Foreword

F.

Fabrizio

Fabris

Director, Institute of Gerontology, University of Torino

The climacteric syndrome is characterized by structural and functional changes involving the female organism as a whole. Prevalent symptoms in the early stages of menopause are psychological distress and hot flushes, while the urogenital complaints usually have a later onset. Nevertheless these disturbances can affect as much as one third of postmeno-pausal women. The severe degrees of urogenital symptoms, if untreated, are likely to represent a lifelong problem [1]. Persistent vaginal itching, recurrent cystitis or urinary incontinence can obviously cause psychological symptoms ranging from irritability to deep depression. Women affected by stress incontinence may give up most of their outdoor activities for fear of uncontrolled urine loss. Atrophic changes observed in the urogenital tract are mainly induced by estrogen deficiency. Indeed estrogen receptors have been detected in the vaginal wall, urethra, bladder and pelvic tissues, including muscles, ligaments and skin [2, 3].

Over the last two decades hormone replacement therapy has been employed for urogenital as well as for the other postmeno-pausal symptoms. Some improvement in urinary incontinence, particularly in the case of stress incontinence, was observed by several authors in older women treated with estrogens for other complaints [4, 5]. Estrogens have then been employed to improve urethral anatomy and tone, while α -agonists have been used to increase urethral sphincter pressure. Combinations of estrogens with other drugs such as phenylpropanolamine have also been successfully employed [6, 7]. Genital symptoms, mainly caused by thinning and loss of elasticity of the vaginal tissues, can benefit from systemic or local estrogen therapy. The aim of this roundtable is to update the knowledge on this topic with the contribution of both gynecologists and geriatricians. Special emphasis will be given to the advances in urogenital ageing studies and to the local, versus systemic, hormonal treatment.

©1994

S. Karger AG, Basel

References

Regula-Herzog A, Fultz NH: Prevalence and incidence of urinary incontinence in community-dwelling populations. *J Am Geriatr Soc* 1990; 38:273-281.

Iosif CS, Batra S, Ek A, Astedt B: Estrogen receptors in the human female lower urinary tract. *Am J Obstet Gynecol* 1981;141:817-820.

Savvas M, Bishop J, Laurent G, Watson N, Studd J: Type HI collagen in the skin of postmenopausal women receiving oestradiol and testosterone implants. *Br J Obstet Gynaecol* 1993;100:154-156.

Faber P, Heidenreich J: Treatment of stress incontinence with estrogen in postmenopausal women. *Urol Int* 1971;32:221-223.

Bhatia NN, Bergman A, Karram MM: Effects of estrogen on urethral function in women with urinary incontinence. *Am J Obstet Gynecol* 1989;160:176-181.

Kinn AO, Lindskog M: Estrogens and phenylpropanolamine for stress urinary incontinence in postmenopausal women. *Urology* 1988;32: 273-280.

Hinton P, Tweddell AL, Mayne C: Oral and intravaginal estrogens alone and in combination with alpha adrenergic stimulation in genuine stress incontinence. *Int Uro-gynecol J* 1990;1:80-86.

2

Fabris

Foreword