

## Treatments for menopausal symptoms: which are the best options.?

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Vasomotor symptoms, like hot flashes and night sweats, are very frequency in women during menopause (60%-80%), mood swings an sleep disturbance are also a common complaint among perimenopausal women; and they are often related to vasomotor symptoms, due to low levels of estrogen. There is a variety of treatment's options to manage the symptoms of hypoestrogenism, among which menopausal hormone therapy (MHT) is the Gold Standard, and it remains the most effective therapy that relief vasomotor symptoms and urogenital atrophy. Consideration of MHT should be part of an overall strategy including lifestyle recommendations regarding diet, exercise, smoking cessation and safe levels of alcohol and salt consumption for maintaining the health of peri- and postmenopausal women. MHT must be individualized and tailored according to symptoms and the need for prevention, as well as personal and family history. The risks and benefits of MHT differ for women during the menopause transition compared to those for older women. Prescribed in healthy women during the window of opportunity (this is, in women less than 60 years or within 10 years of menopause) the benefits outweigh the risks. Selective estrogen receptor modulators (SERMs) can also be used to manage vaginal atrophy. Tissue selective estrogen complex provides the benefits of estrogen without endometrial stimulation.

Over the last years after the WHI, there was a dramatic reduction in the prescription of the MHT, despite its high efficacy relative to other treatments. Clinical trials of non-hormonal alternatives that can control the common menopausal symptoms appears. I will explain in details the most important of them during my presentation. Understanding the risks and benefits of both, hormonal and non-hormonal alternatives, helps to individualize management plans to improve quality of life.

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