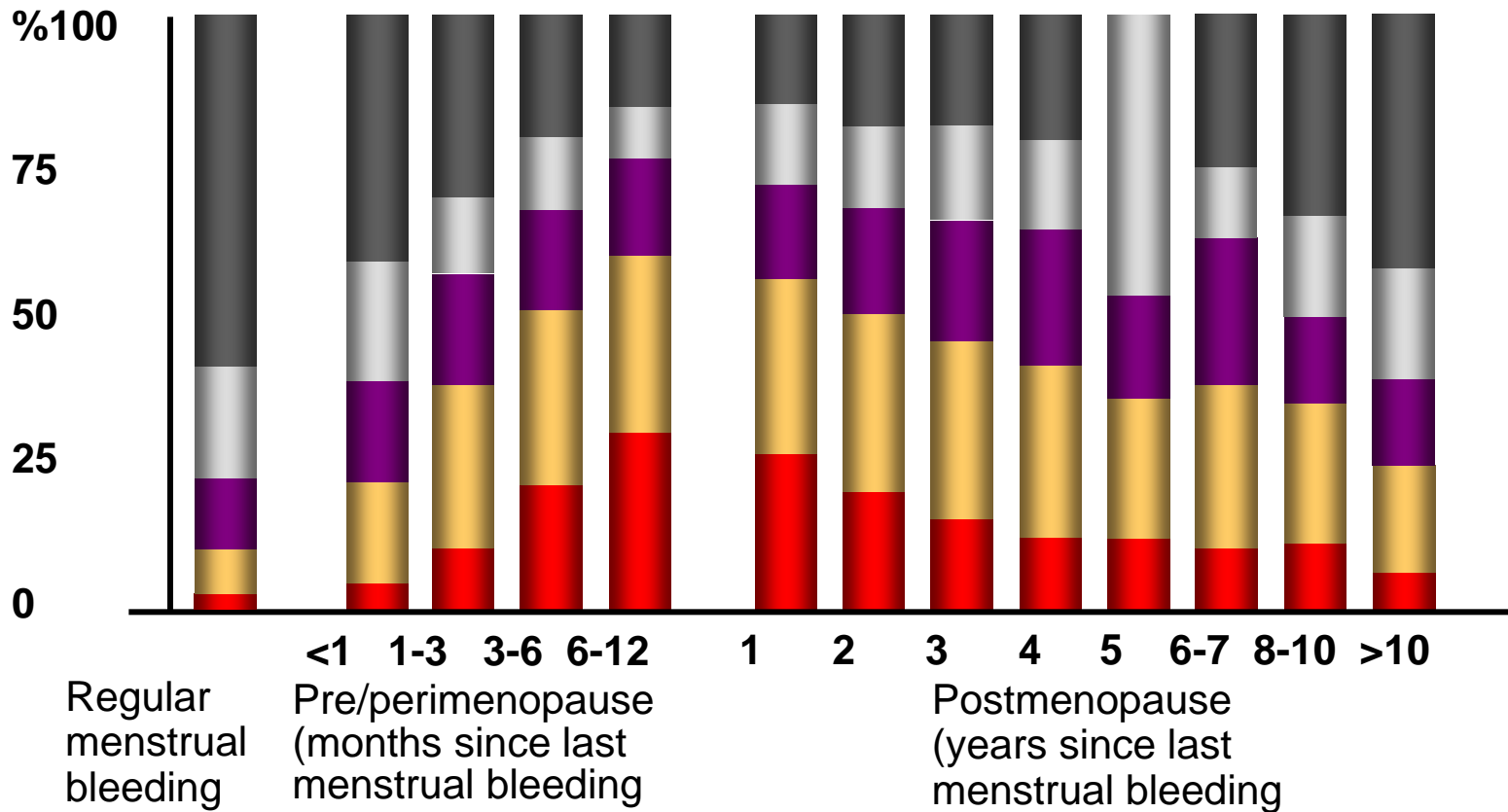
Original Investigation

Menopausal Hormone Therapy and Health Outcomes During the Intervention and Extended Poststopping Phases of the Women's Health Initiative Randomized Trials

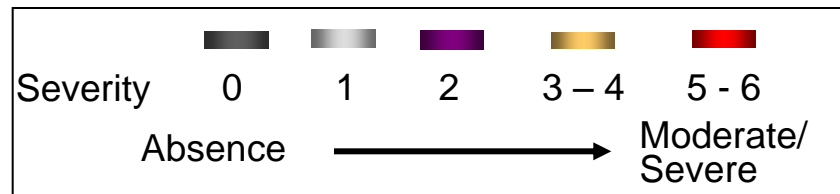
CONCLUSIONS AND RELEVANCE Menopausal hormone therapy has a complex pattern of risks and benefits. Findings from the intervention and extended postintervention follow-up of the 2 WHI hormone therapy trials do not support use of this therapy for chronic disease prevention, although it is appropriate for symptom management in some women.

