See also pp. 180-182

The sorcerer's apprentice

Menopause is a normal physiological stage in a woman's life, but it is sometimes accompanied by bothersome symptoms. At the end of the 20th century, based on the observation that these symptoms coincided with a drop in oestrogen production, oestrogen supplementation seemed to represent a tempting solution. This resulted in the widespread and reckless prescription of oestrogens to menopausal women for years.

In 2002, the publication of the results of a large placebo-controlled randomised trial (the WHI trial) led healthcare professionals and health authorities to realise the mistake this widespread "distribution" of hormones had been. Hormone therapy did relieve menopausal symptoms, but it caused serious cardiovascular adverse effects and cancer. To such an extent that the frequency of breast cancer fell considerably once this harmful strategy was widely abandoned.

Fast forward fifteen years, and a pharmaceutical company, with the authorisation of the European Medicines Agency (EMA), has introduced a fixed-dose combination of conjugated *oestrogens* + *bazedoxifene* (Duavive°; see pp. 180-182) for non-hysterectomised postmenopausal women. The inclusion of *bazedoxifene* is supposed to reduce some of the adverse effects of oestrogens. Although unproven, this hypothesis is likely to be sufficiently tempting as to mask the lack of evaluation of the risks of cardiovascular events and breast cancer, despite the fact that these harms are foreseeable based on past experience. It has only taken fifteen years, and we're back to playing the sorcerer's apprentice. Learning through trial and error is fundamental to development, but it only works if you learn from past errors.

To err is human, but to repeat the same mistakes is madness.

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EDITORIAL

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