

Pharmacologic Therapies in Women's Health

Contraception and Menopause Treatment



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KEYWORDS

- Long-acting reversible contraception • Combined hormonal contraception
- Emergency contraception • Menopause transition
- Genitourinary syndrome of menopause • Estrogen therapy

KEY POINTS

- Estrogens and progestogens may be prescribed in a variety of forms and doses for contraception and for relief from menopausal symptoms.
- Long-acting reversible contraception is recommended as first-line contraception for nearly all women due to ease of use, high efficacy, safety, and relatively limited contraindications.
- Emergency contraception to prevent unintended pregnancy should be administered as soon as possible after unprotected intercourse.
- Vasomotor symptoms in the menopause transition can be treated with hormonal, nonhormonal, or nonpharmaceutical approaches.
- Menopausal symptoms respond well to estrogen administered locally for genitourinary symptoms or systemically for vasomotor symptoms; systemic use warrants consideration of risks, alternative approaches, and endometrial protection.

INTRODUCTION

Women's health can refer to aspects of health and disease that are unique to women, are more common in women, manifest differently in women, and/or are treated differently in women. Women's health and its pharmacotherapy are not synonymous with female sex steroids; however, female hormones do play a significant role in the etiology and treatment of commonly encountered women's health conditions.

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This article will focus on hormonal therapy for routine and emergency female contraception and control of menopausal symptoms, since these are common; additionally, the myriad of available pharmacotherapeutic regimens can be confusing and difficult to remember, as can the safety considerations around prescribing.

Estrogen is a steroid hormone that binds to estrogen receptors α and β ; 17 β -estradiol is the main endogenous female sex hormone. Progestogens are steroid hormones that bind to progesterone receptors α and β ; the major endogenous progestogen is progesterone, and synthetic progestogens are called progestins.

Pharmacologic therapies that bind estrogen receptors and progesterone receptors are listed in [Table 1](#). This article will address the most commonly used therapies for the following indications.

- Hormonal contraception
- Control of hormone-responsive symptoms between puberty and menopause, for example acne and irregular or heavy menses (typically off-label)

Table 1 Pharmacologic therapies that bind estrogen receptors and/or progesterone receptors			
	Reproductive Use	Menopausal Use	Other Uses
Estrogens	Hormonal contraception (with a progestogen): ethinyl estradiol, estradiol hemihydrate, mestranol	Reduction in vasomotor and/or GSM; bone preservation: estradiol, conjugated estrogens, esterified estrogens	Prostate cancer Transgender women Turner syndrome Hypothalamic amenorrhea Osteoporosis prevention Treatment of arteriovenous malformations ¹
Progestogens	Hormonal contraception, progestin with an estrogen: see combined hormonal contraception (Table 2); Hormonal contraception, progestin without an estrogen: etonogestrel, levonorgestrel (LNG), medroxyprogesterone acetate (MPA), norethindrone	Endometrial protection: LNG, micronized progesterone, MPA, norethindrone	Palliative treatment of advanced breast or endometrial carcinoma; Appetite stimulation: megestrol acetate Respiratory stimulation: MPA
SERMs	Ovulation induction: clomiphene	Protection of endometrium during estrogen use; bone preservation: bazedoxifene Treatment of GSM: ospemifene	Prevention or treatment of breast cancer: raloxifene, tamoxifen, toremifene
Selective Progesterone Receptor Modulators (SPRMs)	Emergency contraception: ulipristal Abortifacient: mifepristone	—	—

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