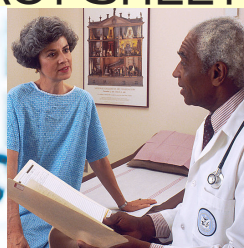


THE NATIONAL WOMEN'S HEALTH NETWORK

Menopause Hormone Therapy

FACT SHEET



BACKGROUND

The widespread popularity of hormone therapy (HT) in the United States is a triumph of marketing over science and advertising over common sense. Drug companies and many health care providers present menopause as a disease. In fact, it is a normal transition that occurs in all women.

For decades, we've been told that the use of estrogen alone or the use of estrogen/progestin together will protect women from age-related disorders and help women look and feel younger. Despite these claims, there is no valid scientific evidence that estrogen prevents Alzheimer's disease, incontinence or wrinkles, or improves memory, mood and energy. Recent large randomized trials have proven that an estrogen/progestin combination taken every day causes heart attack, blood clots, stroke, breast cancer and makes women feel worse. A similar study of estrogen taken alone found comparable results.^{1,2,3}

There is evidence that taking hormones at menopause reduces the symptoms of the menopausal transition and delays bone loss. Estrogen and progestin in combination reduces the risk of fractures and colon cancer, and estrogen alone also reduces the risk of fractures. But in the largest and most rigorous study, the risks of the combined hormones outweighed the benefits for healthy women.

HORMONES HAVE NOT BEEN SHOWN TO:

- prevent wrinkles or other natural signs of aging
- cure urinary incontinence
- help moodiness or depression
- improve sexual desire or responsiveness
- improve memory
- help sleep or increase energy in women who do not have hot flashes
- prevent Alzheimer's disease

SHOULD I OR SHOULDN'T I?

There is really no single answer to the conundrum should I or shouldn't I take hormones. Alleviating hot flashes or vaginal dryness and preventing fractures are all proven benefits of HT. However, the decision must be individualized for each woman, taking into account her medical history, preferences and concerns. There are no scientific studies that support the routine use of hormones in healthy menopausal and perimenopausal women.

Currently, scientific evidence supports the use of HT only in the following cases:

- for women who have had both ovaries surgically removed at an early age
- for short-term use by women with severe hot

- flashes, night sweats, or vaginal dryness
- as one option for maintaining bone density and reducing the risk of fractures in women at high risk for osteoporosis

We recommend that women who experience troublesome hot flashes or vaginal dryness try non-hormonal therapies as the first line of treatment. If a woman chooses hormones, we suggest she take the lowest dose that alleviates her symptoms for as short a time as possible.

THE BOTTOM LINE

To us, the bottom line is clear. Some health care providers, influenced by drug company promotions, are pressuring women to take hormones as soon as their regular menstrual cycles start to change. Much information in the popular media also echoes the interests of drug companies and encourages women to think of menopause as a disease, an estrogen deficiency state, and to begin taking hormones as soon as possible.

Both groups make it sound as though the cessation of normal menstrual cycles does lasting harm to the body within days or weeks of its onset. The truth is that it doesn't. Most women have months or years to make decisions about whether or not hormones make sense for them and to reevaluate their decisions as their situations change or as new scientific information becomes available. We urge you to take all the time you need to make an informed decision about starting or continuing hormones.

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 or call the Women's Health Voice at (202) 682-2646. Stay informed, connect with us on Facebook and Twitter.

REFERENCES

1. Writing group for the Women's Health Initiative investigators, "Risks and benefits of estrogen plus progestin in healthy postmenopausal women," *JAMA*, 2002; 288: 321-333.
2. Hlatky M, Boothroyd D, Vittinghoff E et al, "Quality-

of-life and depressive symptoms in postmenopausal women after receiving hormone therapy," *JAMA*, 2002; 287: 591-597.

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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