JAMA October 2, 2013 Volume 310, Number 13

Prevalencia de las sofocaciones

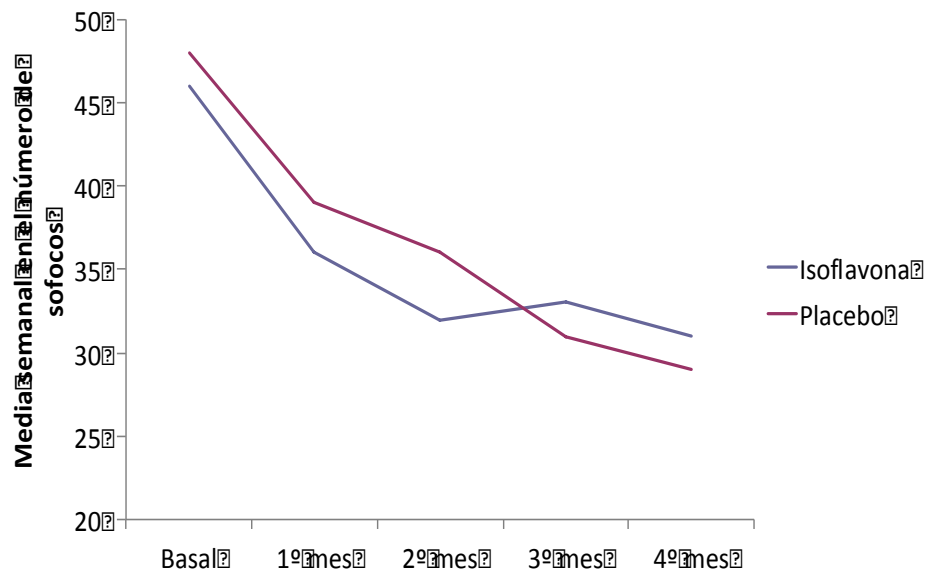


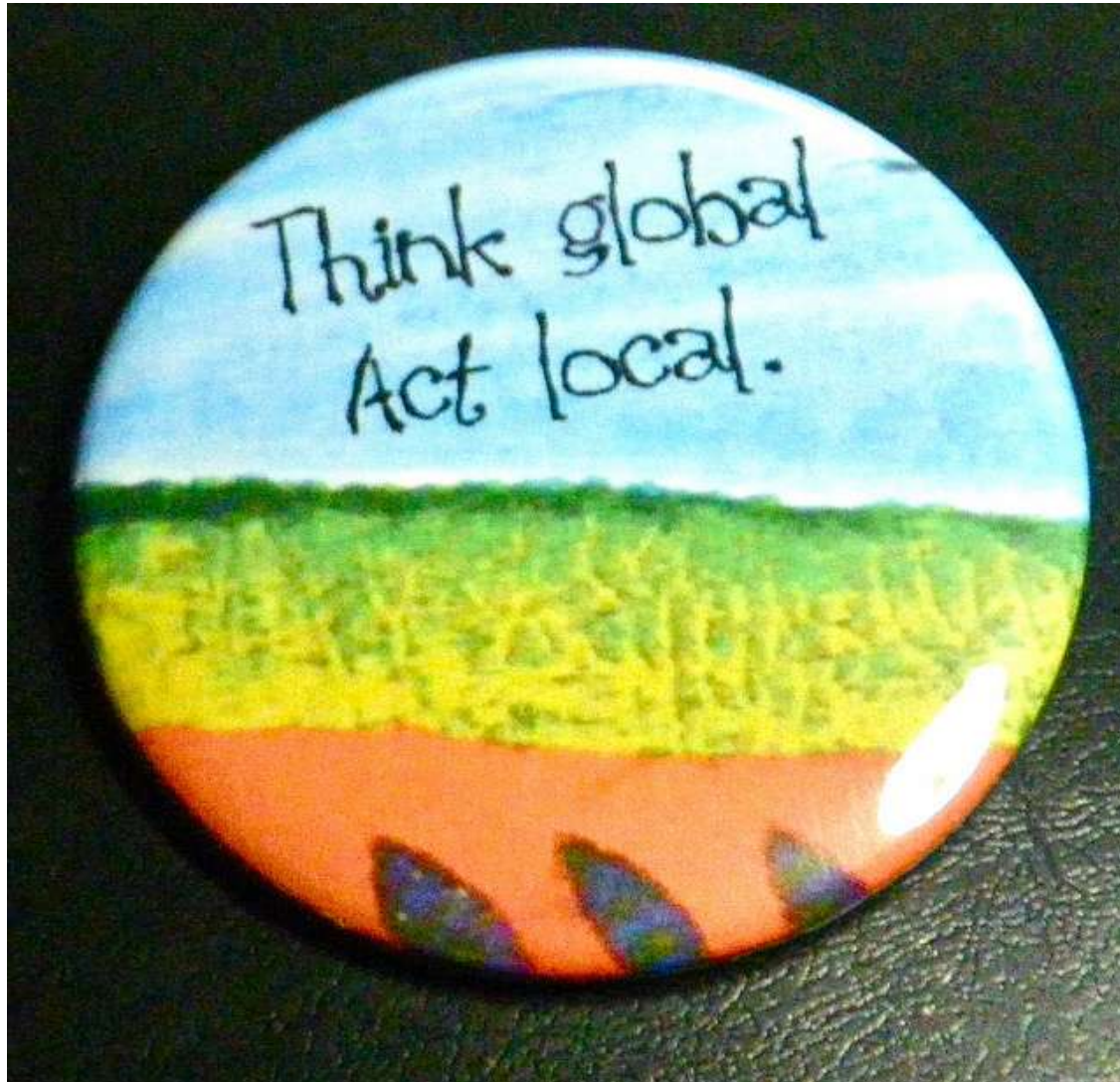
Estradiol Levels: Absolute vs Change



Evolución en la media semanal en el número de sofocos por visitas (PP)

