The Estrogen Question

Hormone Therapy still offers the best relief for menopausal symptoms. Is it right for you?

When 49-year-old Lee Ann Dodson heard the news that the Women's Health Initiative (WHI) had linked combined hormone therapy with a slightly increased risk of heart attacks, strokes and breast cancer, she paused just long enough during the summer of 2002 to check out the reports and check in with her doctor. Then she continued to do what she'd already been doing for the past couple of years—rely on hormones for relief of hot flashes and other menopausal symptoms.

"I never stopped taking them," recalls Dodson, an artist and single mother who's raising a child with Down syndrome in Gainesville, Florida. "I am the daughter of a physician and everybody around me that I've been close to has been in the medical field, so I'm well aware of the risks."

Marilyn Pollack, 60, of Brooklyn, New York, on the other hand, decided she wasn't taking any chances. She'd begun using hormones in her early 50s for relief of unrelenting hot flashes and night sweats that disrupted her sleep. When she heard about the WHI findings, she and her doctor decided it was a good time to stop.

To be sure, the WHI has physicians and patients alike reevaluating the use of hormones for a host of menopausal woes. According to the American Medical Association, use of hormone therapy in the United States dropped from 18.5 million women in 2002 to 7.6 million in 2004. But a significant number of women have restarted because of severe symptoms.

According to Isaac Schiff, MD, Chief of the Vincent Memorial Obstetrics and Gynecology Service at Massachusetts General Hospital and the Joe Vincent Meigs Professor of Gynecology at Harvard Medical School in Boston, it's important to put the research findings into perspective. This is exactly what The American College of Obstetricians and Gynecologists' (ACOG) Task Force on Hormone Therapy did in October 2004 when it published its comprehensive *Report on Hormone Therapy*.

Indeed, what began as a massive government-funded study to investigate the safety and effectiveness of hormone therapy among menopausal women ended up as a somewhat different study. The average age of the women enrolled in the WHI was 63. Many of these women were past menopause and symptom free. However, most women who use hormones are much younger – in their late 40s or early 50s. And though the WHI clearly showed that older women should not use hormones to prevent heart

disease, further analysis of the data shows that if estrogen is started early in menopause—when a woman is symptomatic with hot flashes—it is more likely to help prevent heart disease. "It took the pendulum a little too far to the risk side of hormones," Schiff says of the initial WHI results.

"The WHI called into question the long-term use of hormone therapy for prevention of heart disease, especially among women who start taking hormones many years after menopause," says Schiff, who served as chair of the Task Force. "At this time, hormones are not being prescribed to prevent heart disease, although if started at an early age, they may help protect against heart disease. And hormones are still the most effective treatment for hot flashes, vaginal dryness and other symptoms of menopause."

Now there are many lower-dose products available. Plus, more studies have shown the efficacies of vaginal rings and topical estrogens for vaginal dryness. If there's a silver lining to the cloud of doubt the WHI cast over hormone therapy, it's this, says Schiff: "We're back to an appropriate balance—accepting that hormone therapy has risks, but recognizing that it can be appropriate for conditions such as hot flashes, so long as women are informed about the risks and weigh their decision with their doctor."

Should you start using hormones? If you take them now, should you stop? Can you—and should you—re-start hormone therapy if you've already stopped? When you're ready to stop, how should you do it? Before making any decisions, first be sure you understand the benefits and risks associated with hormone therapy. Then work with your doctor to determine your personal and family health risks, and to weigh all of your treatment options, including hormone therapy.

What is Hormone Therapy?

If you're not already familiar with it, estrogen therapy (ET) is a form of drug therapy in which you're given estrogen to supplement the lower levels in your body after menopause when your ovaries stop producing estrogens. If you haven't had a hysterectomy and therefore still have your uterus, you should also be given a progesterone-like agent (synthetic forms are called progestins) to help reduce the risk of uterine cancer. When estrogen and progesterone are given together, it's referred to as hormone therapy, or HT. Sometimes, androgens (male reproductive hormones) may be prescribed, either alone or in combination with estrogen (and progestin, if needed) for certain women who are having problems with sexual desire—although studies are still ongoing as to whether androgens are

safe and effective for treating women's sexual libido. One preliminary study recently suggested there may be a link between androgen use and an increase in breast cancer. But other studies suggest the hormone may actually protect against breast cancer.

Estrogen comes in the form of pills, patches, gels, and emulsions, and, for women who have vaginal dryness, vaginal creams, vaginal tablets, and a flexible vaginal ring. For women with a uterus who also need progestin, there are progestin-only and combination (estrogen-progestin) pills and patches, as well as a vaginal progesterone gel. Most formulations of estrogen also come in varying strengths, or dosages. If you still need contraception, an intrauterine device containing progestin can be used along with estrogen.

