

Hormone Therapy: Is It Right for You?

If you've experienced any of the symptoms of perimenopause or menopause — such as hot flashes, night sweats, vaginal dryness, irritability, or poor sleep — you've probably wondered what you can do to find relief. Years ago, most women quickly turned to hormone therapy as the answer. But in 2002 a large study called the Women's Health Initiative released results that spotlighted the potential risks of hormone therapy, prompting many women to look for alternatives for managing their symptoms.

Now, more than 15 years later, we have learned that while hormone therapy may not be right for all women, it is a good option for some.



What is hormone therapy?

Hormone therapy is the use of estrogen alone, estrogen and progesterone together, or possibly estrogen, progesterone and testosterone combined to relieve the symptoms of the menopause transition. Hormone therapy used to be called hormone replacement therapy. But now we refer to it more accurately as hormone therapy because the hormones are used to relieve symptoms, not to replace the amount of hormones produced before menopause.

THE HORMONES

- **Estrogen** is responsible for female physical features and reproduction.
 - Stimulates growth of breasts, as well as other changes in puberty such as growth of pubic and underarm hair.
 - Causes the lining of the uterus to thicken during the menstrual cycle, preparing for the possible implantation of a fertilized egg.
 - Maintains vaginal blood flow and lubrication, keeping the vagina healthy.
 - Maintains healthy levels of cholesterol in the blood and influences bone health.
- **Progesterone** has many functions. The production of progesterone ends when ovulation ends at menopause.
 - Signals the uterus to prepare lining of tissue for a fertilized egg.
 - Maintains pregnancy.
 - Promotes development of mammary glands.
- **Testosterone** is an androgen or "male hormone." Androgens are produced in lower quantities in the female body than in the male body and are produced as testosterone and dehydroepiandrosterone. Levels of androgens are affected more by aging than menopause. In the female body, testosterone:
 - Contributes to libido (sex drive).
 - Plays a role in the production of estrogen in women.
 - Helps maintain bone and muscle mass.

During menopause, production of the sex hormones decreases and can result in common menopausal symptoms such as hot flashes and vaginal dryness.

So how do women find relief? Hormone therapy is the most effective treatment for a number of troublesome menopausal symptoms.

Hormone therapy can be systemic (meaning in a form that goes through your entire body) or local. Systemic forms of hormone therapy include patches, pills, gels, creams or spray. Local forms include vaginal creams, vaginal tablets, a vaginal ring, or a vaginal suppository. The different types of therapy and delivery of each type of therapy also can affect the benefits and the risks.

BENEFITS OF SYSTEMIC HORMONE THERAPY:

- Reduces hot flashes, night sweats, vaginal dryness, poor sleep, irritability and "brain fog."
- Relieves vaginal symptoms such as thinning tissue, dryness and painful intercourse.
- Eases overactive bladder.
- Protects bones and helps prevent fractures.
- Decreases the risk of heart disease if started within 10 years of menopause.
- Helps prevent type 2 diabetes.
- Reduces risk of colon cancer.

NOTE: Localized forms of estrogen therapy will only benefit vaginal and bladder health.

RISKS OF HORMONE THERAPY:

- Increases the risk of uterine cancer if using estrogen alone. If you still have your uterus and want to take hormone therapy, your health care professional may discuss taking estrogen and progesterone combined.
- Slight increased risk of heart disease and stroke for women who begin hormone therapy 10 years or more after the onset of menopause; for stroke, risk goes away soon after stopping hormones.
- Slight increased risk of blood clots in legs and lungs. Oral therapies (pills) lead to more risk than transdermal forms of hormone therapy.
- Increased risk of breast cancer after 7 years of estrogen therapy or 3 to 5 years of combined therapy; risk decreases after hormone therapy is stopped.
- Slight increased risk of gallbladder disease, particularly with oral forms of hormone therapy.

It is important to note that risks for hormone therapy also are dependent on age and when you begin hormone therapy. Risks are higher for women ages 60 or older and/or more than 10 years from the onset of menopause.

Hormone Therapy: Consider Your Options

Women experiencing early menopause (before age 40) are at higher risk of osteoporosis, heart disease, anxiety, depression, and earlier death. For these women, the benefits of hormone therapy usually outweigh the risks.

You may also consider hormone therapy if:

- You are healthy and have moderate to severe hot flashes or other menopausal symptoms.
- You have lost bone mass.
- You have premature ovarian insufficiency.

If the only symptom you are experiencing is vaginal dryness or pain or discomfort with intercourse, a low dose of vaginal estrogen is the preferred treatment.

Consider your quality of life and personal risk factors before deciding to take hormone therapy. It is an acceptable option for women who are younger than age 60 and within 10 years of menopause.

WHEN SHOULD YOU AVOID HORMONE THERAPY?

You should avoid hormone therapy if you have a history of:

- Breast cancer
- Ovarian cancer
- Endometrial cancer
- Blood clots in legs or lungs
- Stroke
- Liver disease
- Unexplained vaginal bleeding

Also, women who start the menopause transition after age 45 and are not bothered by their symptoms may not need hormone therapy.

If you choose to use hormone therapy, here are some ways to reduce your risks and stay healthy through menopause:

1. Use the most effective product and delivery method for you and your symptoms with the lowest amount of effective dose for the shortest time.
2. Be sure to visit your health care professional regularly for screenings and checkups.
3. Make healthy lifestyle choices when it comes to nutrition and exercise.

Speak to your health care professional about your menopause symptoms and decide if hormone therapy is the right choice for you!

Reviewed by Barb DePree, MD, director of the Women's Midlife Services at Holland Hospital, Holland, Mich., and member, HealthyWomen Women's Health Advisory Council. Dr. DePree was named the Certified Menopause Practitioner of the Year in 2013 by the North American Menopause Society.

