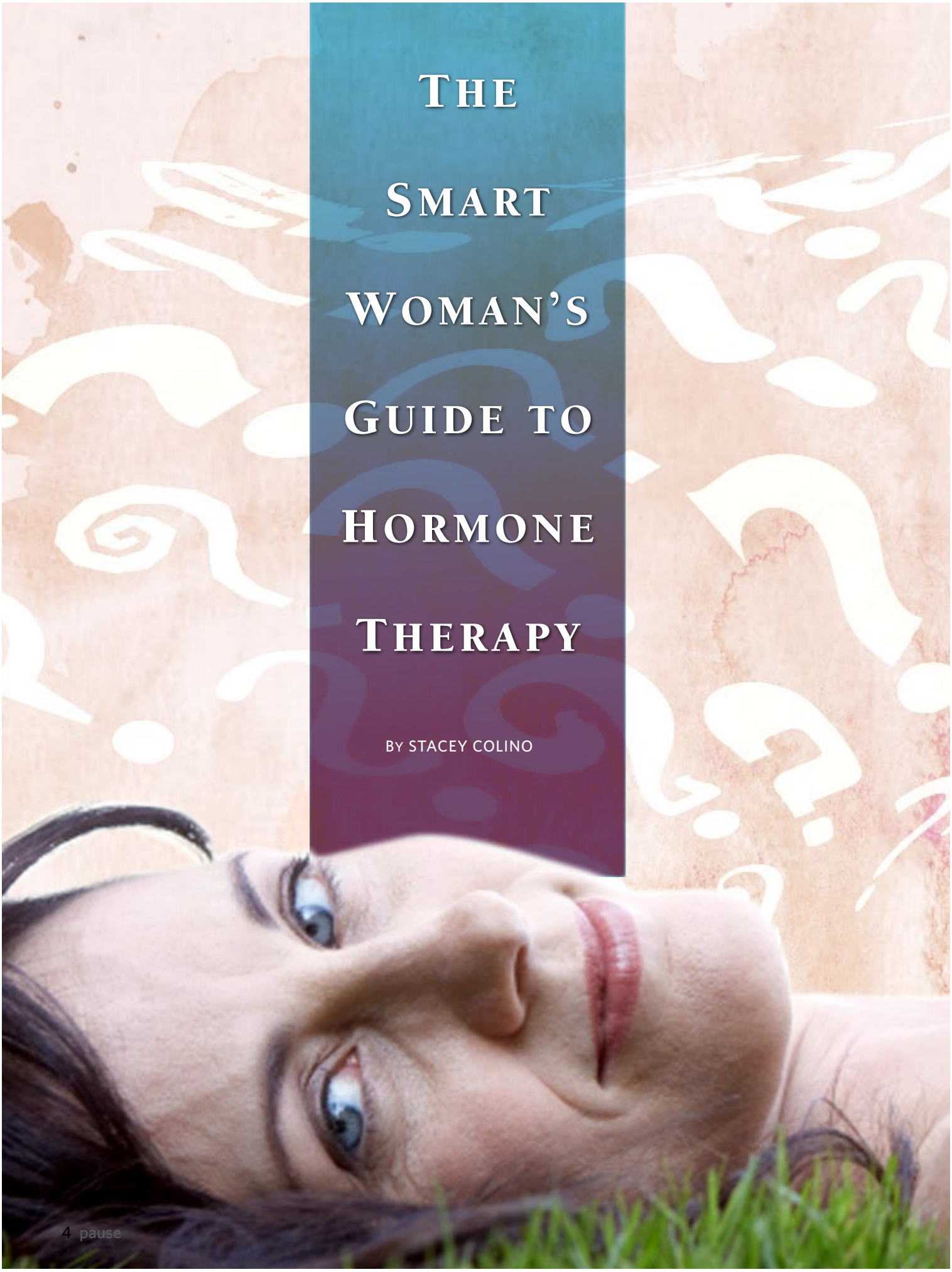
The Smart Woman's Guide to Hormone Therapy

BY STACEY COLINO



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When it comes to treating various health ailments, sometimes the pendulum swings one way… then the other… then back again. For years, hormone therapy (HT)—either estrogen alone or combined with progestin—was seen as the panacea for pesky menopausal symptoms and possibly as a shield against diseases that often strike menopausal women. The tide turned when the initial findings of the Women's Health Initiative (WHI), linking combined HT with a slightly increased risk of heart attacks, strokes, and breast cancer, were released in 2002. The results and the media frenzy that followed sent many menopausal women to their doctors in a panic over whether they should quit HT right away.