n = 104



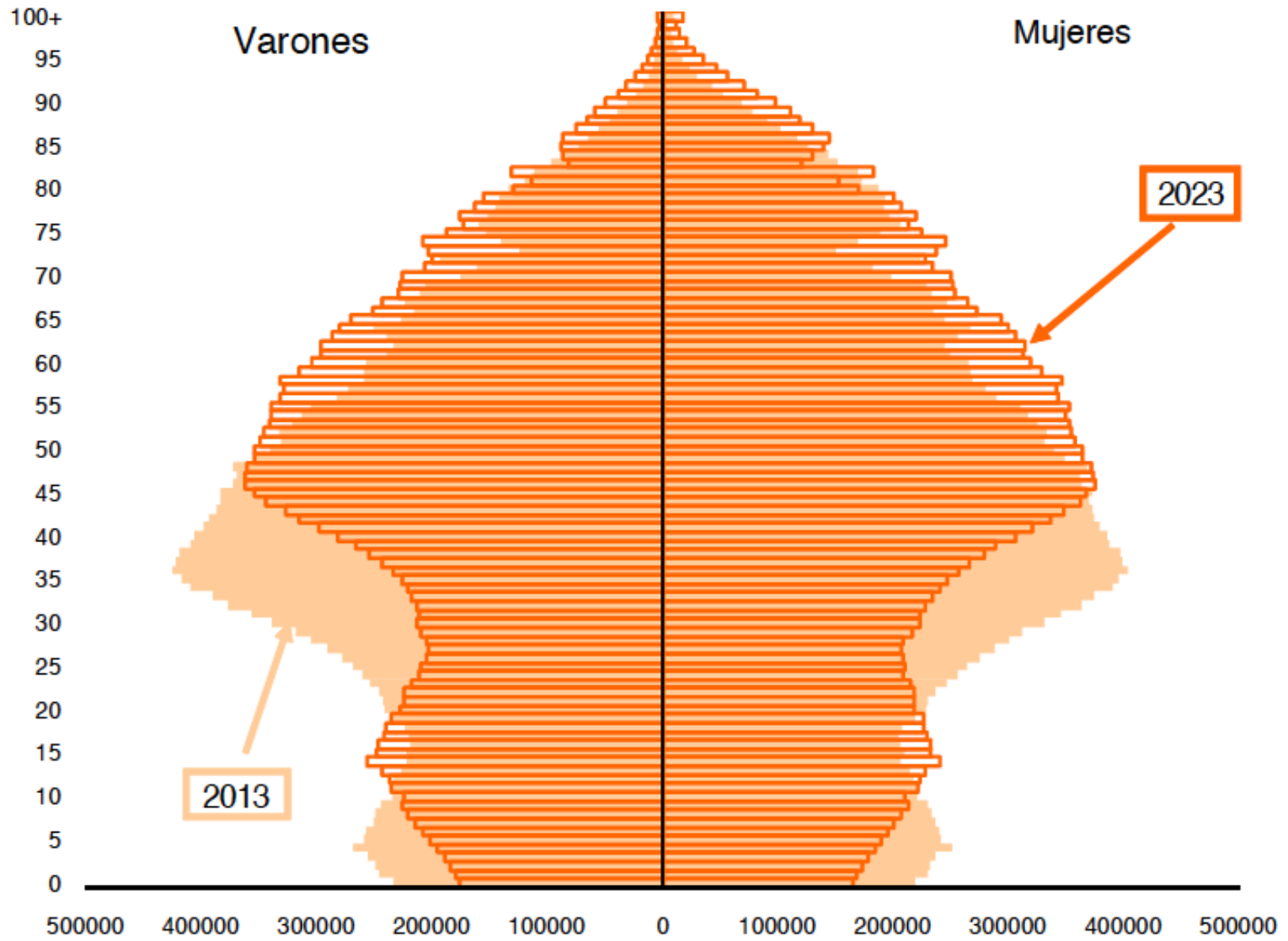


Futur

Hi ha llum al final del túnel ?



