

What You Should Know About Hormone Therapy

Mariel, age 50, is having hot flashes. Every hour or two, day and night, she feels intense heat spreading from her chest to her face. She has not had a normal night's sleep for weeks. Her coworkers laugh when they see her fanning herself. Mariel tries to go along with the joke, but her symptoms are no longer funny. She wants help. Could hormone therapy (HT) be the answer?

This Is Menopause

You are "in menopause," or "postmenopausal," once you have had no periods for 1 year, unless there is another reason for not having periods (ie, using the birth control shot or other forms of hormones). At this time, your ovaries have stopped producing the hormones estrogen and progesterone, and you can no longer become pregnant. The average age at menopause in the United States is about 51. Menopause can also occur when a woman's ovaries are removed by surgery. However, the ovaries may rarely stop working even if just the uterus is removed, especially if a woman is close to the age of menopause.

Some women experience menopause without any particularly bothersome symptoms, but many, like Mariel, have frequent, intense, or persistent problems that interfere with their lives, such as hot flashes. These are usually most frequent and intense during the years just before and after your last period, but many women have symptoms that last for years. Other symptoms of estrogen loss include vaginal dryness, pain with intercourse, mood swings, and sleep disturbances. Of course, changes that can develop in conjunction with menopausal symptoms—such as depression or decreased interest in sex—may also be related to other things happening in your life.

There are many approaches you can try to deal with hot flashes and other menopausal symptoms. Lifestyle changes discussed in this handout can help. Some herbal therapies can decrease the frequency of

hot flashes. Black cohosh is an herb women often try. There are prescription drugs without hormones that clinicians can offer to reduce the frequency and intensity of hot flashes. A medication called clonidine, which is used for high blood pressure, as well as some drugs that were developed to treat depression, can reduce hot flashes and help mood swings. Other medications, such as those used to treat nerve irritation, have shown promise in treating hot flashes. However, HT is the most effective treatment for reducing menopausal symptoms.

Hormone Therapy: Risks and Benefits

Menopause itself is not a disease and does not need treatment. However, when severe hormone-loss symptoms interfere with your quality of life, postmenopausal HT can be very beneficial. Estrogen relieves hot flashes and vaginal dryness, but does not reliably revive sexual interest or treat depression. Mood swings that are caused by hot flashes at night can be treated with HT. However, if you have symptoms of significant depression—change in appetite and sleep, decreased pleasure in formerly enjoyable activities, and thoughts of self-harm or suicide—get help. Hormone therapy is not the answer, but there are other effective treatments.

If Mariel had entered menopause 10 years ago, her health care provider might have encouraged her to take estrogen/progestin tablets for the rest of her life to "replace" what her ovaries no longer produced. Estrogen was formerly thought to prevent heart disease, the leading killer of women, and possibly Alzheimer's disease as well. Progestins were used along with estrogen to protect against cancer of the uterine lining.

Enthusiasm for HT slowed, however, when a large study, the Women's Health Initiative, found that



when hormones were given to older women, they did not prevent heart disease or mental decline. In fact, the study showed that long-term use of estrogen and progestin made women somewhat more likely to develop heart disease, strokes, blood clots, and breast cancer. While estrogen by itself did not increase the risk of heart attacks (in fact, new findings have shown it may even lower the risk of coronary heart disease in women aged 50 to 59 years), it was reported to increase the risk of strokes and blood clots. So, while estrogen helps prevent bone fractures from osteoporosis, women who do not have hot flashes may want to use other effective treatments.

How does Mariel know if HT is appropriate for her? Because her symptoms are interfering with her life, she and her health care provider discuss the risks and benefits of HT. Mariel's weight, blood pressure, and cholesterol are all normal. She eats sensibly and exercises regularly, and no one in her family has heart disease, so her risk of a heart attack is low. Her yearly mammograms have been fine.

She and her health care provider discuss other treatments that can help reduce hot flashes, but decide that HT is worth trying. She understands that she should use the lowest dose of HT that controls her symptoms, for the shortest amount of time possible. She also learns that when she stops the HT, the hot flashes may return. If that happens, she may decide to continue HT until the hot flashes stop on their own, or until the risks of using HT are greater than the benefits she receives.

Many HT preparations are available. Estrogen/progesterone combinations come as prescription tablets or skin patches. For women who have had a hysterectomy, estrogen alone can be prescribed as a pill, a skin patch, or a skin cream.

For vaginal dryness not relieved by over-the-counter lubricants (ie, Astroglide, KY Jelly, Surgilube, Replens), estrogen can be delivered directly to the vaginal area. There are creams, suppositories, and a vaginal ring that

can all provide estrogen. Vaginal treatments do not cause as high a level of hormones in a woman's circulation.

Like all medications, HT may have side effects. Some women have breast tenderness, vaginal bleeding or spotting, bloating, nausea, or mood swings when they start HT. It is important for HT users to get regular medical follow-up, but they do not need any extra visits or tests if they use hormones successfully.

You may also have heard about "bioidentical hormones," which are compounded (made by hand) by certain pharmacies. Although hormones made "especially for you" may sound appealing, there is no research to tell if these preparations are effective or safe and no agency to warn women if problems do arise.

What Else You Can Do

There are ways to live with hot flashes. You can dress in removable layers, turn a small bedside or desk fan on and off as needed, and avoid flash-inducing foods and drinks like caffeine, alcohol, and hot spices. Sleep problems may improve with daily exercise (not too close to bedtime), regular bedtime, caffeine avoidance, and cooler bedroom temperature. Relaxation exercises, stress management, talking with friends and family, regular exercise, and a healthy diet can help with mood swings and minor depression. Many menopausal symptoms, other than vaginal dryness, get better with time.

Complementary and alternative remedies are another choice, although most have not been studied enough to ensure if they are safe and effective. Information about alternative and complementary remedies is available at the National Women's Health Information Center listed in the Resources box.

In Conclusion

Menopause is another phase of a woman's life. When menopausal symptoms such as hot flashes interfere with quality of life, HT used in the lowest possible dose for the shortest amount of time is the most effective therapy. If you are considering HT, work with your health care provider and get all the information you need about all of your choices. Make an informed decision and commit to taking good care of yourself for the rest of your life.

This Patient Handout was prepared by Diane E. Judge, APN/CNP, using materials from The National Women's Health Information Center Web site; and Judge, DE. Hormone Therapy in the Menopausal and Postmenopausal Years: What Should You Do? Journal Watch Women's Health. Sept 5, 2005.

Resources

- **The National Women's Health Information Center**
<http://www.womenshealth.gov/faq/menopaus.htm>
- **National Institutes of Health National Heart Lung and Blood Institute**
<http://www.nhlbi.nih.gov/health/women/index.htm>