



Mayo Clinic

Office Visit

WHAT'S NEW WITH HORMONE THERAPY?

An Interview With Julie Abbott, M.D., M.P.H., and Lynne Shuster, M.D.

Julie Abbott, M.D., M.P.H., (right), and Lynne Shuster, M.D., are the medical editors of Mayo Clinic Women's HealthSource. Dr. Abbott is a consultant in the Division of Preventive and Occupational Medicine at Mayo Clinic and an assistant professor of preventive medicine at Mayo Clinic College of Medicine. Dr. Shuster is a specialist in the Department of Internal Medicine and is director of Mayo's Women's Health Clinic for menopause and sexual medicine.

WHS: Can you briefly summarize how recommendations regarding hormone use after menopause have changed recently?

Editors: Recommendations have changed completely over the past three or four years. Previously, estrogen was recommended to most women for its perceived preventive health benefits. Now, it's recommended mainly for relief from menopausal symptoms.

The reason for this was due, in great part, to a large clinical trial called the Women's Health Initiative (WHI), which published its results in 2002 and 2003. This study found small but important increased risks associated with taking hormones among postmenopausal women enrolled in the trial. And, contrary to prevailing medical wisdom, there was a lack of preventive benefit against chronic conditions of aging such as heart disease and dementia.

Following publication of the WHI trial results, prescriptions for menopausal hormone therapy declined from a peak in 2000, when approximately one-third of menopausal women in the United States were taking hormones. By mid-2003, about one-tenth were taking hormones. ■

WHS: What are the current official recommendations for postmenopausal hormone therapy?

Editors: For women with menopausal symptoms, the official recommended use of estrogen therapy is for treatment of moderately severe to severe hot flashes or vaginal dryness. Estrogen also can be used for prevention of osteoporosis when other treatments aren't an option. ■

WHS: For which menopausal symptoms would you consider prescribing estrogen?

Editors: There are many symptoms beyond hot flashes that women may experience as they go through menopause — disrupted sleep, painful intercourse or other changes in sexual functioning, for example. Women experiencing these symptoms often report improvement with taking estrogen.

Mood and memory changes may occur with menopause for certain women — especially those who are prone to depression or anxiety at hormonally vulnerable times, such as after pregnancy or before menstrual periods. For these women, estrogen often can be helpful.

In addition, some women may notice that the sharpness of their thinking declines with menopause and report that estrogen improves their mental focus and clarity. ■

WHS: For women who have been taking estrogen long term, who should stop? Who may continue?

Editors: For these women, many doctors would recommend trying to discontinue estrogen by tapering off it. For women who feel very poorly off of estrogen, resuming it may be a reasonable option if they don't have medical conditions such as breast cancer.

Women who've had their ovaries surgically removed before the usual time of menopause seem to have the most trouble discontinuing estrogen. If they can stay on estrogen long term, they tend to feel better.

The main change we advise women who choose to continue estrogen long term is to reduce the dose to the lowest needed for symptom relief. We've found that many women can get good relief of symptoms with about half the traditional dose, or even less. ■