



Hormonal Tendencies

It's time to rethink hormone therapy for menopause—again.

BY JENNY NEILL

Hormone-replacement therapy may just be back in women's collective good graces. Use of the treatment, originally thought to benefit postmenopausal women, declined when the multi-year Women's Health Initiative (WHI) study reported in 2002 that hormone therapy actually increases a woman's risk of breast cancer, heart attack, and stroke. New research, though, has grabbed headlines and changed popular opinion about hormone therapy yet again.

One of these attention-getting studies, the Kronos Early Estrogen Prevention Study (KEEPS), suggested no difference between the rates of coronary-artery calcification in hormone-therapy users and nonusers. Another, the Danish Osteoporosis Prevention Study, reported that women on oral hormone therapy had a lower risk of developing heart problems.

So what's someone burdened by hot flashes, sleep disturbances, memory issues, and mood changes to do? Deciding whether to begin hormone therapy is a very individualized concern.

Two leading hormone-therapy and menopause experts in the Northwest caution against interpreting results from these two studies too optimistically. Andrea LaCroix, a WHI coprincipal investigator at Fred Hutchinson Cancer Research Center, points out that neither of the new studies had a sufficient sample size and that the Danish one was open label and unblinded, making it a fairly weak study.

"When you're looking at safety outcomes, such as myocardial infarction and breast-cancer safety, you need large numbers to study what we call background or baseline risk for these outcomes," explains Dr. Susan Reed, a professor at the University of Washington School of Medicine's Department of Obstetrics and Gynecology and director of its Women's Reproductive Health Research Program.

WHI followed thousands of women, not hundreds as KEEPS did, for between three and eight and a half years. And the US Preventive Services Task Force continues to base its recommendation against using hormone therapy to prevent chronic conditions on WHI data because of the project's size and timescale.

So what's someone burdened by hot flashes, sleep disturbances, memory issues, and mood changes to do? Deciding whether to begin hormone therapy is a very individualized concern. "Women are coming in and saying, 'I want to talk about this,'" reports Dr. Kirsten Wolff, a gynecologist at Virginia Mason in Seattle. Those who have significant menopausal symptoms or went into premature menopause may find that the benefits of hormone therapy outweigh the risks, but it's still a personal discussion to have with your primary physician or gynecologist.

If you are thinking of starting hormone therapy for symptoms, Dr. Reed says, go on the lowest dose possible to manage symptoms in the safest way.

Dr. LaCroix agrees, noting that hormone therapy should not be used as a preventive measure but can be useful for those suffering from terrible symptoms, as long as women are aware of the possible negative consequences.

"The conversation that needs to change, in my opinion, is the constant promotion of hormone therapy by those who would put women in harm's way, in spite of the evidence," she explains. "Many of us midlife and older women believe that we can age with minimal intervention in the way of drugs. Menopause is not a disease, and it should not be promoted as such."