

NAMS supports judicious use of systemic hormone therapy even after age 65

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As new research continues to document the incidence of bothersome hot flashes lasting into the mid-60s for many women, the medical industry has had to rethink the way it approaches menopause therapy. As a result, earlier this month The North American Menopause Society (NAMS) issued its statement on the continuing use of systemic hormone therapy after age 65.

'The official position of NAMS is that there shouldn't be hard and fast rules against hormones after age 65,' said Wulf Utian, M.D., medical director for NAMS. 'Yes, there may be safety concerns, and the Society does recommend that a woman use the lowest dose of hormones for the time appropriate to meet her needs. But we know that, under some circumstances, hormone therapy can be appropriate for [women](#) over age 65, such as those instances when the benefits of treating [hot flashes](#) outweigh the risks or when a woman has a high risk of bone fractures and can't take other bone drugs or can't withstand their side effects.'

Utian points out the challenge that many Medicare plans, insurance companies and healthcare providers have not kept up with the latest studies, such as the one being published in the July 2015 print edition of *Menopause*, the journal of NAMS ('Moderate to severe vasomotor and sexual symptoms remain problematic for women aged 60 to 65 years.') Rather, they often deny coverage or refuse to prescribe hormone therapy because of supposed safety concerns, justifying that position on the basis of a standard list of medications that may harm older people, known as the Beers list, which includes hormones.

'The Beers list wasn't meant to be a hard and fast rule,' said Utian. 'And, in fact, it has changed over time. In 2012, for example, it added a new category of medications that should be used 'with caution'. And that's just how they should be used, fully understanding all the risks and having your

doctor monitor you closely for any problems. That's what we call 'judicious use.'

The large study being published in *Menopause* is just one of several to quantify how prevalent troublesome hot flashes are for women at different ages. It included 2,000 women 40 to 65 years old who were representative of the Australian population.

Today, many guidelines still recommend against using systemic hormones for women more than 10 years after menopause or after age 60 and to use them only for a limited time—ideally three to five years. But that leaves a group of women older than age 60 who have really bothersome symptoms without a proven option.

The disconnect between guideline recommendations and real-world clinical practice and the low utilization of effective non-hormonal therapies for hot flashes demonstrate that menopause has gone 'off the radar' as an important health issue and, as a result, it remains largely undertreated, according to the study's authors.

'The use of [hormone therapy](#) should be individualized and not discontinued solely based on a woman's [age](#),' said Dr. Utian. 'NAMS encourages all women bothered by their [menopause](#) symptoms to seek the help they need and consider all of their options with the guidance of their clinician.'

Provided by The North American Menopause Society

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