

Editorial

by Dr S.P. Moodley

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I would like to thank the editorial board for assigning me this challenging but enjoyable task.

Once again Menopause Update has delivered the goods. There are three excellent, relevant clinical articles by high calibre authors of international renown.

The only need for progestogens to be included as part of hormone therapy is in patients who still have an intact uterus. The adverse cardiovascular and breast side effects are almost solely due to the progestogenic component in hormone therapy. Therefore, it makes sense to critically analyse the different types of progestogens, the different delivery systems and match the appropriate treatment to the individual patient profile. Clinicians must take cognisance of the fact that the use of sequential regimens greater than 5 years increases the relative risk of endometrial cancer. The use of intrauterine delivery systems of progestogens will decrease systemic side effects, hopefully similar to the decrease in side effects as seen in the management of asthma when inhaled instead of oral steroids were used. The use of lower doses is to be welcomed and clinicians await the launch of the tissue selective estrogen complex (TSEC) group of drugs.

Prof Tess van der Merwe writes with the same brilliance as she lectures. Gynaecologists and family practitioners are in a unique position of seeing patients as part of preventative medicine protocols. Therefore, it is incumbent upon us to familiarise ourselves with the diagnostic criteria of metabolic syndrome; in order for us to be able to impact on the incidence of Type II diabetes and cardiovascular disease. Lifestyle change is obviously fundamental but appropriate referral for bariatric surgery may be needed.

The not so uncommon problem of ovarian cysts in the menopause is discussed with clarity in Dr Trudy Smith's paper. The importance of vaginal ultrasound and the use of scoring systems is emphasised to help the clinician decide firstly if surgery is indicated and who should perform the operation.

I would like to thank Dr DW Sturdee, Professor T van der Merwe and Dr T Smith for their efforts in facilitating continued medical education.

In conclusion, I would like to echo the sentiments of Dr P Dalmeyer in his profile on Dr M R Davey. Having worked with Mike in the Durban metropolitan area, I can attest that he has been a great teacher to many of us.



editorial board



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