What Estrogen Does Best

If you have hot flashes, night sweats, sleep disruptions or other symptoms, HT and ET still are the most effective therapies available, reducing hot flashes by up to 90 percent. In fact, for severe hot flashes, nothing works better. "Hormones may be our best treatment for hot flashes and vaginal dryness," says Nanette Santoro, MD, professor of obstetrics and gynecology and women's health at Albert Einstein College of Medicine in New York.

If you're perimenopausal (still menstruating) and are experiencing mood swings, insomnia and even hot flashes, you may find temporary relief with low-dose oral contraceptives or even a low-dose estrogen patch, provided you don't smoke. Risks appear to be relatively low. After menopause (when you haven't had a period for at least 12 months), hormone therapy can help.

For the majority of women, hot flashes usually dissipate on their own within an average of three to four years, but they may persist for decades for some women. If you have mild to moderate hot flashes, a number of lifestyle changes can help you cope, such as wearing layers of light clothing, setting the thermostat to a lower temperature and avoiding spicy foods, caffeinated beverages and alcohol. Relaxation exercises or biofeedback may also help control temperature fluctuations. If those or other measures don't work or if symptoms are severe and you have no family or personal history of blood clots, premature cardiovascular disease, or breast cancer, talk to your doctor about using hormones.

Hormone therapy is also highly effective for vaginal dryness that many menopausal women develop when estrogen levels fall.

Lee Ann Dodson, the Florida artist and mother, explains her decision to use hormones in this way: "For me, it's a quality

of life issue. I never expected to be single and have such a needy child at this stage in my life." And with a divorce and other midlife changes on her plate, Dodson felt she had enough to cope with already. She didn't want perimenopausal symptoms compounding her problems. Besides, she says, "I don't know how long I'm going to live. I just know that I'm living right now and I want to feel as comfortable as possible."

Bone Protection, Too

What about osteoporosis? No doubt about it: Hormone therapy protects bones. In the WHI, even women with normal bone density who took either combination HT or estrogen alone had a reduced risk of suffering bone fractures. (Most of the studies investigating the effectiveness of other osteoporosis medications have involved women with very low bone mass.) If you're already taking hormones for the treatment of hot flashes or other menopausal symptoms, you can take comfort in knowing that your bones are covered as well—at least until you stop using hormones. If you want to continue using hormones to protect your bones even after menopausal symptoms have subsided, it's your choice; just be sure to carefully weigh the benefits and risks of their long-term use.

Other preventive drug therapies that preserve bone health include the family of drugs known as bisphosphonates *(alendronate, ibandronate sodium, risendronate, zolendronate),* selective estrogen receptor modulators (SERMs) such as *raloxifene,* and parathyroid hormone. And all women—whether or not they're taking medication to protect their bones—should be sure to get adequate calcium and vitamin D in their diets, and regularly engage in weight-bearing exercise, such as walking.

Weighing the Risks

Estrogen therapy (without progestin) started early in perimenopause may protect against heart disease, but this is not a reason to use it. In the estrogen-progestin arm of the WHI, in which women took a combination of estrogen and progestin, 37 women out of 10,000 women per year who took hormones had heart attacks, compared with 30 women taking a placebo. And 29 women out of 10,000 women taking hormones had a stroke, compared to 21 women taking a placebo. For blood clots, 16 women on hormones developed them, compared to eight women taking a placebo.

Among women in the WHI who took estrogen alone, the hormone had no effect on the risk of suffering a heart attack. But the risk of stroke was increased by the same amount as combination HT—roughly 8 more strokes per 10,000 women who took estrogen.

On a brighter note, a 2006 analysis of just the younger women in the WHI—those ages 50 to 59—suggests that for them, HT doesn't appear to increase cardiovascular risks and may even provide a measure of protection against heart disease. One criticism of the WHI was that the study participants were, on average, 63 years old—much older than the typical menopausal woman using HT for relief of symptoms. Some researchers say the new evidence suggests that when HT is taken at an earlier age, before the damage to the heart and arteries begins, it may help protect against heart disease. These new findings may be comforting for women who need relief from hot flashes and other menopausal symptoms, says Schiff.

For now, hormone therapy is not recommended for prevention of heart disease. Instead, lifestyle changes (low-fat diet, regular exercise, smoking cessation and weight control) are recommended. One of the most important ways to help guard against heart disease is by controlling blood pressure through these lifestyle changes or medication.

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