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Not all hormone therapy protects equally against heart disease in postmenopausal women

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Hormone therapy has proven to slow down heart fat deposition and the progression of atherosclerosis, depending on the type of hormone therapy and route of administration. A new study compared the effects of conjugated equine estrogens (CEE) and 17β-estradiol and contrasted oral and transdermal delivery to determine their effectiveness in preventing heart disease. Study results are published online today in *Menopause*, the journal of The North American Menopause Society (NAMS).

As women progress through the menopause transition, not only are they likely to accumulate more abdominal visceral fat, but fat deposition around the heart also increases. Heart fat deposition has been linked to atherosclerosis progression, which also increases between perimenopause and postmenopause.

A new study evaluated recently menopausal women who participated in the Kronos Early Estrogen Prevention Study (KEEPS) trial. Its purpose was to evaluate how various forms of estrogen, specifically oral CEE and transdermal 17β-estradiol, affected heart fat accumulation and atherosclerosis progression as measured by the thickness of the lining of the carotid arteries.

According to study results, when compared with transdermal estradiol, oral CEE appears to slow down the adverse effects of increasing

paracardial adipose tissue on the progression of atherosclerosis. The researchers concluded that more study is required to confirm whether these results are specific to oral CEE or to the oral route of administration.

Study results appear in the article "Atherosclerosis progression in recently menopausal women: impact of menopausal hormone therapy: The KEEPS trial."

"This study shows a distinct effect of hormone therapy on the link between heart fat deposits and atherosclerosis progression, based on the type of estrogen or the route of administration used. Additional research is needed to allow clinicians to individualize hormone therapy prescribing to optimize benefit and minimize risk," says Dr. Stephanie Faubion, NAMS medical director.

Provided by The North American Menopause Society