

USPSTF advises against hormone therapy to prevent chronic conditions

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The U.S. Preventive Services Task Force recommends against use of

combined estrogen and progestin and estrogen alone for primary prevention of chronic conditions in postmenopausal persons. These findings form the basis of a draft recommendation statement published online April 19.

Gerald Gartlehner, M.D., M.P.H., from the RTI International-University of North Carolina at Chapel Hill Evidence-based Practice Center in Research Triangle Park, and colleagues updated the evidence on the effectiveness of hormone therapy for reducing the risk of chronic conditions among [postmenopausal women](#). Data were included from 20 fair- or good-quality trials and three large controlled cohort studies. The researchers observed differences in the risk-benefit profile between treatment formulations. Statistically significantly lower risk of diabetes and fractures were seen for women using [estrogen](#) versus placebo. However, they also had statistically significantly increased risks of gallbladder disease, stroke, and [venous thromboembolism](#). Women using estrogen plus progestin therapy had significantly lower risk for [colorectal cancer](#), diabetes, and fractures, and significantly increased risk of invasive breast cancer, probable dementia, gallbladder disease, stroke, and venous thromboembolism, compared to those taking placebo.

Based on these findings, the USPSTF recommends against use of combined estrogen and progestin for the primary prevention of chronic conditions in postmenopausal persons (D recommendation), and against the use of estrogen alone for primary prevention of chronic conditions in postmenopausal persons who have had a hysterectomy (D recommendation).

The draft evidence review and recommendation statement have been posted for public comment. Comments can be submitted from April 19 to May 16, 2022.

More information: [Draft Evidence Review](#)

[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

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