In recent years, questions have been raised as to how HT affects women depending on their age, and where they are in the menopausal transition. For example, further analysis of the WHI found that women between the ages of 50 and 59 who took estrogen alone (conjugated equine estrogens) or estrogen plus progestin actually had a 30 percent reduced risk of dying whereas women between 70 and 79 who took HT had a 14 percent increased risk of dying, although the results for women in their 70s weren't statistically significant. It appears that "hormones may be less risky and perhaps even good for you if you start taking them early in menopause, but harmful if started many years after menopause," says Nanette F. Santoro, MD, professor and E. Stewart Taylor chair of obstetrics and gynecology at the University of Colorado at Denver.

According to experts, these shifts in perspective are in part due to how the research was conducted and whom it was conducted on. A little background: "There were many observational studies from the 1980s, such as the Nurses' Health Study, that showed that women who took estrogen had less heart disease," says Isaac Schiff,

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WHAT ABOUT OVER-THE-COUNTER ALTERNATIVES?

Although there's no shortage of soy-based products and other herbal remedies available on drugstore shelves for the treatment of menopausal symptoms these days, there is a shortage of scientific proof that any of them do much good.

Most studies have not shown them to be effective for hot flashes. Another drawback is that over-the-counter (OTC) herbal products, including soy, black cohosh, red clover, and progesterone creams derived from Mexican yams, are not strictly regulated by the US Food and Drug Administration (FDA), so potency may vary from product to product, or even from batch to batch of the same product.

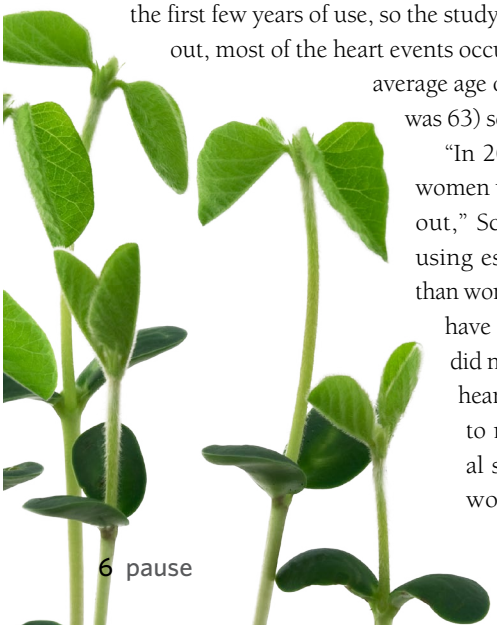
Still, some women who use these products swear by them. If you decide to use soy or other alternative therapies, be sure to tell your doctor. Some could cause interactions with other medications you are using.

Remember: Just because alternative therapies are referred to as "natural" remedies doesn't mean they're without risks or side effects. You should use them with the same care you would when using any OTC or prescription medication.

