

NAMS 2017 position statement updates guidelines for hormone therapy use

June 20 2017

A new position statement on the use of hormone therapy (HT) for menopausal and postmenopausal women from The North American Menopause Society (NAMS) has been published online today in the Society's journal, *Menopause*. "The use of hormone therapy continues to be one of the most controversial and debated topics," says Dr. JoAnn V. Pinkerton, NAMS executive director. "The goal of this updated version of the Society's position statement is to provide excellent, evidence-based, current clinical recommendations to menopause practitioners for the improvement of care for women depending on them to help relieve menopause symptoms." The statement also reviews the effects of HT on various health conditions, such as cardiovascular disease and breast cancer, at different stages of a woman's life.

What's new in the 2017 position statement? The statement expands on and solidifies NAMS's previous position on several critical areas of confusion regarding HT:

- The risks of HT differ for different women, depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is needed. Treatment should be individualized using the best available evidence to maximize benefits and minimize risks, with periodic reevaluation for the benefits and risks of HT continuation.
- For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications, the benefit-risk ratio appears favorable for treatment of bothersome

hot flashes and for those at elevated risk of bone loss or fracture. Longer duration may be more favorable for estrogen-alone [therapy](#) than for estrogen-progestogen therapy, based on the Women's Health Initiative randomized, controlled trials.

- For women who initiate HT more than 10 or 20 years from menopause onset or when aged 60 years or older, the benefit-risk ratio appears less favorable than for younger women because of greater absolute risks of coronary heart disease, stroke, venous thromboembolism, and dementia.
- Hormone therapy does not need to be routinely discontinued in women aged older than 60 or 65 years and can be considered for continuation beyond age 65 years for persistent hot flashes, quality-of-life issues, or prevention of osteoporosis after appropriate evaluation and counseling of benefits and risks.
- Vaginal estrogen (and systemic if required) or other nonestrogen therapies may be used at any age for prevention or treatment of the genitourinary syndrome of [menopause](#).

"NAMS discovered through its review of the literature that the previous position that [hormone therapy](#) should be prescribed only for the 'lowest dose for the shortest period of time' may be inadequate or even harmful for some women," says Dr. Pinkerton. "NAMS has clarified this position to the more fitting concept of the 'appropriate dose, duration, regimen, and route of administration' that provides the most benefit with the minimal amount of risk. In addition, [women](#) older than 65 years old will be relieved to know that they don't have to stop using hormone therapy for their bothersome hot flashes just because of their age. The data simply do not support it, but individualized evaluation and discussion is recommended."

More information: www.menopause.org/

Provided by The North American Menopause Society

Citation: NAMS 2017 position statement updates guidelines for hormone therapy use (2017, June 20) retrieved 28 April 2024 from <https://medicalxpress.com/news/2017-06-nams-position-statement-guidelines-hormone.html>

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