In Defense of Estradiol & Progesterone

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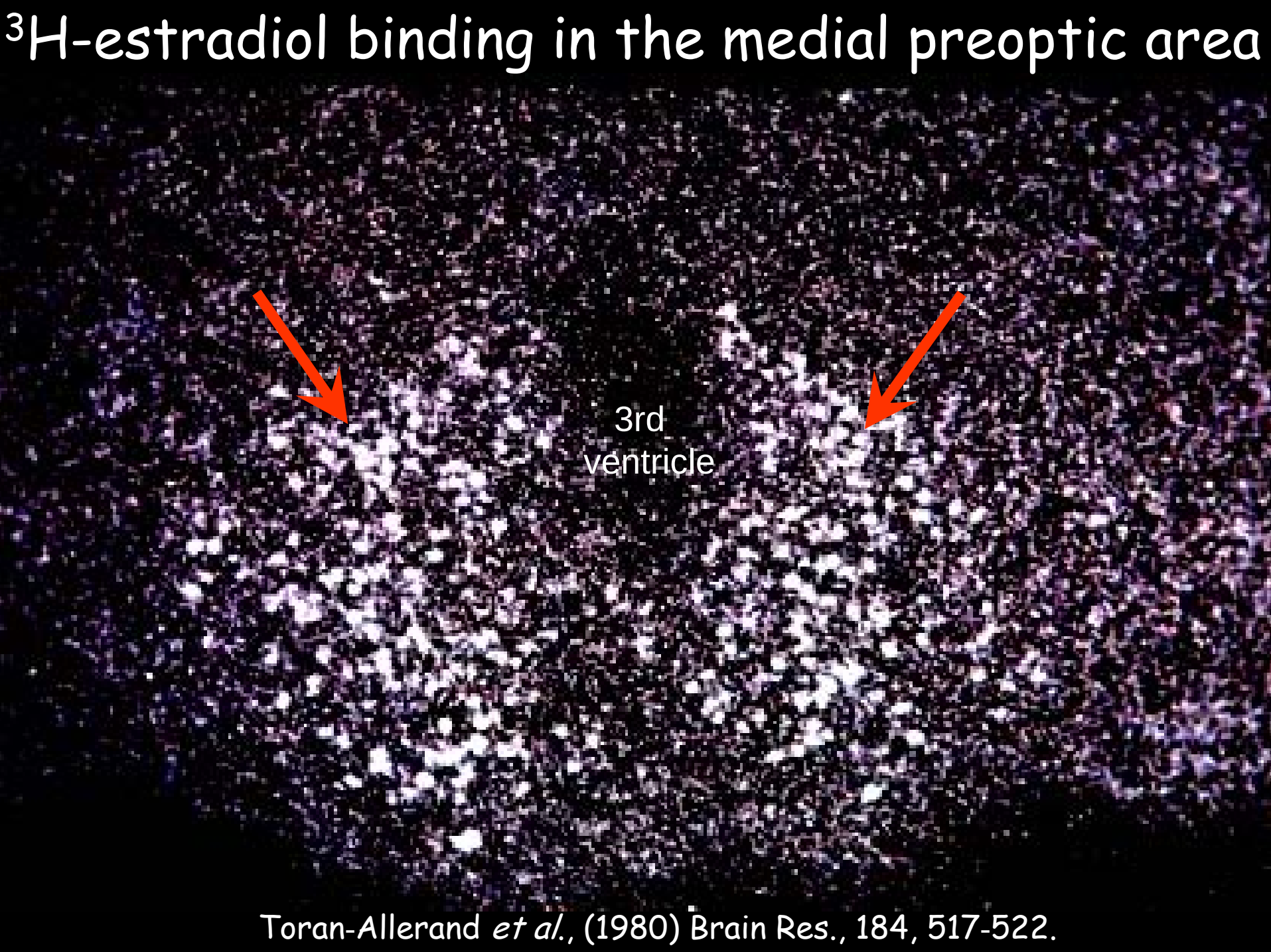
Should anyone take hormones?