Pirámide de población. Años 2013 y 2023 España



Amenaces

- Pèrdua d'interès per l'endocrinologia reproductiva en la formació de residents
- Monopoli de la formació continuada per part de l'industria
- Visió parcial de les societats científiques
- Ocupació de l'espai per altres especialitats
- Caure en errors del passat

Oportunitats

- Pressió social de les dones per l'acompanyament en la transició menopàusica
- Estabilització de la reproducció assistida com a “competència” de l'endocrinologia de la reproducció
- Inclusió de la gestió del canvi hormonal dins de una nova “medicina de l'envelliment saludable”
- Efecte “arrosegall” de l'aparició de noves oportunitats terapèutiques



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

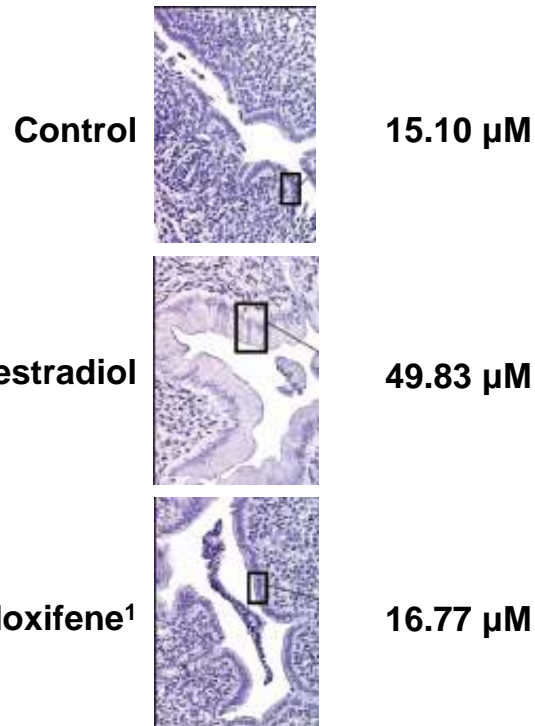
23 October 2014
EMA/CHMP/654571/2014
Committee for Medicinal Products for Human Use (CHMP)

0.45 mg/20 mg modified-release tablets intended for the treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus (with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate. The experience treating women older than 65 years is limited.

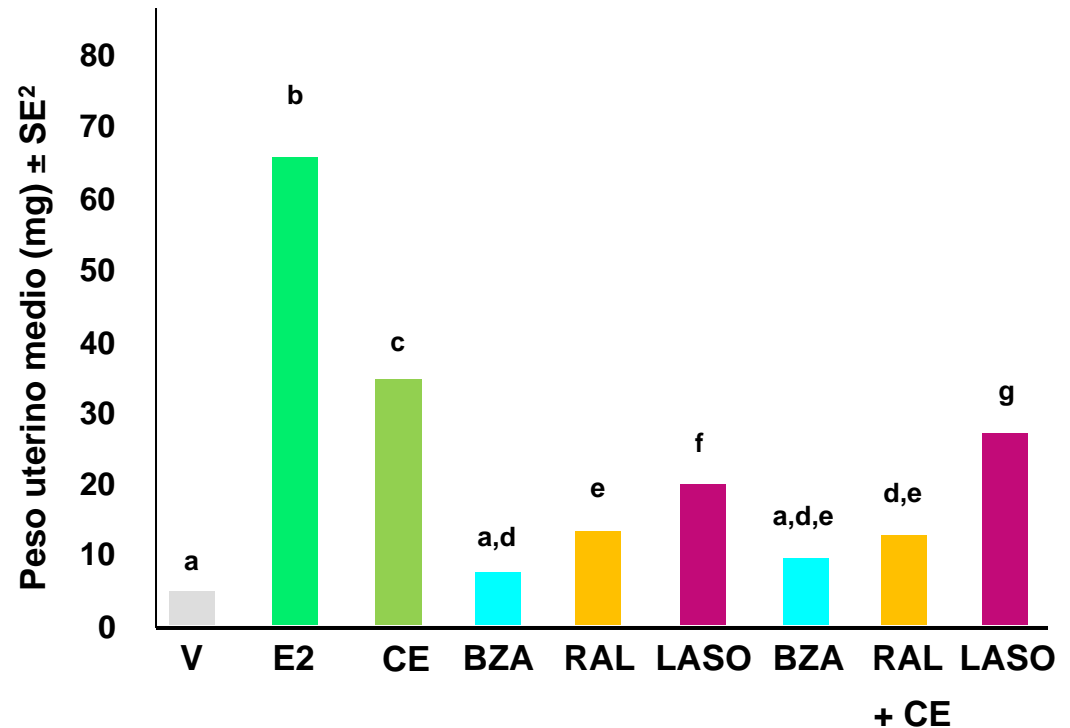
Conjugated estrogens substitute for the loss of oestrogen production in menopausal women, and alleviate menopausal symptoms. As oestrogens promote the growth of the endometrium, unopposed oestrogens increase the risk of endometrial hyperplasia and cancer. The addition of bazedoxifene, acting as an oestrogen receptor antagonist in the uterus, reduces the oestrogen-induced risk of endometrial hyperplasia.

