

What You Should Know About Hormone Replacement Therapy

At menopause, the ovaries stop producing the female hormones estrogen and progesterone, and a woman's production of the male hormone testosterone declines. Most women stop menstruating naturally in their late 40s or early 50s, but disease or surgery to remove the ovaries can bring on menopause at any age. Women who have a hysterectomy, but do not have their ovaries removed, may not experience induced menopause. Regardless of when it occurs, this halt in hormone production affects a variety of systems in your body. Taking hormone replacement therapy (HRT) can reduce many of these effects.

ease and blood clots (thrombosis). For women who have a uterus, using estrogen alone raises their risk of uterine (endometrial) cancer. Fortunately, HRT that combines estrogen with a progestin (synthetic progesterone) reduces this risk. And although the evidence is conflicting, many experts believe that use of HRT can raise the risk of breast cancer, a factor that you and your doctor should consider in the context of your overall health and medical history (personal and family).

What are the benefits of HRT?

Symptoms of menopause may include hot flashes, sleep problems, mood swings, depression, vaginal dryness, painful sexual intercourse, and decreased sexual desire. Using HRT can improve many of these symptoms.

Menopause can also have more serious consequences that don't appear until years later. Your bones may begin to weaken, eventually resulting in osteoporosis—an extreme thinning of bones leading to spine, hip and other fractures. By preserving bone strength, HRT can prevent such fractures.

Scientific studies have confirmed HRT's benefits in treating hot flashes and preventing osteoporosis and vaginal changes. It is also possible that HRT prevents heart attacks, senility, and colon cancer, but this remains unconfirmed.

Are there any risks associated with HRT?

For most women, the benefits of HRT appear to outweigh the risks. However, the use of HRT can increase the risk of gallbladder dis-

What types of HRT are available?

The two basic types of HRT are estrogen alone, and estrogen combined with a progestin. Unless

Choices in HRT

ESTROGEN TABLETS are used on a variety of schedules; popular brands include Cenestin, Estrace, Estratab, Menest, Ogen, Ortho-Est, and Premarin.

ESTROGEN TRANSDERMAL PATCHES (Alora, Climara, Esclim, Estraderm, and Vivelle) are applied to the skin twice weekly or weekly.

ESTROGEN VAGINAL CREAMS (Estrace, Ortho Dienestrol, and Premarin) are applied with a vaginal applicator several times per week.

VAGINAL TABLETS (Vagifem) are slow-dissolving, and are placed twice weekly with a slender vaginal applicator.

VAGINAL RING (Estring) is inserted into the vagina, and replaced every 3 months. Because the ring effectively treats vaginal symptoms while releasing very low amounts of estrogen, some doctors prescribe it for breast cancer survivors who may not be able to use other types of HRT.

PROGESTIN TABLETS include Amen, Aygestin, Cycrin, Megace, Micronor, Prometrium, and Provera.

ESTROGEN/PROGESTIN COMBINATIONS are available as monthly packages of tablets (Activella, femhrt, Ortho-Prefest, Prempro, and Premphase), and as an estrogen/progestin skin patch (Combipatch).

ESTROGEN/ANDROGEN COMBINATION is available as a tablet (Estratest).

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you've had a hysterectomy, it's generally better to use combination HRT.

Women with a marked decline in sexual desire, particularly those who have had surgical removal of their ovaries, may be helped by a regimen that combines estrogen with androgens (male sex hormones). (See Table)

Most formulations are available in a range of dosages; doctors often start HRT at the lowest estrogen dose that will reduce hot flashes and prevent osteoporosis.

What are the possible side effects of HRT?

Estrogen and progestin commonly cause initial breast tenderness. Progestin treatment may produce bloating and irritability, particularly in women with a history of severe premenstrual syndrome (PMS) or depression. In women who have a uterus, use of HRT can cause annoying vaginal spotting or bleeding.

Fortunately, HRT side effects decrease over time in most users. Users experiencing persistent HRT side effects should consult their doctors; sometimes, changing to a different formulation may be helpful.

Is monitoring required during use of HRT?

Periodic assessment of thyroid function, blood sugar, and cholesterol as well as Pap smears, mammography, and colon cancer screening are appropriate for menopausal women, regardless of whether they use HRT. Bone density testing may help women who are uncertain about HRT use to make an appropriate decision.

Are there any alternatives to standard HRT?

Nonhormonal drugs that have been found in scientific studies to effectively treat hot flashes include the antidepressants Paxil and Effexor. Plant estrogen-like chemicals (*phytoestrogens*), including soy products and herbals such as black cohosh, are often used to relieve hot flashes. Unfortunately, such remedies have not been found to consistently reduce menopausal symptoms. Women may also control hot flashes by sleeping in a cool room, wearing light cotton clothing, and avoiding hot flash "triggers."

Lifestyle measures to prevent osteoporosis include adequate calcium and vitamin D intake, regular

weight-bearing exercise, and not smoking cigarettes. The nonhormonal medications Actonel and Fosamax are effective in preventing and treating osteoporosis. Evista can help to prevent osteoporosis and may reduce the risk of breast cancer and heart attack, but some users may experience hot flashes.

Finally, women who suffer from vaginal dryness can choose from a wide array of vaginal lubricants (including Astroglide and K-Y) and moisturizers (including Replens) that are available over-the-counter.

When should I begin HRT, and how long should I use it?

You can begin using HRT when menopause occurs. Some women only take estrogen for 3 to 5 years to relieve the most bothersome menopausal symptoms. Others continue therapy for 10 to 20 years or longer for maximum protection against osteoporosis. In women with abnormally low bone density, periodic monitoring can help in deciding whether to stop or continue HRT. Women with few symptoms and good bone density may opt for vaginal estrogen therapy alone.

Remember, the decision about whether to use HRT, what type to use, and how long to use it is a highly individual matter. The keys to success are candid communication with your doctor, regular medical monitoring, and a willingness to try various products and dosages. With a little trial and error, most women can safely use HRT to reduce the negative impact of menopause. A useful source of information regarding menopause and HRT is the website of the North American Menopause Society (<http://www.menopause.org>).