



## Hormone Therapy for Women in 2012

Menopause is a normal, natural life event that usually occurs between ages 40 and 55. It becomes official after 12 months without a menstrual period. Some women reach menopause early (before age 40), because of surgical removal of the uterus and ovaries, chemotherapy or medical treatment, or natural causes.

Each woman will experience menopause in her own unique way. Some women may not experience any symptoms affecting their quality of life. However, for many women, the most common bothersome symptoms are hot flashes, night sweats, and vaginal dryness. The most effective treatment for these symptoms is hormone therapy (HT), although nonhormonal treatments are also available.

HT commonly refers to two different options:

- If you have a uterus, you may be prescribed combination estrogen plus progestin therapy (EPT). The progestin is added to protect your uterus from cancer that can occur when estrogen is used alone. If you are prescribed a low-dose vaginal estrogen for treatment of vaginal dryness, you probably will not be prescribed a progestin.
- If you do *not* have a uterus, you will need only one hormone, estrogen (ET).

There are many HT options available by prescription from your healthcare provider:

- a pill taken by mouth
- a patch, cream, gel, or spray that can be applied to your skin
- a cream, suppository, tablet, or ring that can be used within the vagina.

Many doses are available to meet your needs. Each of these options has different pros and cons that you can discuss with your healthcare provider.

Bioidentical hormones, which are similar to the hormones made by the ovaries, are available in well-tested, government-approved brand name products that can be prescribed by healthcare providers. The term “bioidentical hormone therapy” is also often used to describe custom-compounded hormones that are obtained at compounding pharmacies. They are not government approved and have not been tested for effectiveness, safety, dose accuracy, or purity (absence of contaminants). Although government-approved bioidentical hormones are a good option for many women, custom-compounded hormones are not recommended unless you have an allergy to the approved products.

In 2002, a large study called the Women's Health Initiative (WHI) reported an increased risk of breast cancer, heart disease, stroke, and blood clots with the use of EPT. In the ten years since the reporting of those results, we have learned that the type of HT (ET versus EPT), how it is taken, and the timing of starting this treatment (early versus late after menopause) produce different benefits and side effects. The risk of side effects (such as heart attack, stroke, blood clot, or breast cancer) with HT in healthy women ages 50 to 59 is low. In contrast, using HT for a long time or starting HT when you are a number of years beyond menopause is associated with a higher risk of these side effects.

Evaluating the benefits and risks of HT for you personally is an important discussion for you to have with your healthcare provider. Because you are unique, treatment options should be tailored to your needs and your concerns.

The North American Menopause Society's (NAMS) new Position Statement on Hormone Therapy, published in 2012, provides the following information to help you understand the most recent guidelines on HT use:

- HT remains the most effective treatment available for menopausal symptoms, including hot flashes and night sweats that can interrupt sleep and impair quality of life. Many women can take it safely.
- If you have had blood clots, heart disease, stroke, or breast cancer, it may not be in your best interest to take HT. Be sure to discuss your health conditions with your healthcare provider.
- How long you should take HT is different for EPT and ET. For EPT, the time is limited by the increased risk of breast cancer that is seen with more than 3 to 5 years of use. For ET, no sign of an increased risk of breast cancer was seen during an average of 7 years of treatment, a finding that allows more choice in how long you choose to use ET.
- Most healthy women below age 60 will have no increase in the risk of heart disease with HT. The risks of stroke and blood clots in the lungs are increased but, in these younger age groups, the risks are less than 1 in every 1000 women per year taking HT.
- ET delivered through the skin (by patch, cream, gel, or spray) and low-dose oral estrogen may have lower risks of blood clots and stroke than standard doses of oral estrogen, but all the evidence is not yet available. Research will continue to bring valuable information to help women with their decision about HT.

For more information about menopause, visit the NAMS website: [www.menopause.org](http://www.menopause.org)  
NAMS is North America's leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging.