

Hormone Replacement Therapy

-The controversy continues-

Hopefully this handout will serve as a guideline in making a personal decision regarding starting or remaining on hormone replacement therapy. Lots of media attention has focused on the women's health initiative (WHI) study which was based on approximately 16,000 women taking Prempro. (0.625 conjugated equine estrogen and medroxyprogesterone.)

1. This study showed a small increased risk of cardiovascular events such as heart attacks, strokes, and blood clots, mainly occurring in the first two years of use. Combined continuous hormone replacement therapy does not prevent heart disease, but during the first two years of use it may actually have an adverse effect probably due to underlying heart disease or increased risk factors for blood clots.
2. This study showed a small increased risk of breast cancer. It may increase your risk 1/10 of 1% per year if taking continuous combined ERT. This risk seemed apparent after four to five years of use.
3. This study showed a decrease the risk of colon cancer and hip fractures in women taking Prempro, compared to women not on ERT.
4. This study has shown an increased risk of Alzheimer's disease by taking continuous combined ERT. This happened in women enrolled after age 65 and the average age was 71. Perhaps cognitive function would have improved if he ERT would have been started at an earlier age or if estrogen alone were used. These questions are yet to be answered.
5. This study did not mention that estrogen deficiency causes vaginal dryness, increases urinary urgency and frequency and incontinence. It also probably contributes to increasing pelvic relaxation and prolapse in the postmenopausal period. Estrogen deficiency can also cause decreased sex drive and mood changes in some women.
6. It is unclear from this study whether these same results regarding increased risks of cardiovascular events and breast cancer apply to other combination ERT products.

Recommendations.

A. If you still have your uterus and ovaries and have moderate to severe vasomotor symptoms, such as hot flashes.

1. Use hormone replacement therapy at the lowest possible dose for up to five years and then reevaluate the need for ERT.
2. Then after five years stop ERT.
 - a. Get a BMD (bone density testing) and treat with Evista, Actonel, or Fosamax, if needed and continue with calcium and exercise
 - b. Treat vaginal dryness with topical estrogen creams, tablets, or ring, and lubricants
 - c. For mild hot flashes, try soy products, deep breathing, relaxation techniques, or consider an antidepressant such as Effexor XR

B. If you have had a hysterectomy - with or without oophorectomy (ovaries removed) - you are taking estrogen alone and the previously mentioned studies do not apply to you. If your ovaries have been removed, you have the added benefit of some extra protection or decreased risk of breast cancer.

C. After five years of ERT and quality of life is unsatisfactory off hormones.

Just remember that just like most everything in life there is a risk/benefit ratio. Everyone has to consider that risk and benefit individually depending upon your unique situation, that is, your health history, your family history, your physical exam, and your quality of life issues. Yes, hormone replacement treatment slightly increases your lifetime risk of breast cancer, but if your hot flashes, mood swings, lack of sleep, sexual dysfunction, etc. are destroying your quality of life you will have to make a decision. To put this in perspective regarding breast cancer, I have compiled some lifetime odds as a percentage.

1. Your lifetime chance of mortality from heart disease is 20%.
2. Your lifetime chance of getting breast cancer is 10%.
3. Your lifetime chance of mortality from all injuries is 4%.
4. Your lifetime chance of mortality from breast cancer is 2%.
5. Your lifetime chance of mortality from a motor vehicle accident is 1%.
6. Your lifetime chance of mortality from homicide is 1%.
7. Your lifetime chance of getting breast cancer due to the ERT is 0.1% per year.

So after five years of the ERT if you still feel the need to take hormones and you still have your uterus, just understand the risks and benefits and continue your hormones if needed. To balance that risk you might want to decrease the 20% risk of heart disease by not smoking, lowering your cholesterol, and striving for your ideal body weight. Also make sure if you have high blood pressure or diabetes that they are under good control. Feel good about yourself.