## Menopause and You

ARTICLE 5 | VOLUME 4

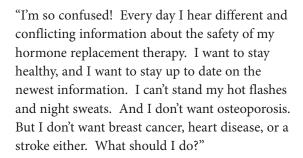
# Menopause and HRT Update



**Page 1** of 2

To use or not to use hormone therapy? To prescribe or not to prescribe? The answer lies somewhere between always and not at all. In 2002 The WHI study made us ask these questions. Further study of the WHI reports that women excluded from the study may have impacted the results. Dr. Zeidman nicely reviews the findings of this landmark study.

 Beverly Vaughn, MD, Coordinator of the "Menopause and You" Program





Joan Zeidman, MD Obstetrican-Gynecologist Bryn Mawr Hospital

### WHI Study Background

Since the publication of the initial findings of the Women's Health Initiative (WHI) in 2002, this is the most common scenario heard in every gynecologist's office. Well-read, educated women who had been following their doctors' advice and taking HRT were suddenly told by the media, their friends and family, and frequently many of their doctors that HRT was dangerous, didn't help at all with the concerns it was meant to help, and should be stopped immediately. Medical opinion regarding estrogen replacement and post-menopausal women's health was turned on its ear in the moment it took for a sound bite to be heard on the evening news or a headline to be read in the daily newspaper. It's now time for a re-examination of what the WHI set out to study and what its initial findings may mean for the individual woman trying to make the best decision for herself, her long-term health needs, and her quality of life.

The WHI was the first randomized controlled study of HRT ever conducted to evaluate the longterm benefits and risks of estrogen/progestin therapy in post-menopausal women. Its primary goal was to evaluate HRT's effects in preventing coronary heart disease in healthy women, a long-held belief based on many years of observational data. Subjects in the study were separated into three groups: Estrogen/progestin combined therapy (utilizing the same formula as PremPro 0.625/2.5), estrogen only, in women who had previously undergone hysterectomy (utilizing Premarin 0.625), and a placebo group. After 5.2 years, one portion of the study, the combined therapy arm, was stopped because the early findings suggested that there were more risks than benefits to taking combined HRT, i.e., PremPro 0.625/2.5. Specifically, it was estimated that out of 10,000 women there would be 7 more heart attacks, 8 more strokes, 8 more blood clots in the lung, and 8 more cases of breast cancer than women taking placebo. It was also found that there would be 6 fewer colon cancer cases and 5 fewer hip fractures in this group as well. Conversely, after 7 years of the study, women taking estrogen only, i.e., Premarin 0.625, showed 12 more strokes, but 7 fewer breast cancers, 6 fewer hip fractures, and no effect at all on the number of cases of heart attacks or colon cancer per 10,000 women.

The overall conclusion drawn from these studies was that if the only reason HRT is being utilized, particularly the combined estrogen/progestin method necessary for women with a uterus, is to prevent heart disease and osteoporosis, then there are better, non-hormonal methods to accomplish these goals that don't confer the associated risks found in this study. No conclusions were drawn regarding HRT's safety when used for the prevention of menopausal symptoms.

This is intended as an information resource providing guidelines f or women. As always, check with your own healthcare practitioner with your specific concerns and questions.

Continued >>

## Menopause and HRT Update

ARTICLE 5 | VOLUME 4 Page 2 of 2

"...we must always evaluate the risks vs. the benefits for the individual by taking into consideration her unique needs." So what does all this mean to the individual woman who may be suffering from hot flashes, night sweats, and vaginal dryness, and is trying to make the best decision for herself? Well, there's a lot more to any study than just numbers when we're looking at the individual rather than at the public as a whole. There are a few points that must be emphasized when choosing the best course of action.

#### WHI Study Update

First of all, it must be noted that women who were experiencing symptoms such as hot flashes and night sweats were excluded from participating in the study. Therefore, the average age of the participants was older than the average woman still battling the symptoms of menopause. Older women, in general, are at higher risk for breast cancer, heart disease, and stroke. We don't know what the findings may have been in a younger population of women, although the newest data released from the WHI suggest that women aged 50 - 59 taking HRT may not be at an increased cardiovascular risk; in fact, there may even be some protection in that age range.

Secondly, the risk for the individual woman still remains quite small. If the numbers are translated to the individual, the risk is on the order of less than 0.1% per year of experiencing one of these bad outcomes.

Thirdly, and for many women most importantly, there is nothing better than HRT to control the symptoms of menopause; and there is no other FDA-approved method.

So, does that help the confusion? Just as for every medical decision we make, we must always evaluate the risks vs. the benefits for the individual by taking into consideration her unique needs. The American College of Obstetricians and Gynecologists has supported the use of HRT for the relief of menopausal symptoms at the lowest effective dose for the shortest period that is in keeping with the goals of therapy. Only the individual can determine, with the assistance of her doctor on an annual basis, what is a reasonable risk for her in order to maintain her quality of life.



Bryn Mawr Hospital Lankenau Hospital Paoli Hospital

Main Line Health

This article is part of our Menopause and You library, a web-based program sponsored by Women's Health Source. To view the entire library of articles, visit <a href="https://www.mainlinehealth.org/whs">www.mainlinehealth.org/whs</a> and click on the "Menopause and You" link. To speak with our nurse counselor, call 1-888-876-8764 or email whs@mlhs.org.