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DISPELLING THE MYTHS: HORMONE REPLACEMENT – THE ESSENTIALS – THE SCIENCE
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There is a lot of confusion, fear, and misinformation about hormone replacement. Basically, hormone replacement therapy (HRT) is the supplementation of estrogen, or estrogen and progesterone, in women who have low levels of these hormones. This usually occurs around menopause. Fortunately, we have over 40 years of experience in the USA and Europe in the use of different forms of HRT. These many years of use and numerous studies on HRT provide a lot of reliable information to help us evaluate the risks and benefits of using HRT.

1. **MORTALITY**: Women who start hormones near menopause have a lower overall mortality than the women who do not take hormones or begin hormones more than 10 years after menopause.
   
   Every major study, including the Women’s Health Initiative (WHI), has demonstrated a reduction in “all cause mortality” in women on HRT. There is an approximately 30 - 40% reduction in death in these studies. In the WHI the reduction in death in women on hormones between the ages of 50 – 59 was 30%. In a Stanford review of 191,000 women years of hormone use, there was a 39% reduction in death in women within 10 years of menopause.
   
   These statistics are very important. You can focus on individual diseases such as heart, dementia, breast cancer etc….but…the bottom line: WOMEN WHO BEGIN HRT IN EARLY MENOPAUSE DIE LESS!!

2. **HEART DISEASE**: Women on HRT are less likely to die from heart disease.
   
   Heart disease is the primary cause of death in women and kills more than half of all women. You are 12 times more likely to die of heart disease than breast cancer. Every large study on the association of HRT and cardiac death has shown a marked reduction in death due to heart disease. Death from heart disease is decreased 30-50% if women begin HRT within 10 years of menopause and there is even better survival if they continue HRT more than 5 years. If women are more than 10 years from menopause, the initiation of oral estrogen may increase the incidence of heart disease and a coronary event (heart attack), therefore oral estrogen therapy should not be initiated late in menopause.

3. **BREAST CANCER**: Women taking HRT, especially estrogen replacement therapy (ERT), have not demonstrated a significant increase in the risk of breast cancer.
   
   In fact, most studies, including the WHI, have shown up to a 30% reduction in breast cancer when ERT is used for less than 5 years and under the age of 60. Even in older women, when only estrogen was used, there was no increased risk of developing breast cancer. With the use of HRT beyond 5 years, there was a slight increase in breast cancer. This must be balanced with a lower overall death rate in women taking HRT. An easy way to interpret all this data is: One in 9 women will get breast cancer in their lifetime, with or without taking hormones. Fortunately, most studies also show that women who have taken hormones have less mortality from breast cancer.

4. **DEMENTIA AND ALZHEIMERS DISEASE**: Women who use HRT have less dementia and Alzheimers disease.
   
   Many studies have shown a 30 – 70% reduction in these diseases, especially if HRT is begun early and continued for at least 10 years. Even the WHI showed a 46% reduction in dementia and a 64% reduction in Alzheimers in women who used HRT following initiation of menopause. Late use, 15 -30 years after menopause, did not confer any benefit and was associated with some increased risk.

5. **BONES AND FRACTURES**: Women who use HRT have stronger bones as well as fewer falls and fractures.
Women who use HRT have a 40-90% reduction in fractures. Recent studies again showed better balance and a 50% reduction in falls in women taking hormones. Unlike the bisphosphonates (Fosamax, Actonel, and Boniva) HRT also reduces fractures in postmenopausal women without osteoporosis. You can fracture even healthy bones if you fall with enough force, so estrogen protects all bones.

Bone fractures are a common cause of disability in our aging population. Medical expenditures due to fractures cost Americans billions of dollars every year. Unfortunately, many women lose their independence after a fracture and a quarter of all women will die within a year of a fractured hip.

6. **STROKE:** Women less than 60 years old had a reduction in stroke with HRT.
   
   In women under 60 years old or with less than 5 years of hormone use, the risk in stroke did not go up. Actually, an 11% reduction in stroke was noted in younger women in the WHI. In women over 60, who initiate oral HRT, there was a slight increase in the incidence of stroke.

7. **BLOOD CLOTS (VENOUS THROMBOEMBOLISM):** The risk of a blood clot is increased in all women on oral HRT.
   
   Women are usually near menopause when they initiate HRT, and fortunately in this age group blood clots are very rare. If a woman has a known clotting disorder she should not take oral HRT. Transdermal estrogens, such as patches and gels, have little impact on blood clots. Obese women are at high risk for blood clots with or without hormones, and a non-oral route for hormone replacement, such as a patch or gel, should be considered.

8. **CANCERS:** Colon cancer, a common cancer in women, is reduced by approximately a third. Ovarian cancer, a relatively rare cancer affecting approximately one in 400 women, is not significantly increased (most studies=no increase, recent Danish study: 1 more case per approximately 9000 women years of use). Endometrial or uterine cancer is not increased if women are on an appropriate combined estrogen and progesterone regimen.

9. **SLEEP:** Sleep quality is improved on HRT.
   
   Sleep quality decreases for women in their 40’s and continues to worsen in menopause. Night sweats may further increase insomnia. Sleep quality, to include the time required to fall asleep, stay asleep, and get restful sleep, is improved on HRT.

10. **MENOPAUSAL SYMPTOMS:** Hot flashes, night sweats, vaginal dryness, pain with sex, insomnia, joint aches, new onset of depression or exacerbation of depression, panic attacks, and cognitive changes are some of the issues associated with menopause and a decrease in hormones. These symptoms usually respond to hormonal therapy.

11. **DIABETES:** The risk of developing diabetes is lower in women taking HRT.

12. **QUALITY OF LIFE:** Most women on HRT report improved quality of life to include less depression, better sleep, “feeling more like themselves”, less joint aches, less hot flashes and less vaginal dryness and pain with sex.

Remember, the decision to use HRT is a personal one and your individual concerns and needs should be discussed with a physician who is knowledgeable in this area. Often, significant benefits with no significant risks, is associated with early initiation (within a few years of menopause) of HRT. Continued use confers continued benefits in many women. The decision to use HRT can be short term and you can periodically re-evaluate your individual risk-benefit profile with your doctor.