

15 top medical organizations agree on hormone therapy use

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After 10 years of debate regarding the risks and benefits of hormone therapy, 15 top medical organizations have come together to issue a statement of agreement regarding the benefits of hormone therapy for symptomatic menopausal women. It was July 9, 2002, when the controversial, highly publicized Women's Health Initiative (WHI) published its assessment of hormone therapy for the prevention of chronic disease and concluded that risks exceeded benefits. The new joint statement, prepared by The North American Menopause Society (NAMS), the American Society for Reproductive Medicine (ASRM), and The Endocrine Society, concludes that hormone therapy is still an acceptable treatment for menopausal symptoms. This statement has been endorsed by 12 other leading organizations in women's health.

The purpose of this statement is to reassure [women](#) and their providers that [hormone therapy](#) is acceptable and relatively safe for healthy, symptomatic, recently [postmenopausal women](#). Over the last 10 years, there has been a complete abandonment of [hormone](#) therapy in some settings accompanied by reluctance to treat women who would benefit from relief of their symptoms. As a result, some women have sought unproven [alternative therapies](#).

"We believe that too many symptomatic women are missing out on the proven benefits of hormone therapy because the results of the WHI, which studied the long-term use of hormones to prevent chronic disease, were misinterpreted for women with [menopausal symptoms](#)" said Dr. Margery Gass, Executive Director for NAMS. "Women and [clinicians](#)

are frustrated by the many conflicting recommendations. That's why we initiated this effort to bring these notable medical organizations together in agreement regarding the use of hormone therapy."

Roger Lobo, MD, Past President of the American Society for Reproductive Medicine added, "Physicians can help patients determine, based on their own particular characteristics and history, whether or not they are good candidates for hormone therapy and what type of HT will provide them the greatest relief at the lowest risk. A decade of research and analysis has shown us that the generalized conclusions of the WHI do not apply to younger women at the beginning of the menopausal transition."

"The results of the WHI and the conflicting reports that followed led many women to believe hormone therapy may not be a safe treatment for menopausal symptoms," said Janet E. Hall, MD, immediate Past President of The Endocrine Society. "We want women to know that there are options out there for relief of their menopausal symptoms. The level of risk depends on the individual, her health history, age, and the number of years since her menopause began."

When it comes to the safety and effectiveness of hormone therapy, one commonly heard lament is, "Even the experts don't agree." This statement was prepared to address this misperception by presenting evidence-based key concepts about hormone therapy to assist women and their clinicians in making informed decisions about use of hormone therapy when appropriate.

Major points of agreement among the societies include:

- Hormone therapy is an acceptable option for the relatively young (up to age 59 or within 10 years of menopause) and healthy

women who are bothered by moderate to severe menopausal symptoms. Individualization is key in the decision to use hormone therapy.

- If women have only vaginal dryness or discomfort with intercourse, the preferred treatments are low doses of vaginal estrogen.
- Women who still have a uterus need to take a progestogen (progesterone or a similar product) along with the estrogen to prevent cancer of the uterus. Women who have had their uterus removed can take estrogen alone.
- Both estrogen therapy and estrogen with progestogen therapy increase the risk of blood clots in the legs and lungs, similar to birth control pills, patches, and rings. Although the risks of blood clots and stroke increase with either type of hormone therapy, the risk is rare in women ages 50-59.
- An increased risk in breast cancer is seen with 5 or more years of continuous estrogen with progestogen therapy, possibly earlier. The risk decreases after hormone therapy is stopped.

Provided by The North American Menopause Society (NAMS)

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