Tibolone for Post-Menopausal Women

Tibolone is a type of hormone therapy (HT/HRT) designed to relieve menopausal symptoms and prevent osteoporosis (thinning of the bones) in post-menopausal women.

What is tibolone?

- Tibolone is a synthetic hormone derived from the Mexican yam.
- Tibolone is used to replace the body’s natural sex hormones. It is converted in the body into three other substances which act like the hormones oestrogen, progesterone or testosterone in different tissues.
- Tibolone acts like oestrogen in the brain (preventing flushes), bone (preventing bone loss) and vaginal tissue (preventing dryness and soreness).
- Tibolone also acts like progesterone in the womb to prevent overgrowth of the endometrium and subsequent bleeding. A woman who has not had a hysterectomy does not need to take a progesterone if she is taking tibolone.
- Tibolone has testosterone-like activity that appears to play a role in enhancing women's mood and libido, although response is variable.

When to commence tibolone

- Tibolone is suitable for women who have not experienced a natural period for at least 1 year. If taken sooner, irregular bleeding may be experienced.
- Usually a woman using cyclical HT/HRT and experiencing a monthly bleed can start tibolone after the oestrogen/progesterone phase of HT/HRT.
- Postmenopausal women not currently taking HT/HRT, or who have had a hysterectomy, may start at any time.

A woman taking HT/HRT that contains the same amount of oestrogen and progestogen every day of the month can start tibolone the day after stopping the HT/HRT.

Side-effects of tibolone

- Side-effects are uncommon but may include headache, dizziness, nausea, abdominal pain, swollen feet and itching. Breast tenderness is also uncommon.
- Slight bleeding or spotting may commonly occur initially but tends to subside after a few months.

Long-term health

- Tibolone prevents bone loss and reduces spinal fractures.
- One uncontrolled English study has suggested that tibolone increases breast cancer risk but better quality placebo controlled randomised trials do not show that breast cancer rates in healthy women are changed by tibolone.
- Tibolone may interfere with the effectiveness of breast cancer therapies and its use is contraindicated in women with breast cancer.
- Regular mammograms and breast examination are advisable for all women.
- Tibolone should not be used for cardiovascular protection.
- Tibolone has been shown, like other HT/HRT, to cause a small increase in stroke if it is commenced more than 5 to 10 years after menopause. This has not been found in trials where tibolone is given to younger women at the time of menopause.
- Studies, to date, do not show that tibolone increases thrombosis (clotting).

July 2008

www.menopause.org.au