



BASIC INFORMATION

DESCRIPTION

Estrogens are the hormones responsible for female sex characteristics. Estrogen deficiency begins in the premenopausal years and progresses as a woman goes through menopause. Most of the signs and symptoms of menopause result from the decrease in estrogen production. This loss of hormone can result in side effects that range from annoying to life-altering, such as hot flashes, mood swings, vaginal dryness, lowered libido and trouble sleeping. It has been common practice to prescribe hormone replacement therapy (HRT) or just estrogen replacement therapy (ERT) supplements for women after menopause. The hormones have been taken by millions of women to combat hot flashes, osteoporosis (the brittle bone disorder) and other complications of menopause. But medical studies are raising more and more questions about their effectiveness and the possible risks with their long term use. A woman and her health care provider should discuss the benefits and risks with hormone therapy in terms of her individual medical history, general health, age, and other circumstances.

POSSIBLE BENEFITS AND RISKS OF THERAPY

- HRT has different effects in different women. It can relieve hot flashes (sweating episodes) and vaginal symptoms of irritation and dryness that can cause pain and discomfort during sexual intercourse. If a woman is not having these symptoms of menopause, HRT does not improve her quality of life.
- Use of this therapy is thought to increase the risk of breast cancer, but actual incidence still remains low.
- HRT links to ovarian cancer, dry eye syndrome, asthma and insulin resistance, however, are far less clear, with numerous studies contradicting each other.
- A WHI (Women's Health Initiative) large study sponsored by the National Institutes of Health showed that hormone replacement remains the most effective pharmacological treatment for menopause symptoms, and it has been shown to prevent the bone loss associated with osteoporosis. The study was stopped prematurely because of increased risk of heart attacks, strokes and blood clots. Hormone replacement therapy did not slow the progression of Alzheimer's disease, ease the symptoms of major depression or counter urinary incontinence. The risks and benefits of other hormonal regimens remains uncertain. In the WHI study, women taking estrogen alone will continue to be observed for the relative value of this therapy in those women with and without a uterus.

YOU SHOULD NOT TAKE HRT IF YOU

- Have breast cancer (though estrogen may be used in treatment).
- Have thrombophlebitis.
- Have a hormone-dependent cancer.
- Have undiagnosed abnormal genital bleeding.
- Are pregnant.
- Have had previous reaction or allergic response to estrogens.

BEFORE TAKING HRT, ADVISE YOUR DOCTOR IF YOU

- Smoke or are taking any other prescription or nonprescription medications, including herbal supplements.
- Have, or have a family history of, bone disease, cancer, diabetes, endometriosis, epilepsy, fibroids, gallbladder disease, gallstones, heart or circulatory disease, stroke, kidney or liver disease, migraine headaches or excess of calcium in the blood.

POSSIBLE SIDE EFFECTS OR ADVERSE REACTIONS

- The most common undesirable side effect is abnormal uterine bleeding, which usually diminishes in time.
- Swollen feet or legs; bloating; weight gain.
- Sleepiness or insomnia.
- Breast tenderness or pain.
- Pelvic cramping; nausea; vomiting.
- Fatigue; depression; headaches; mood changes.
- Symptoms of a blood clot—sudden or severe headache, sudden loss of coordination, sudden loss or change in vision, pains in the chest, groin, or leg (especially the calf), sudden unexplained shortness of breath, sudden slurring of speech, weakness or numbness in arm or leg.

MEDICATION

- HRT usually consists of an estrogen hormone plus a progestogen (progestin) hormone. Estrogen therapy alone may be used for women who have had a hysterectomy.
- The dose, form and regimen for the medications will be determined depending on the individual patient's requirements, age and reason for the replacement therapy. Most frequently, patients take both medications daily continuously (others may take them on a cyclic schedule during the month).
- The usual dosages of hormone replacement therapy for menopausal symptoms are kept low and less likely to cause side effects or adverse reactions.
- Doses or schedules may need to be adjusted to completely resolve the symptoms of menopause. The medications can be supplied in oral form or skin patch (for estrogen). Also, an estrogen cream is available that can be prescribed to relieve vaginal symptoms.
- If a scheduled dose is missed, take it as soon as possible. If it is almost time for the next dose, skip the missed one. Don't double an oral dose, and never wear more than one patch at a time.
- If nausea is a problem, take the tablets with food or immediately after a meal. Nausea usually disappears in time.

OTHER NOTES

- Women taking hormones should have an annual pelvic examination including a Pap smear test, and a mammogram.
- Additional information available at www.4women.gov.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of menopause and wants more information about hormone replacement therapy.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.