- "Don't start and do stop.
  HRT just doesn't offer any protection."
  Petitti, Editorial, JAMA, July 2002

- "If you are a healthy postmenopausal woman who is taking HRT solely to prevent chronic disease, it makes sense to stop".
  Univ. California Berkeley, Wellness Letter, October 2002

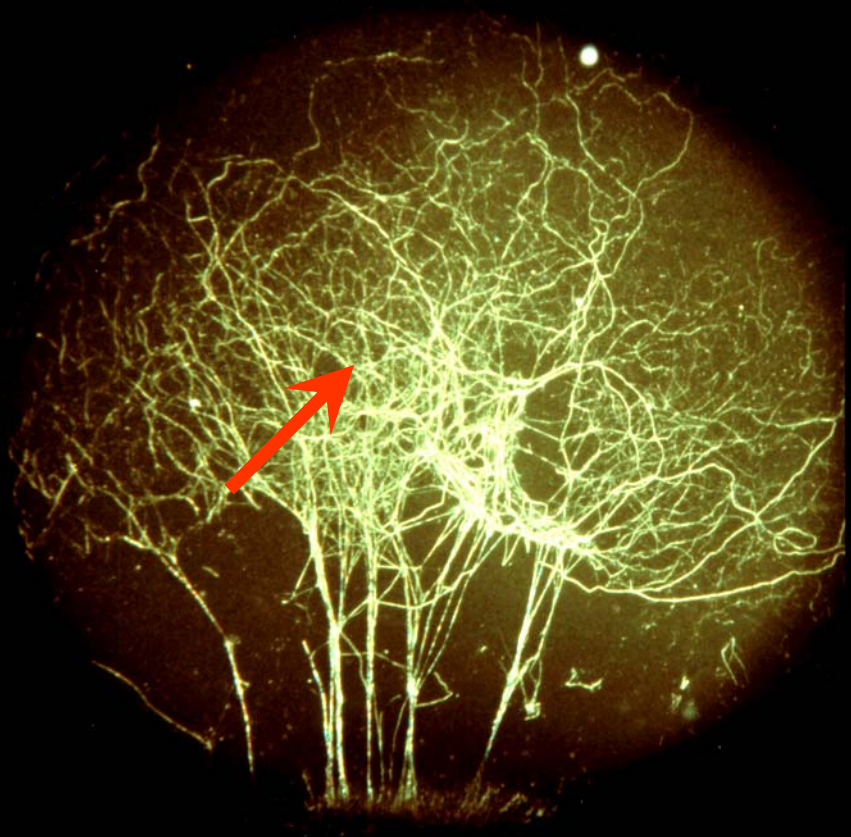
- "There aren't many indications for taking these hormones beyond the treatment of hot flashes and other minor menopausal symptoms."
  Harvard Women's Health Watch, October 2002

