

Is hormone therapy good for heart health?

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Recent studies show that women can experience bothersome menopause symptoms, like hot flashes, for longer than originally estimated. As a result, more research is focusing on the long-term effects of hormone therapy. A new study suggests certain estrogen-based hormone therapies have favorable long-term effects on the risk of heart disease.

Results of the study are presented at the [2024 Annual Meeting of The Menopause Society](#), held in Chicago from September 10–14.

Hormone therapy has been the subject of intense debate for more than 20 years since the results of the Women's Health Initiative (WHI)

became public. Despite the fact that hormone therapy has proven to be the most effective treatment for managing some of the more common symptoms of [menopause](#), such as hot flashes, some still have concerns about potential health risks, especially after extended use.

A new study based on data from the WHI suggests that, with regard to heart health, extended use of certain hormone therapies might actually be beneficial. The study specifically evaluated women who were taking conjugated equine estrogens (CEE) alone—the most commonly prescribed oral estrogen treatment—and CEE plus medroxyprogesterone acetate (MPA).

Both CEE-alone and CEE plus MPA were shown to have a favorable influence on all cardiovascular biomarkers, except for triglycerides. In particular, relative to placebo, HDL-C (sometimes referred to as good cholesterol) increased by 13% and 7% for participants randomized to CEE-alone and CEE plus MPA, respectively.

The reduction of LDL-C (sometimes referred to as bad cholesterol) was around 11% for both types of therapy. Insulin resistance (HOMA-IR) decreased by 14% and 8% for CEE-alone and CEE plus MPA, respectively. Lipoprotein(a), sometimes referred to as the heart's quiet killer, decreased by 15% and 20% for CEE-alone and CEE plus MPA, respectively.

"Although we see a few more favorable effects with CEE, both therapies performed well in relation to their impact on biomarkers except for triglycerides," says Dr. Matthew Nudy, lead author from Penn State Hershey Medical Center.

"Future [research](#) should assess whether other progestogen formulations may be less likely to attenuate estrogen's long-term effect on cholesterol."

"For many years women and [health care professionals](#) shied away from hormone therapy for fear of the potential adverse health effects," says Dr. Stephanie Faubion, medical director for The Menopause Society.

"Studies like this are valuable to help [women](#) feel more confident about their decision to use [hormone therapy](#) for managing their bothersome menopause symptoms, especially hot flashes."

More information: Presentation: "The Long-Term Effect of Hormone Therapy on Cardiovascular Biomarkers in the Women's Health Initiative."

Provided by The North American Menopause Society

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