Efectos de combinar BZD y estrógenos sobre el endometrio

Sección de útero de rata¹

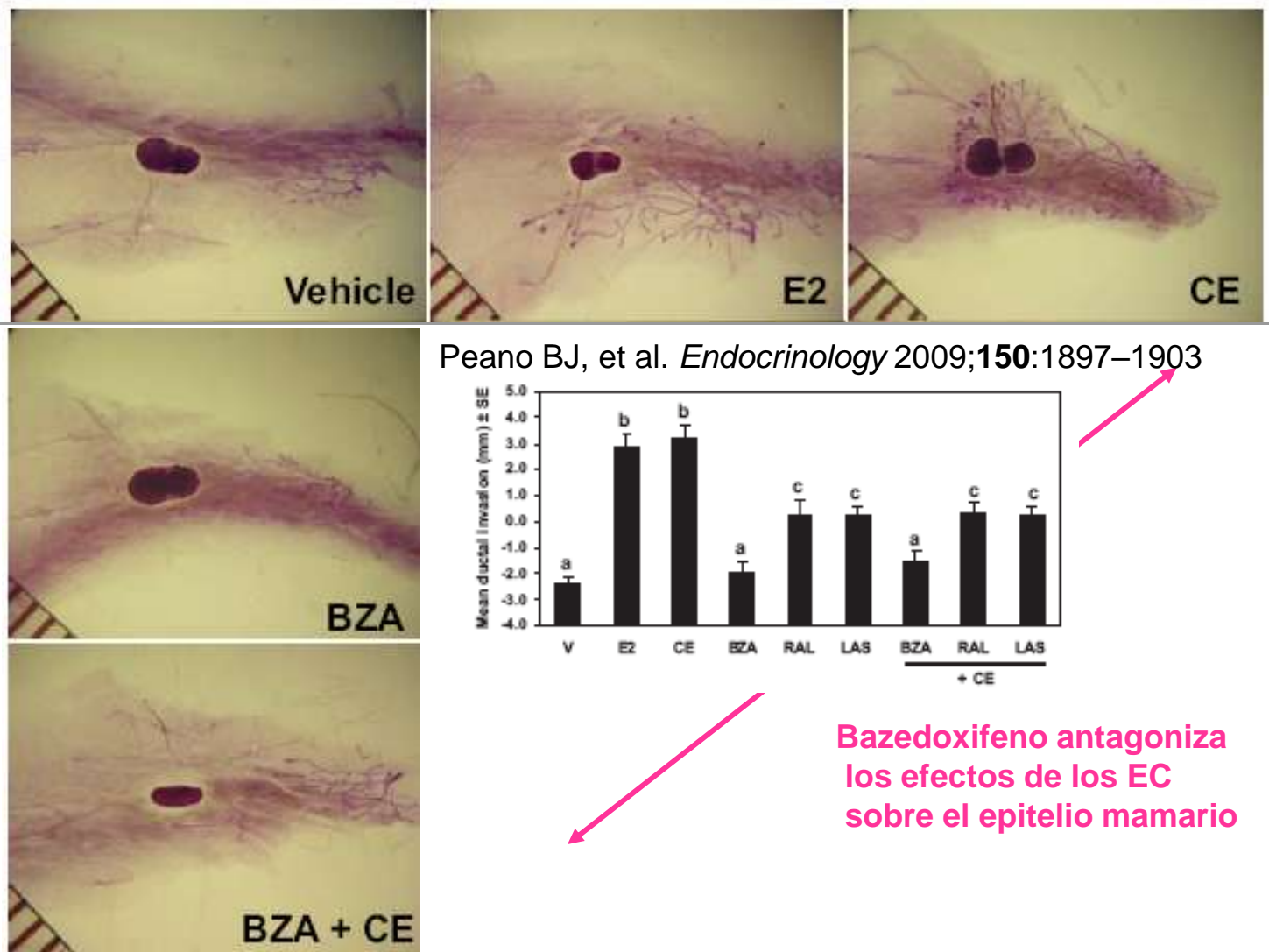


Ratón OVX²



BZA = Bazedoxifene; CE = Conjugated oestrogen; E2 = 17β-oestradiol; OVX = Ovariectomised; RAL = Raloxifene;
 a–g = Los grupos marcados con la misma letra son estadísticamente equivalentes(p>0.05)

Efectos sobre el epitelio mamario “in vitro”



