

Menopause and Hormone Replacement Therapy

Hormone Replacement Therapy (HRT) used to be widely recommended for hot flashes and other symptoms related to menopause. It was also believed to help prevent and treat osteoporosis, and help prevent heart disease and Alzheimer's disease. In July 2002, the first of a series of articles from the National Institutes of Health's Women's Health Initiative (WHI) blew all of our previously held beliefs out of the water. This has left patients and health care providers wondering where to go from here.



Beverly Vaughn, MD
Main Line Health
Medical Coordinator
Menopause and You Program

What are the findings?

Let's try to untangle the information by first looking at what the benefits of hormone replacement were thought to be. Many tissues have estrogen receptors, meaning that they are influenced by the presence of estrogen. Estrogen may somehow help the brain regulate body temperature and decrease hot flashes. It increases vaginal blood flow, improving lubrication and keeping vaginal tissue from thinning. Estrogen was also thought to decrease heart disease by dilating blood vessels in the heart, and stabilizing plaques (fatty deposits) in the coronary arteries. Bones benefited from estrogen enhancing calcium absorption from the GI tract. The brain had increased blood flow and improved connections between brain cells, which was hoped to limit the frequency of Alzheimer's disease.

The WHI began in 1993 and studied over 100,000 women enrolled. These women were between the ages of 50 and 79, from multiple ethnicities, varied socioeconomic backgrounds, and from across the nation. They were divided into three groups. One group took a daily estrogen and progestin product, Prempro® and a second

took estrogen alone. This second group enrolled women who had hysterectomies and therefore didn't need progestin. The third group received a placebo.

In 2002 the estrogen/progestin portion of the study was stopped early because findings showed more heart attacks, strokes and breast cancer than expected. The exact number of cases was small: seven more women in 10,000 had cardiac events, eight more in 10,000 had strokes, eight more in 10,000 had pulmonary emboli (blood clots in the lung), and eight more in 10,000 developed invasive breast cancers.

One portion of the WHI study evaluated estrogen/progestin effect on memory. This is known as the WHIM's study there were 4,000 women over 65 who were placed on estrogen/progestin, estrogen alone, or placebo. Out of these women, 61 developed dementia. Forty of these women were on HRT, and 21 on placebo. This translates to 45 out of 10,000 women a year who might be expected to be diagnosed with dementia. The good news from the WHI is that HRT did decrease the frequency of osteoporosis and colon cancer.

What now?

The other good news is that there is life after hormone replacement therapy. First of all, hormone therapy is still acceptable for younger menopausal women with significant hot flashes. After five years, the need for treatment should be re-evaluated. There are also alternatives for women who are coming off HRT or women who prefer not to use HRT. Hot flashes can be improved by using non-medical options such as soy, eaten in its natural form (not as a supplement), and paced breathing. Paced breathing is done by using your abdominal muscles to take deep breaths. This will lower your inner body temperature and help diminish hot flashes. Smoking, alcohol, hot or spicy food and

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

stress can all trigger flashes. Trying to avoid them as much as possible is beneficial. We've found that some herbs which have been used in the past don't actually have much of an effect. These would include Balm, Chasteberry, Dong quai, Evening Primrose Oil, Licorice Root, Passion flower, Sage, and Sarsaparilla. There is new data on Black Cohosh which shows it is ineffective as well.

Nonhormonal medical therapies have met with some success. Clonidine®, an antihypertensive, can be used as a low dose weekly patch. Some antidepressants, such as Paxil® and medications that have been used for seizures and chronic pain, like Neurontin® can be very useful in some patients.

None of these therapies addresses vaginal dryness, a common concern. Using estrogen vaginally is different than taking it orally. Vaginal estrogen comes in a variety of forms: cream, tablet, and a ring. They can be used with or without a water-based lubricant. Some women have found they are more comfortable when they use almond oil. Increasing foreplay and having sex more frequently can also improve vaginal lubrication.

Estrogen and progestin therapy are no longer recommended to prevent heart disease and Alzheimer's. A healthy lifestyle is more beneficial. Low fat diets with high fiber, exercise, no cigarette smoking, and cholesterol lowering medications are the direction heart health is taking. Even though good results were achieved for osteoporosis and colon cancer, hormones are not now recommended as the first choice for preventing these problems. Again, healthy lifestyle and medications specifically for bone health are the current emphasis of treatment. A low fat, high fiber diet is important in decreasing the risk of colon cancer. We'll have more on maintaining good cardiac and bone health in upcoming other articles on our website.

It is unclear if every estrogen or the way in which you take estrogen (pill, patch, gel or spray) will have the same effects as found in the WHI study. Taking hormonal therapy in a route that is not by mouth may have a lower risk of DVT (blood clots). Many questions still need to be answered. There are many factors to consider in deciding the optimal therapy to treat menopausal symptoms. Each patient needs to be evaluated and decisions made on an individual basis.

You should speak to your health care provider to determine what is safe and most effective for you.

Hormone therapy is still acceptable for younger menopausal women with significant hot flashes but should be re-evaluated after five years.

Main Line Health

Bryn Mawr Hospital
Lankenau Hospital
Paoli Hospital
Riddle Memorial Hospital

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 www.mainlinehealth.org/whs and click on the "Menopause and You" link. To speak with our nurse counselor, call 1-888-876-8764 or email whs@mlhs.org.

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