

# HORMONE REPLACEMENT THERAPY



## What Do You Need to Know?

Menopausal symptoms can be very uncomfortable leading to loss of sleep, mood swings, hot flashes and diminished sexual satisfaction. For some women, menopause causes little or no symptoms; while other women have severe symptoms that interfere with their daily lives. Although symptoms can be very uncomfortable, they are not dangerous or life threatening. Hormone replacement therapy (estrogen with or without progesterone) has traditionally been prescribed to relieve these symptoms.

It was originally thought that estrogen therapy could also prevent heart disease and protect against osteoporosis. However, the early studies some limitations. In an effort to provide more definitive answers on hormone replacement therapy (HRT) the National Institutes of Health funded a very large study. Recently, results from this study, named the Women's Health Initiative Study, were released. This study provides information that will help patients and their healthcare providers make decisions about HRT. Below are answers to several questions that have been asked by women concerned about HRT.



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## Frequently Asked Questions

**Do I need to stop my hormone replacement therapy today?** No. Although recent studies show a slight increase in risk of heart disease and breast cancer – overall the risk for each individual woman is still low. It is best to discuss YOUR own risks and benefits with your healthcare provider before deciding whether to continue or start HRT.

**What are the risks and benefits of HRT?** The Women's Health Initiative (WHI) study included more than 16,000 women with an intact uterus who received either Prempro® or a placebo (a sugar pill). Prempro® is a combination tablet that contains conjugated estrogen (Premarin® 0.625 mg) plus medroxyprogesterone 2.5 mg.

*In each year, if 10,000 women were to take a placebo and 10,000 women were to take HRT, the following events would occur:*

	Placebo (sugar pill)	HRT (Prempro®)	HRT Risks & Benefits
<b>Heart attacks</b>	30 cases	37 cases	☐ 7 more cases
<b>Breast cancer</b>	30 cases	38 cases	☐ 8 more cases
<b>Strokes</b>	20 cases	29 cases	☐ 9 more cases
<b>Blood clots</b>	16 cases	34 cases	☐ 18 more cases
<b>Hip fractures</b>	15 cases	10 cases	☐ 5 less cases
<b>Colon cancer</b>	16 cases	10 cases	☐ 6 less cases

The five-year study found no difference in the number of deaths between women taking HRT and placebo.

**I have had a hysterectomy. How do these studies apply to me?** The recently published studies did NOT include women who had a hysterectomy and are only taking estrogen. The WHI study did include a group of women who had undergone hysterectomy, however this part of the study is still underway. The results of this part of the study are not expected to be available until 2005.

Some researchers have theorized that it is the progesterone and not the estrogen that increases a woman's risk of heart disease and possibly other problems. If this is true, than women taking estrogen following hysterectomy may not be at increased risk. However, until the results of this part of the WHI are published this remains controversial.

**I started HRT to prevent heart disease. Should I continue it?** Surprising to physicians and researchers, in recent placebo controlled studies, HRT did not protect against heart disease. There is now data to suggest that if you currently have heart disease you should not begin taking HRT. Also, it does not appear that HRT prevents heart disease. Although there may be other reasons to begin HRT (e.g., for bothersome menopausal symptoms), prevention of heart disease is no longer the sole reason women should decide to take HRT.



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**I heard that HRT protects my bones; is this still true?** HRT has been shown to help prevent bone loss and prevent hip fractures. This is mainly true if you started it when your menopausal symptoms first began. If you are concerned about osteoporosis, discuss ALL of your options with your healthcare provider before deciding if HRT is a good choice for you. All women should consider regular weight-bearing exercise and calcium and vitamin D every day to prevent osteoporosis.

**Does HRT really increase my risk of breast cancer?** There is some evidence that your risk for breast cancer can increase slightly with HRT. The WHI studies showed that if 10,000 postmenopausal women with a uterus took estrogen plus progestin for one year, 8 more will develop breast cancer compared to women not taking HRT. Regardless of whether you are taking HRT or not, all women should keep up with their regular schedule breast self-examinations and mammograms.

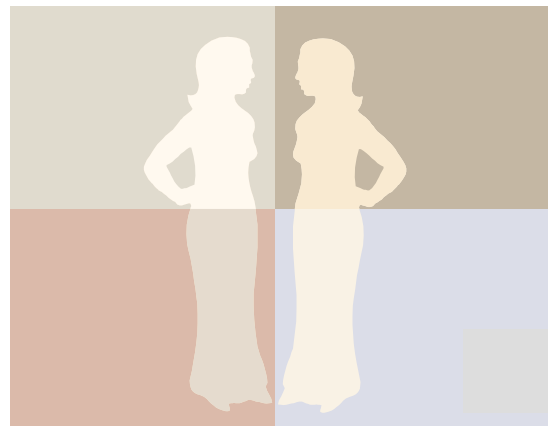
**What about blood clots in my veins?** Taking HRT does increase your risk of developing a blood clot in your lower leg veins that can sometimes travel to your lungs. This increased risk does not go away with time. Risk of blood clots is typically higher for women who smoke cigarettes or who remain in one position for long periods of time (e.g., during airplane flights or car trips longer than 4 hours).

**Are there other types of estrogen that I should consider taking? What about “natural” estrogen products?** The most common estrogen taken in America is Premarin®, otherwise known as a conjugated estrogen. Prempro® (which combines Premarin® with medroxyprogesterone) was the product studied in the WHI.

There are other prescription hormones available, as well as over-the-counter products that have or claim estrogen properties. Unfortunately there is scarce information available about the risks and the benefits of these other types of estrogens. It is tempting to feel “safe” by taking a hormone other than the medications studied in the WHI (Premarin® or Prempro®). However there is no information to show that these products are as effective or safer than Prempro®.

**Would a lower dose of estrogen be better for me?**

Since a lower dose of estrogen was not studied, it is difficult to know exactly how taking a lower dose would affect the risks and benefits of taking estrogen. Certainly if you are taking estrogen to prevent menopausal symptoms, it is prudent to take the lowest dose that keeps your symptoms under adequate control. Whether lower doses of estrogen provide the same bone protection is uncertain. Discuss the option of lowering your estrogen dose with your healthcare provider.



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