

Hormone Therapy

Hormone therapy (HT) is sometimes prescribed to boost hormone levels and provide relief from menopause symptoms. Women often have questions about HT and whether it's a good option for them. The *2006 Menopause Consensus Report* published by the Society of Obstetricians and Gynaecologists of Canada (SOGC) recommends short-term, lowest-dose HT to treat symptoms.

How hormone therapy works

HT helps restore balance in a woman's body after her ovaries have stopped producing estrogen and progesterin. It may involve the use of estrogen alone (estrogen therapy, or ET), or may combine estrogen and progesterin (EPT). Women who have undergone a hysterectomy (and therefore have no uterus) are typically prescribed ET; most others are given EPT, as progesterin helps protect the uterus' lining from endometrial cancers. To address symptoms such as hot flashes, HT may be given in the form of oral medications, skin patches or gels. In other cases, estrogen creams, tablets or rings may be recommended; applied locally these help address vaginal symptoms.

Benefits

HT can be a very effective treatment for symptoms such as hot flashes and vaginal dryness caused directly by a drop in hormone levels. For other symptoms—changes in sexual desire, fatigue, sleep disturbances, memory loss, incontinence—the effectiveness of HT varies from person to person.

Risks

Overall, the risks associated with HT are lower than originally thought, and research has found that HT offers potential heart-health and general wellness benefits. Nonetheless, there are certain risks to be aware of:

- Slightly increased risk of deep vein thrombosis or blood clots in the veins

- Increased risk of stroke in some older women and women with high blood pressure
- Increased incidence of heart disease (in women who start HT after age 60)
- Increased risk of breast cancer for women who use HT for an extended period post-menopause

HT and disease

Osteoporosis

While HT has proved to have a positive impact on bone health, it is not generally recommended as treatment specifically for osteoporosis.

Heart disease

Women's risk of heart disease increases after menopause. Studies show that women who start HT treatment around the time of menopause may reduce their risk of heart disease, however HT is not recommended to treat heart disease alone.

While the risk of heart disease increases slightly among older women using HT (10 years after menopause), hormone therapy is still an effective and recommended treatment for moderate to severe menopause symptoms.

Breast cancer

Women who have used combined HT (EPT) for more than five years face an increased risk of breast cancer. This increase is comparable to that associated with other common breast cancer risk factors including: a woman's age at the onset of puberty, being older than 30 at the time of first pregnancy, and being overweight. The absolute risk for any one person is small, and breast cancer risk levels return to normal after a woman stops HT.

Other cancers

Women with a history of early stage, low-grade endometrial cancer can take HT to control symptoms such as night sweats and hot flashes.

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Combined EPT HT is associated with a reduced risk of colorectal cancer. It is also associated with a small potential increase in the risk of ovarian cancer.

HT and surgical menopause

A hysterectomy, often called surgical menopause, stops menstruation immediately. Women who have had a hysterectomy are usually given estrogen HT alone since they no longer need the protection from endometrial cancers offered by progestin. Because a woman's ovaries may remain intact after a hysterectomy, she may still suffer from some symptoms of traditional menopause.

Side effects

Finding the right hormone therapy can take time, and may involve trying different combinations and dosages of estrogen and progestin. Women may experience some breast tenderness, bloating, nausea and headaches after HT use begins; adjustments can be made to deal with these side effects.

Advice from your health-care provider

In general, HT is given to increase a woman's quality of life during menopause. Your health-care provider can help you decide if HT is right for you.

The SOGC has developed a collection of information materials for women with menopause-related concerns, however your health-care provider remains the best front-line resource to answer your questions.

Visit www.menopauseandu.ca for more information about HT and the risk of disease, and other women's health issues.