What about bioidentical hormones? These substances, sometimes called "natural" hormones, are chemically similar or identical to hormones your body makes, and are often custom-made by specialized pharmacies. Despite claims made by these pharmacies that bioidentical hormones are safer than the ones manufactured by pharmaceutical companies, and just as effective, there is no scientific evidence to support the claims. In fact, these drugs have not undergone rigorous scientific scrutiny for safety or efficacy, and you should assume they have the same risks as hormones approved by the FDA. To learn more, read the FDA's consumer article "Bioidenticals: Sorting Myths from Facts" at http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049311.htm

MD, chief of the Vincent Obstetrics and Gynecology Service at Massachusetts General Hospital and the Joe Vincent Meigs Professor of Gynecology at Harvard Medical School in Boston. "In the 1990s, the WHI was conducted using randomized trials—the gold standard for research—in which women were given hormones or a placebo, to see what, if any, effect hormones had on heart disease and other conditions. When the WHI results came out in 2002, we were shocked to learn that combined HT did not prevent heart disease. In fact, it increased nonfatal heart attacks, strokes, and venous thromboembolic disease in the first few years of use, so the study was stopped. As it turned out, most of the heart events occurred in older women (the average age of women in the WHI trial was 63) so there was a trend for age.

"In 2004, the WHI research in women using estrogen alone came out," Schiff continues. "Women using estrogen were more likely than women not using hormones to have a stroke or blood clots but did not have an increased risk of heart attack. Now, we're trying to reconcile the observational studies, in which healthy women took hormones in their early 50s, with the randomized trials, which studied older women, some of whom already had some heart disease."



Despite the "earlier is better" theory, more evidence is needed before HT can be used for cardiovascular protection in anyone. HT is recommended only for the treatment of moderate to severe hot flashes and vaginal dryness. Still, for many women, the findings about short-term use of HT being less risky in younger women than previously thought should come as a bit of relief in and of itself. After all, it is estimated that two-thirds of postmenopausal women will have vasomotor symptoms such as hot flashes, and up to 20 percent of those women are likely to find those symptoms virtually intolerable.

"Most women come into the office for hot flashes but have a whole laundry list of symptoms," says Douglas H. Kirkpatrick, MD, past president of The American Congress of Obstetricians and Gynecologists (ACOG), an ob-gyn in private practice in Denver, and an assistant clinical professor at the University of Colorado Health Sciences Center. "And the reality is: Hormones are still the most effective treatment for hot flashes, vaginal dryness, and other menopausal symptoms."

Weighing the Benefits and the Risks

Nearly every medication known to man- and womankind carries some benefits and some risks—and that's true of HT. Deciding whether the benefits outweigh the risks, or vice

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versa, is a highly individual decision, but if menopausal symptoms are making you miserable, this much is clear: HT can improve your quality of life.

"A substantial proportion of women are going to have symptoms when they reach menopause, and some of them are going to have them severe enough that they will want therapy," says Herbert B. Peterson, MD, professor and chair of the department of maternal and child health and professor in the department of obstetrics and gynecology at the University of North Carolina at Chapel Hill. "For women with moderate to severe symptoms, HT clearly improves quality of life."

When it comes to long-term health risks, the picture is slightly more complicated. At this point, the risk of developing cardiovascular disease seems to depend largely on a woman's age, her overall health risks, and which hormones are used. As far as matters of the heart go, "hormone therapy might be protective in younger women but harmful when started in older women," says Schiff. "One of the newer theories is that it has to do with the development of plaques and atherosclerosis in older women: Estrogen can lead to plaque rupture and heart events. Younger women don't have that plaque, and estrogen can prevent plaque formation."

While both combined HT and estrogen-only HT raise the risk of stroke, pulmonary embolism, and deep vein thrombosis, they both decrease the risk of developing osteoporosis, and combined HT also lowers the risk of colon cancer. The WHI study found that the risk of breast cancer was slightly elevated with the use of combined HT, but there was no increased risk found with estrogen-only HT. "There's also some suggestion that earlier initiation of hormone therapy—around the time of menopause (defined as one year after a woman's last period)—may be associated with some reduced risk for Alzheimer's," Peterson notes.

Despite these promising findings, right now, major health organizations, including ACOG, do not recommend HT for the prevention of cardiovascular or most other chronic diseases. For many chronic diseases, "there are alternative strategies—such as exercise, nutrition, and medications to prevent heart disease or osteoporosis—which may be why medical organizations are not revisiting the issue of hormone therapy and disease prevention," says Peterson.