Peano BJ, et al. *Endocrinology* 2009;150:1897–1903

Bazedoxifeno antagoniza los efectos de los EC sobre el epitelio mamario

TSEC

Tissue Selective Estrogenic Complex

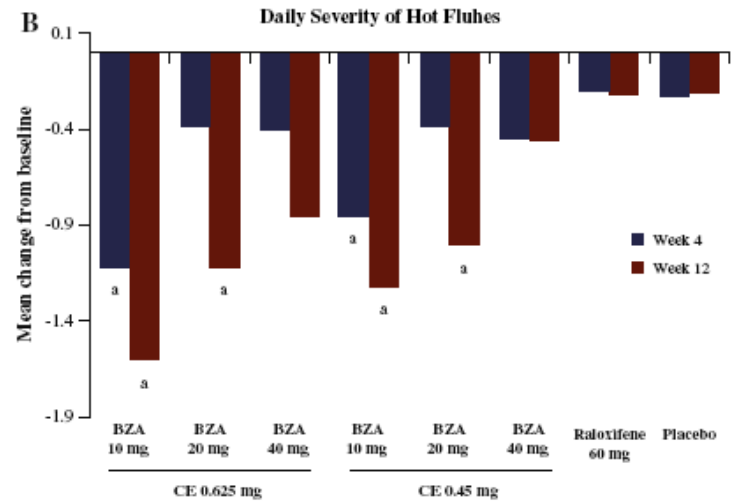
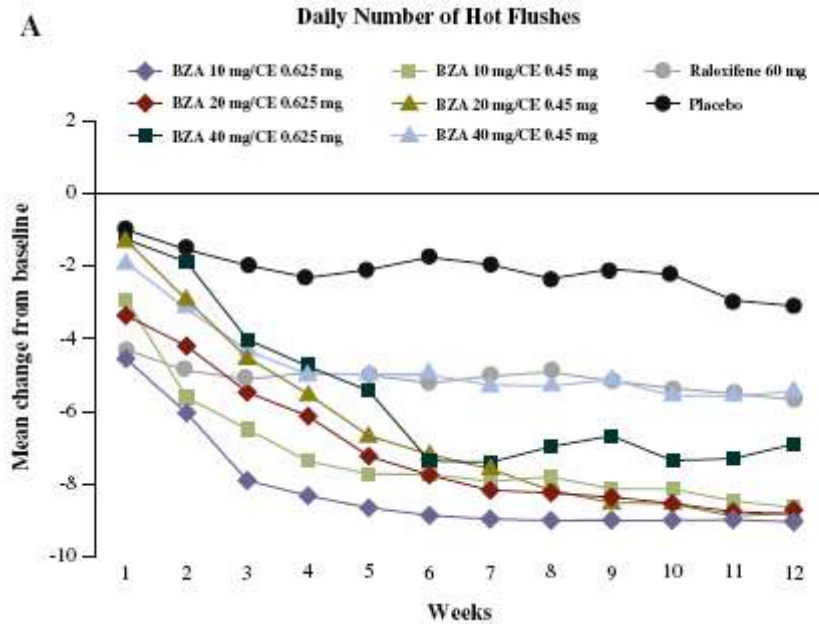
- Efecto antiestrogenico en el endometrio
 - No aumenta el grosor endometrial
 - Baja incidencia de sangrado
 - Evita hiperplasia
- Efecto estrogénico en el SNC
 - Disminuye los sofocos
- Sinérgico en el hueso
- Neutro en la mama

Prevención de la hiperplasia

Incidencia (%) de hiperplasia endometrial al año de tratamiento(1)						
CE (0.625 mg)			CE (0.45 mg)			
	BZA (10 mg) N=341	BZA (20 mg) N=314	BZA (40 mg) N=311	BZA (10 mg) N=320	BZA (20 mg) N=336	BZA (40 mg) N=309
Total cases (%) 95% CI (%) ^a	13 (3.81) ^b 2.27–5.99 ^b	1 (0.32) 0.02–1.50	0 (0.00) 0.00–0.96	3 (0.94) 0.26–2.41	0 (0.00) 0.00–1.09 ^c	0 (0.00) 0.00–1.19 ^c

a = IC 95%; b = La tasa de hiperplasia se considera inaceptable por los criterios del estudio; c = One-sided IC 97.5% ajustada para comparaciones simultáneas (BZA [20 and 40 mg] combinadas con EC [0.45 mg]); IC = Intervalo de Confianza

