

Estrogen helps keep joint pain at bay after hysterectomy

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Estrogen therapy can help keep joint pain at bay after menopause for women who have had a hysterectomy. Joint pain was modestly, but significantly, lower in women who took estrogen alone than in women who took placebo in the Women's Health Initiative (WHI) trial. The findings were published online today in *Menopause*, the journal of The North American Menopause Society.

Studies looking at how estrogen affects [joint pain](#) in women after menopause have had mixed results. But this analysis of data on some 1,000 women who had hysterectomies—representative of the more than 10,000 women in this randomized trial—makes it clear that estrogen alone is indeed helpful for joint pain. At the beginning of the study, 77% of these women had joint pain. But after three years, 80% of the women who took a placebo had joint pain, but only 74% of the women in the estrogen group did.

The difference was seen only in the estrogen-alone portion of the WHI trial and not in the part of the trial that compared results in women who took an estrogen-progestogen combination with those who took a placebo. (Women with an intact uterus need to use both hormones if they take hormone therapy.)

Women and their [healthcare providers](#) who are thinking about estrogen to help prevent joint pain need to take all the risks and benefits of menopausal hormone therapy into consideration and should still follow the recommendation to use the lowest dose for the shortest amount of

time needed to achieve the therapeutic goal, the authors emphasized.

The article "[Estrogen](#) alone and joint symptoms in the Women's Health Initiative [randomized trial](#)," will be published in the June 2013 print edition of *Menopause*.

Provided by The North American Menopause Society

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