The Details

Combined hormone and estrogen-alone treatments are forms of drug therapy that are given to compensate for the lower levels of estrogen that are produced by your ovaries after menopause. If you still have an intact uterus—meaning, you haven't had a hysterectomy—you should be given a progesterone-like agent (synthetic forms are called progestins) to help lower your risk of uterine cancer; taking estrogen alone increases the risk of uterine cancer. Sometimes male hormones called androgens (such as testosterone) may be prescribed off-label for women who have experienced a serious downturn in sexual desire, although research is still being done to assess the safety and effectiveness of going this route.

As far as hormone therapy goes, numerous formulations are available. Estrogen comes in the form of pills, patches, and gels, as well as vaginal creams, tablets, and a flexible vaginal ring for women who have vaginal dryness without other menopausal symptoms. Most forms of estrogen therapy come in a variety of strengths or dosages. For women who need to take progestin, too, there are

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CHECKLIST

Four Key Questions to Consider

Deciding whether to take HT isn't something you should treat lightly. Some careful reflection and a full assessment of your health status and your symptoms are in order so that you can decide what's right for you. Ask yourself:

☑ **What benefits are you looking for?** Think about the symptoms that are bothering you most—whether it's hot flashes, insomnia, or mood changes, for example—then consider whether you can obtain relief from other, nonhormonal treatments or whether HT is likely to make the biggest difference.

☑ **What are your specific risks of taking these hormones?** To engage in a comprehensive risk-benefit discussion with your doctor, come to your appointment armed with your personal and family medical history, especially when it comes to heart disease, breast cancer, and deep vein thrombosis. Also, "have an idea of your breast density," Santoro advises, "because if you have very dense breasts, your doctor might be reluctant to prescribe HT." Some women with dense breasts have a higher risk of breast cancer.

☑ **How much relief are you looking for?** "If you're willing to tolerate partial relief from hot flashes or vaginal dryness, you may be able to take a lower dose of estrogen," Santoro says. "You really want to try to get this right as quickly as possible."

☑ **What route of administration would be best for you?** If you decide to take HT, consider whether your symptoms are localized (as in vaginal dryness) or systemic (as in hot flashes), as well as how good you are at remembering to take pills (which may determine whether you're a candidate for pills or the patch).

progestin-only and combined estrogen-progestin pills and patches, a progesterone gel to be used vaginally, and an intrauterine device that includes progestin.

About 10 percent of women who take HT experience side effects such as breast tenderness, fluid retention, and cramping, while those who take combined HT (progestin and estrogen) may also have occasional bleeding similar to a period. Often, changing the form of HT or the dosage can reduce or eliminate such side effects. Talk to your doctor at least once a year to evaluate how you are doing.

The Final Analysis

Ultimately, deciding whether to use HT is a highly personal decision, one that depends on the severity of a woman's menopausal symptoms and her individual health risks. It's important to weigh the benefits of HT versus the risks so that you can make the best possible decision, for both the short term and the long run. If you're thinking about trying HT as treatment for menopausal symptoms, schedule a visit to your doctor so you can have a physical exam. Your doctor will also evaluate your personal and family history of cardiovascular disease, blood clots, and breast cancer so that you can make a truly informed decision about how the potential risks and benefits of using HT stack up for you.

"If you choose to use HT, start at the lowest dose that works for you," explains Kirkpatrick. "The goal is to use HT for the shortest amount of time possible, but what that means will vary from one woman to another."

Forget About HT If...

There are some women who definitely should not use HT because of their overall health status or their risk factors for various diseases. It's just considered too risky for them. These include women who:

- have undiagnosed abnormal vaginal bleeding
- have a known or suspected estrogen-dependent cancer (except in appropriately selected patients)
- have active deep vein thrombosis, pulmonary embolism, or a history of these conditions
- have active or recent arterial thromboembolic disease (stroke, heart attack)
- have liver dysfunction or liver disease
- are or may be pregnant
- have hypersensitivity to estrogen therapy preparations