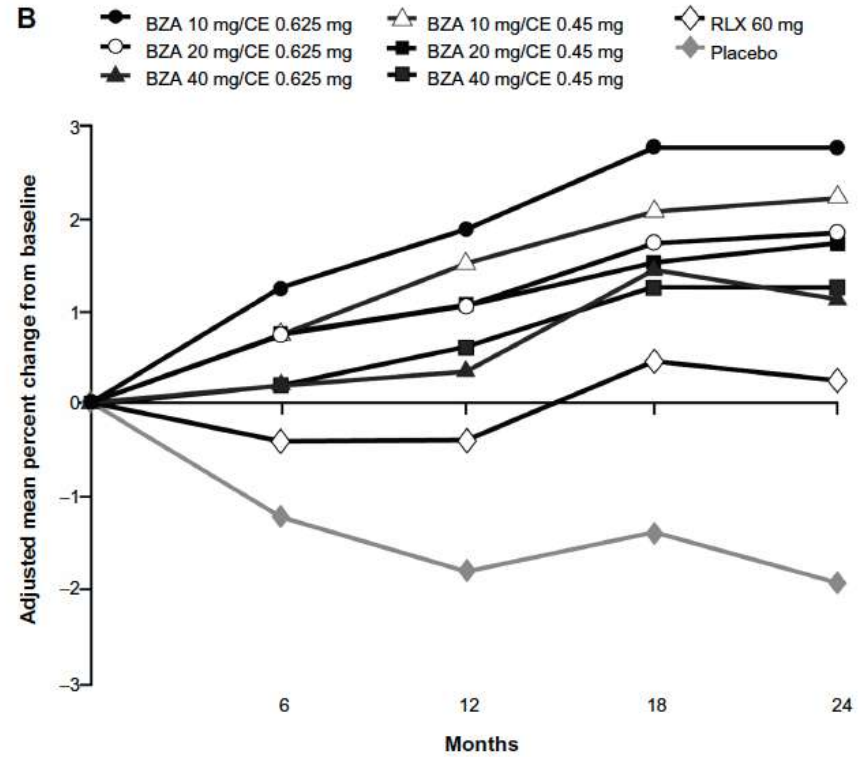
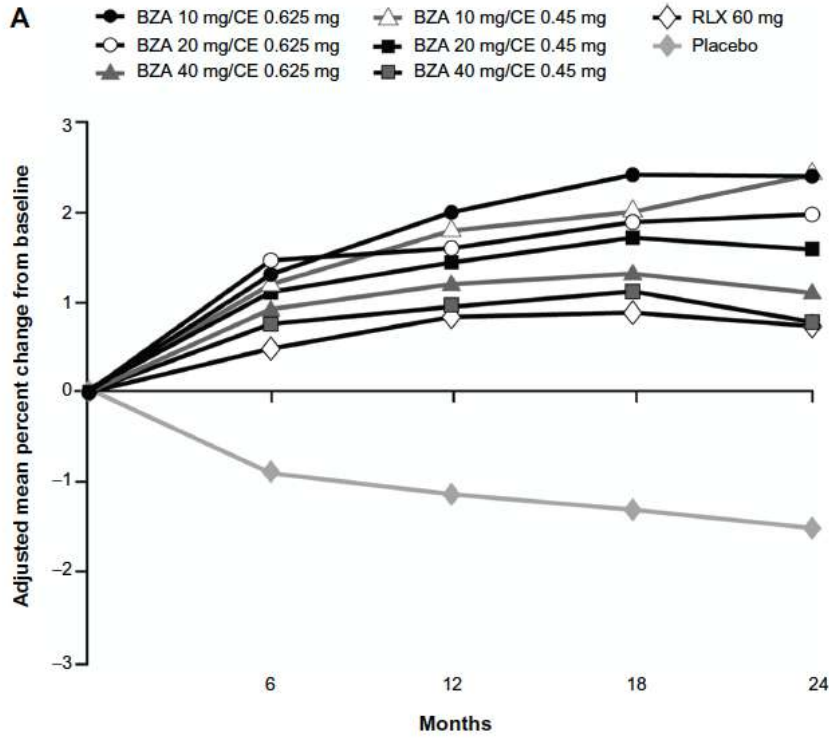
Disminuye los sofocos