^{3}H-estradiol binding in the medial preoptic area

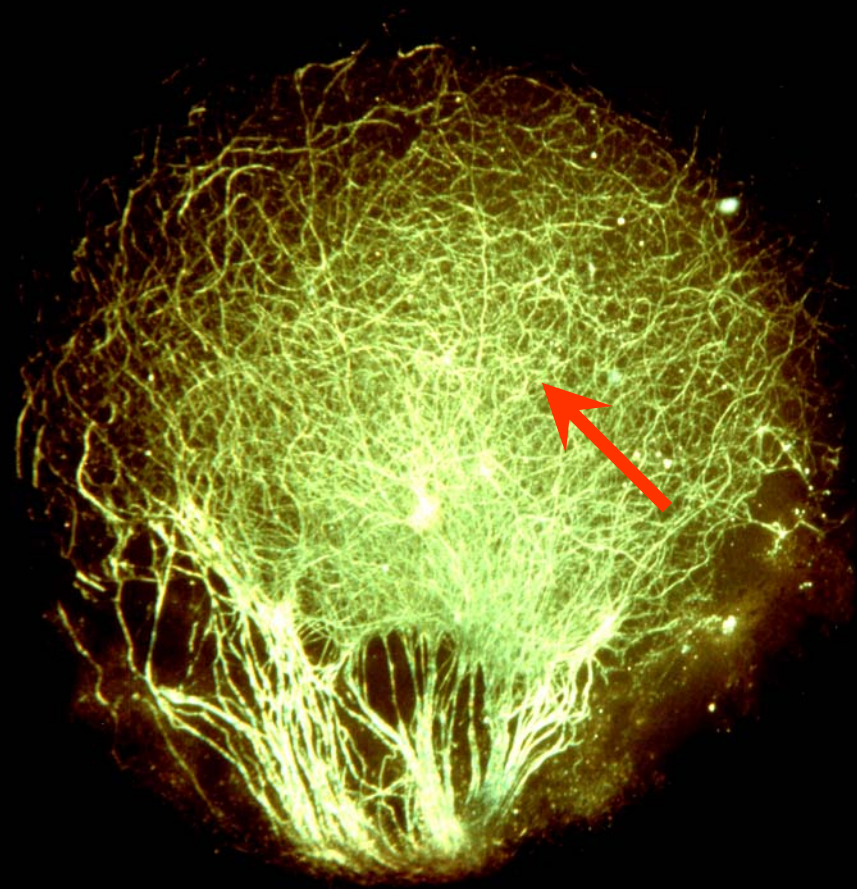


Toran-Allerand *et al.*, (1980) Brain Res., 184, 517-522.

Differentiative effects of estrogens in the brain



Nutrient medium with 25% horse serum [containing equine estrogens]



Nutrient medium with horse serum + 17β-estradiol 10 nM

Toran-Allerand (1980) Brain Res., 189:413-427.

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- Improved tolerability[4]
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† Compared to PREMPRO 0.625 mg/2.5 mg.

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The Women's Health Initiative (WHI) reported increased risks of myocardial infarction, stroke, invasive breast cancer, pulmonary emboli, and deep vein thrombosis in postmenopausal women during 5 years of treatment with conjugated equine estrogens (0.625 mg) combined with medroxyprogesterone acetate (2.5 mg) relative to placebo (see *CLINICAL PHARMACOLOGY, Clinical Studies* section in the full Prescribing Information). Other doses of conjugated estrogens and medroxyprogesterone acetate, and other combinations of estrogens and progestins were not studied in the WHI and, in the absence of comparable data, these risks should be assumed to be similar. Because of these risks, estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.

PREMPRO 0.3 mg/1.5 mg is indicated in women with a uterus for the treatment of moderate to severe vasomotor symptoms associated with the menopause, the treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with the menopause, and the prevention of postmenopausal osteoporosis. When prescribing solely for the treatment of symptoms of vulvar and vaginal atrophy, topical vaginal products should be considered. When prescribing solely for the prevention of postmenopausal osteoporosis, therapy should only be considered for women at significant risk of osteoporosis after non-estrogen medications have been carefully considered.

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References: 1. PREMPRO™/PREMPHASE® [conjugated estrogens/medroxyprogesterone acetate tablets] Prescribing Information, Wyeth Pharmaceuticals Inc. **2.** Utian WH, Shoupe D, Bachmann G, et al. Relief of vasomotor symptoms and vaginal atrophy with lower doses of conjugated equine estrogens and medroxyprogesterone acetate. *Fertil Steril.* 2001;75:1065-1079. **3.** Lindsay R, Gallagher JC, Kleerekoper M, et al. Effect of lower doses of conjugated equine estrogens with and without medroxyprogesterone acetate on bone in early postmenopausal women. *JAMA.* 2002;287:2668-2676. **4.** Archer DF, Dorin M, Lewis V, et al. Effects of lower doses of conjugated equine estrogens and medroxyprogesterone acetate on endometrial bleeding. *Fertil Steril.* 2001;75:1080-1087.

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