Menopausal hormone therapy should not be used for prevention of coronary heart disease, according to a Committee Opinion from the American College of Obstetricians and Gynecologists published in the June issue of *Obstetrics & Gynecology*.

(HealthDay)—Menopausal hormone therapy should not be used for prevention of coronary heart disease, according to a Committee Opinion from the American College of Obstetricians and Gynecologists (ACOG) published in the June issue of *Obstetrics & Gynecology*.

The ACOG Committee on Gynecologic Practice conducted a review of current literature to update gynecologic practice recommendations relating to hormone therapy and *heart disease*.

The authors report that, at the present time, menopause hormone therapy should not be used for the primary or secondary prevention of *coronary heart disease*. There is currently insufficient evidence to conclude that
long-term estrogen therapy or hormone therapy use improves cardiovascular outcomes. Based on recent evidence, women with good cardiovascular health in early menopause should be considered candidates for the use of estrogen therapy or conjugated equine estrogen plus a progestin for relief of menopausal symptoms. Some evidence supports the "timing hypothesis," which suggests that cardiovascular benefit may be derived when estrogen therapy or hormone therapy is used close to the onset of menopause. Further research is needed to clarify the correlation between duration of therapy with cardiovascular outcomes. To reduce cardiovascular risk in menopausal women, heart-healthy lifestyles and other strategies should be encouraged.

"As with younger women, use of hormone therapy and estrogen therapy should be individualized based on each woman's risk-benefit ratio and clinical presentation," the authors write.

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