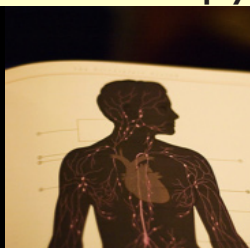


# THE NATIONAL WOMEN'S HEALTH NETWORK

## *Menopause Hormone Therapy & Heart Disease*

### FACT SHEET



No form of estrogen, or estrogen plus progestin, has been proven to prevent heart disease. Yet millions of women have taken these powerful drugs, encouraged by physicians who believed that HT prevented heart disease. Conclusive studies have now proven definitively that the most commonly used forms of HT do not prevent the progression of heart disease in women who have already been diagnosed with the condition, nor do these hormones prevent the onset of heart disease in healthy women.<sup>1,2</sup> In fact, healthy women are more likely to experience heart attacks, as well as stroke and blood clots if they take the estrogen/progestin combination Prempro. Estrogen alone also causes strokes and blood clots.<sup>3</sup>

The most important information about hormones' effect on heart disease comes from the Women's Health Initiative. This large, government-funded trial has been studying the effects of hormone therapy for several years by randomizing healthy women to take either the actual drug or a look-alike placebo with no active ingredients. Women taking either Premarin or Prempro had an increased risk of heart attack, blood clots and stroke in the first two years of the study. These risks did not recede with longer use of Prempro. Women using Premarin continued to have a higher risk of stroke and blood clots throughout the study.

Women who are taking Premarin or Prempro to prevent heart disease should stop. It does not work, and it actually increases the risk of heart attack, stroke and blood clots. Women who are taking other brands of hormone therapy to prevent heart disease should also consider stopping. Although other types of hormone therapy are not as well studied as Premarin and Prempro, it is clear that no hormone therapy has been proven to prevent heart disease in healthy women and none is without risk.

### **MENOPAUSE DOESN'T CAUSE HEART DISEASE**

Age, not menopause, is the biggest risk factor for heart disease. Women who go through natural menopause in their early forties are no more likely to experience heart disease than are women who continue menstruating into their 50s. Heart disease rates increase slowly during middle age and then begin to rise rapidly after women reach their mid-sixties. By age 75, women have heart attacks nearly three times more often than 65 years old women and heart disease becomes the leading cause of death of all women.

### **HOW TO REDUCE THE RISK OF HEART DISEASE**

Everyone can reduce their risk of developing heart

disease, even those with a strong family history of heart disease. The leading risk factors for heart disease are smoking, diabetes, high blood pressure, high cholesterol levels, abdominal obesity (being overweight and shaped more like an apple than a pear) and physical inactivity. Good studies have shown that changing health habits can reduce or eliminate each of these risk factors, resulting in a much lower rate of heart disease.

#### **SMOKING**

If you smoke, make plans to stop. Treatments using person-to-person contact are especially effective and should include social support and problem solving skills.

#### **DIABETES**

Physical activity and healthy eating habits are more effective at preventing diabetes than is medication. A recent large study found that 30 minutes of activity five days a week, and a 7 percent weight loss were enough to lower the risk of developing diabetes by more than 50 percent.

#### **HIGH BLOOD PRESSURE**

Changing eating habits to increase fruits, vegetables and whole grains and decrease fat, meat and sweets can lower blood pressure and reduce the risk of heart attack and stroke. In a controlled study, this diet (called DASH) lowered blood pressure just as well as taking medication. The DASH diet seems to be especially effective in African Americans.

#### **HIGH CHOLESTEROL**

The TLC diet (Therapeutic Lifestyle Changes), which emphasizes moderately low fat overall eating habits and low intake of dietary cholesterol, has been shown to reduce cholesterol levels.

#### **PHYSICAL INACTIVITY**

Some studies have shown this to be a stronger predictor of heart disease than obesity. Although more exercise is better, women can reduce their risk of heart disease with 30 minutes a day of moderate exercise.

#### **ABDOMINAL OBESITY**

Losing 10 percent of total weight (for example, 16

pounds for a 160 pound woman) has been shown to reduce risk of heart disease. Many people can accomplish a 10 percent weight loss through increased activity and reducing calorie intake.

All of these changes are potentially attainable by women concerned about heart disease. However, many women face barriers to these changes. Issues such as the demands of family and work, concerns about personal safety and costs can stand between women and exercise, smoking cessation, and diets rich in fresh produce. The NWHN supports policy changes to reduce these barriers.

In the meantime, for people who cannot incorporate risk reduction strategies into their lives, or who haven't gotten adequate results, some medications have been shown to reduce the risk of heart disease in women, such as low-dose aspirin and to treat risk factors for heart disease such as diabetes, high blood pressure and smoking.

## **RESOURCES**

[The American Heart Association](#)

[The National Heart Lung and Blood Institute](#)

## **CONTACT US**

The National Women's Health Network is committed to ensuring that women have access to accurate, balanced information. For more information, email us at [healthquestions@nwhn.org](mailto:healthquestions@nwhn.org) or call the Women's Health Voice at (202) 682-2646. Stay informed, connect with us on Facebook and Twitter.

## **REFERENCES**

1. Hulley S, Grady D, Bush T et al., "Randomized Trial of Estrogen Plus Progestin for Secondary Prevention of Coronary Heart Disease in Postmenopausal Women," JAMA 1998; 280: 605-613.
2. Rossouw J, Anderson G, Prentice R et al., "Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women," JAMA 2002; 288: 321-333.
3. The Women's Health Initiative Steering Committee, "Effects of conjugated equine estrogen in postmenopausal women with hysterectomy," JAMA 2004; 291: 1701-1712.

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