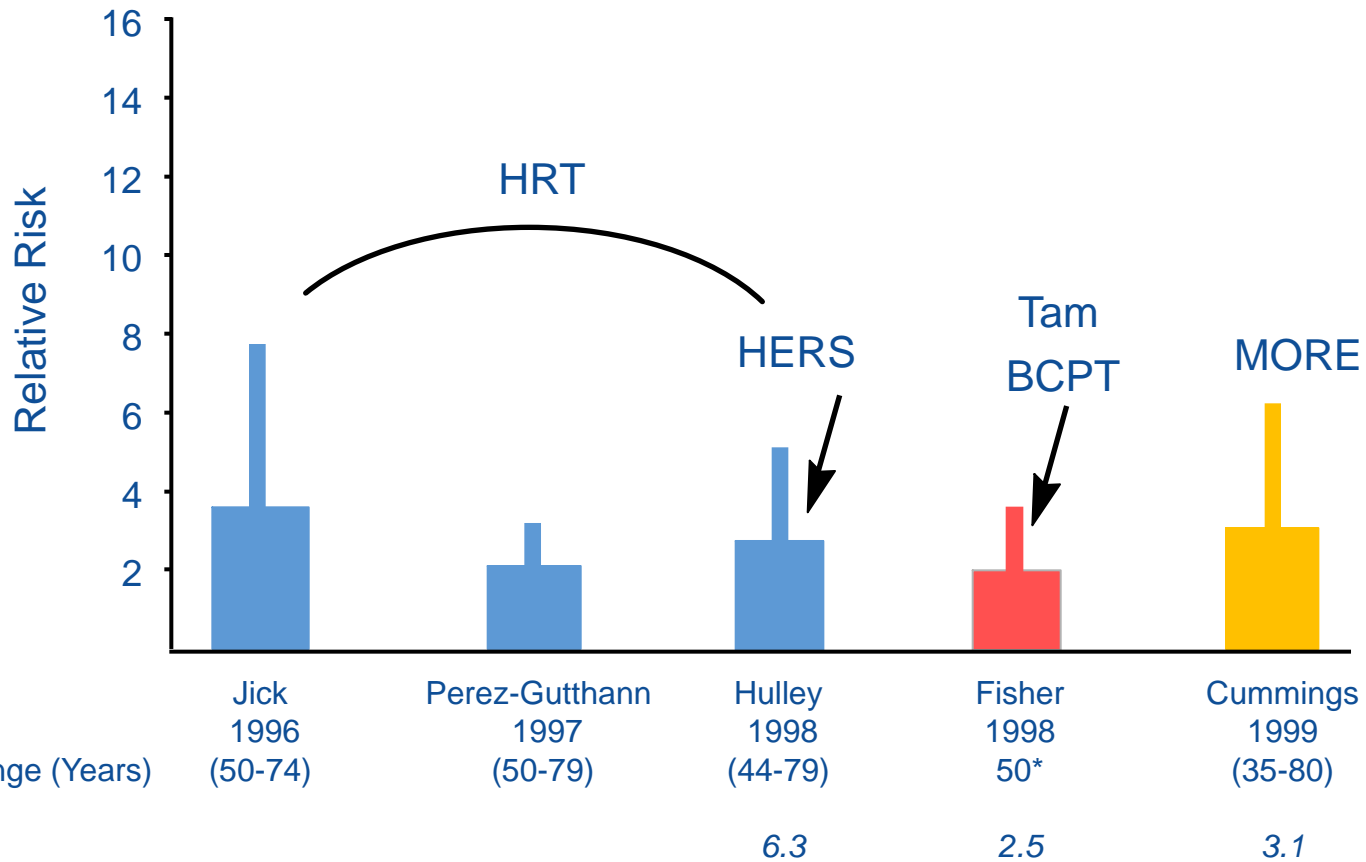
Efecto sobre la DMO

CV

Cadera

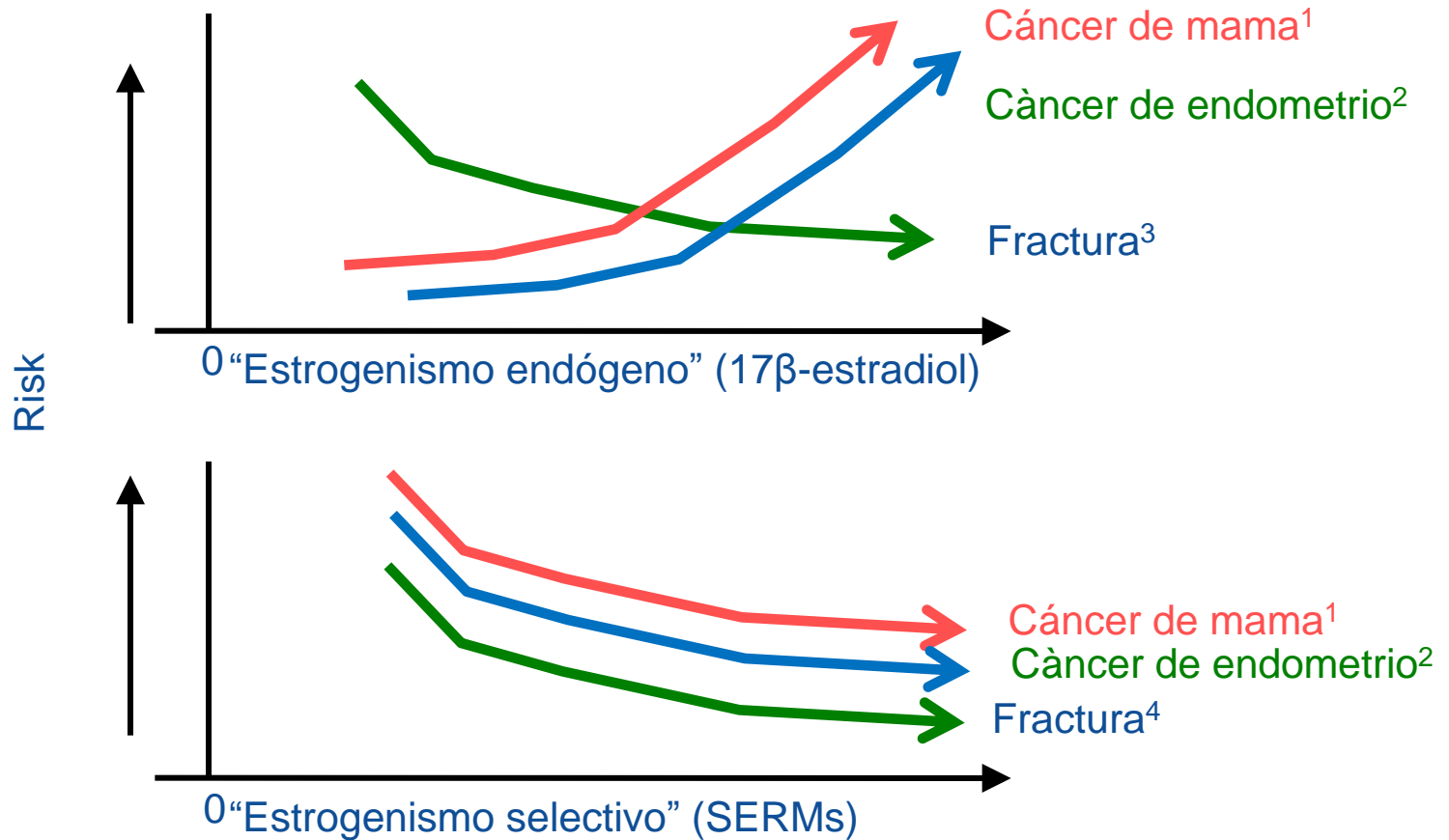


Riesgo trombótico con TH y SERMs



*Analysis restricted to age group.
DVT/PE incidence rate, actively treated patients (per 1,000 pt-years).

Modulant l'estrogenisme podem obtenir mes d'un benefici



Temes pendents per la discussió

- A qui tractem
- Amb quins productes
- Com establím les dosis
- Quins controls fem
- Quan interrompim
- Com interrompim