

Angeliq[®] – hormone replacement therapy with drospirenone

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This Supplement combines the proceedings from a Schering AG-sponsored symposium entitled *Angeliq[®] – hormone replacement therapy with drospirenone*, held during the 12th International Congress on Gynecological Endocrinology, March 2006, in Florence, Italy. An international audience came together to hear presentations given by an outstanding group of experts in the field. This symposium was ground-breaking, most notably because of its interdisciplinary nature: scientists from complementary disciplines discussed the relationship between blood pressure regulation and female sex hormones.

Many false starts have preceded this landmark symposium. These include the long-ingrained rule that blood pressure below 140/90 mmHg indicates cardiovascular health, and the long-held belief that progestins are limited to an antiestrogen role in hormone replacement therapy (HRT). In these discussions, and the accompanying manuscripts, we find evidence that not only is the ‘140/90 rule’ a myth, but that lowering systolic blood pressure by just a few mmHg demonstrably improves cardiovascular outlook. Furthermore, the cardiovascular system has a ‘memory’, and as little as 6 months of blood pressure reduction is sufficient to furnish long-term cardiovascular protection. These revelations are accompanied by the news that a new progestin with antialdosterone action, drospirenone (DRSP), can lower blood pressure.

The current interest in progestins, and their role in hormone therapy, is largely due to the recent controversy surrounding the potential deleterious

effects of some progestins used in combination with estrogen as HRT. This has led the gynecological community to question why we need to use progestins, what their helpful and detrimental effects are, and how we should be combining hormones at what dose to provide HRT that is not only effective in managing the immediate symptoms of the menopause, but also beneficial with respect to long-term health. The risk of cardiovascular disease (CVD) in women increases significantly after the menopause, with hypertension and diabetes the major risk factors for developing cardiovascular problems in postmenopausal women. Effectively managing CVD in the aging woman is therefore critical, and prevention is the most important goal. It is vital that we understand the long-term cardiovascular effects of the different progestins used in HRT preparations.

This symposium focused on drospirenone, a novel progestin that possesses antialdosterone and antiandrogenic activity, and a pharmacological profile very similar to that of natural progesterone. The speakers reviewed primarily the specific use of drospirenone with 17 β -estradiol (E2) as a new, low-dose, continuous combination HRT preparation (Angeliq[®], Schering AG, Berlin, Germany). Dr David Archer discussed the efficacy of DRSP/E2 in relieving the immediate symptoms of menopause, and also where this new HRT fits into the long-term health benefit story. Professor Andrea Genazzani followed with a review of drospirenone’s antialdosterone properties, which result in decreased salt and water retention via the renin–aldosterone–angiotensin system, and

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consequently have an antihypertensive effect. CVD risk factors in postmenopausal women were evaluated by Dr Giuseppe Rosano, then Dr William White reviewed the clinical data indicating that the DRSP/E2 combination has beneficial effects on blood pressure in postmenopausal women with elevated blood pressure, but no effect on blood pressure in normotensive women. The symposium ended with a presentation by Dr Richard Preston, highlighting the importance of adequate blood pressure control in this population.

The beneficial effects of drospirenone on blood pressure represent a new chapter in the story of HRT use in women. Though an additional benefit today, drospirenone's pharmacological profile forecasts the time when antiestrogenic indications will be only one of the reasons for the use of progestins. Furthermore, clinical data support observations that the positive effects of HRT can extend far beyond the short-term treatment of menopausal symptoms. Gynecologists can therefore play a vital role in managing the overall health of postmenopausal women, and tailoring HRT can have a significant, positive impact on a patient's long-term health. Specifically, a reduction in blood pressure is of major clinical benefit in postmenopausal women, as this may confer a significant reduction in CVD risk.

Finally, we have repeatedly been taught the risks of the use of new agents without sufficient research into their action and effects. If drospirenone is as unique and promising as appears to be the case, then the need for early and thorough short- and long-term research is all the more important. The recent difficulties that have been wrought by late discoveries and ambiguous findings underline that we must not depend on clinical experience as a substitute for proper, prospective research. Let us expect that the next symposium on this important aspect of hormonal treatment is replete with both bench research and prospective clinical trials on this new class of progestin. The importance of engaging experts from separate disciplines in a productive discovery of the common ground between them cannot be forgotten. Let us hope that the revelation of drospirenone's undisputed blood pressure-lowering effects will attract further interdisciplinary discussions and research for the benefit of women's health.

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