EDITORIAL

A call to increase the use of hormone therapy to prevent disease in symptomatic postmenopausal women

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Current clinical guidelines for menopause hormone therapy (HT), including the 2017 North American Menopause Society (NAMS) position statement, recommend HT for symptom control and disease prevention for symptomatic women under age 50.1 Unfortunately, since the Women’s Health Initiative (WHI) report in 2002 the decline in use of HT has been precipitous and only about 5% to 6% of these women are current users.2 This means that millions of women who could be safely treated hormonally are not and as a result have:

- menopause symptoms affecting their quality of life;
- adverse effects on the cardiovascular system, bone, mood, sexual health, and cognition; and
- increased risk of dying before age 70.

A recent Menopause editorial by Professor Amos Pines likened the impact of the 2002 WHI report to a “shockwave” which has led to avoidance of HT by younger symptomatic postmenopausal women.3 In a new paper in this issue of Menopause, investigators echo Professor Pines in specifically expressing concern about the “large declines in HT use in subgroups for whom HT is often recommended (for reducing CVD risk and other diseases) i.e. younger women and those with vasomotor symptoms (VMS).”4 The data are from the Study of Women’s Health Across the Nation (SWAN).

The SWAN investigators measured rates and determinants of the decline in use of HT, before and after the 2002 WHI report. Factors affecting HT initiation and continuance before and after the WHI 2002 report include media, provider advice, and opinions about HT from family and friends. Media impact is seen as a negligible factor influencing HT continuance pre-WHI but becomes the major factor triggering discontinuance of HT afterward. Before 2002, 29% to 41% of women who initiated HT did so for prevention of heart disease (cardiovascular disease [CVD]) and/or osteoporosis. After 2002, 2% to 10% initiated HT for these reasons. Provider advice changed from being pro-HT to being against it for disease prevention. Friends and relatives who used HT and supported using HT before 2002 seem to have disappeared along with conversation in general about menopause and hormones. Of note, 25% of the women discontinued HT because they did not like taking it before and after 2002.

It is important to remember that at least 2/3 of all symptomatic postmenopausal women are under age 50. One out of three of these women are surgically menopausal and another 1/3 are naturally menopausal by age 50. The surgically menopausal women are significantly younger with about half under age 45. These women experience moderate-to-severe menopause symptoms affecting their quality of life; increased risk of dying before age 70; and increased rates of bone loss10; and cognitive decline with Alzheimer pathology.11

DISEASE PREVENTION IS A “CORE” ISSUE IN THIS DEBATE

The WHI studies were developed to determine whether or not HT prevents CVD and mortality. The new SWAN report indicates that disease prevention was a driving force for doctors to prescribe and for women to use HT before the initial WHI report. Unfortunately, misinterpretation of the WHI data took the rug out from under this position. The result has been that prescribers and consumers have come to perceive HT to be only a symptom-control therapy with menopause symptoms not taken very seriously. On the contrary, menopause symptoms should be taken seriously as pathophysiological changes associated with VMS contribute to disease processes including:

- a higher incidence of insulin resistance and elevated glucose levels, greater intima media thickness, and an impairment of arterial endothelial response;
- increase in white hyperintensities in the brain, an indicator of neuronal damage;
- increased rates of bone loss; and
- cognitive decline with Alzheimer pathology.

Also to be taken seriously are the health benefits seen when symptomatic women initiate HT before age 50 and/or within 10 years of menopause. These include reduced risks for CVD, osteoporosis, cognitive decline, vulvovaginal atrophy, and dyspareunia.5,12,13 Fear of developing breast cancer should
be allayed by the WHI findings that ET actually reduces risk for developing and dying from breast cancer. Other studies indicate that use of ET or E+progestogen therapy in younger postmenopausal women, including high-risk women after risk-reduction bilateral oophorectomy, does not increase risk for developing breast cancer. 

Significantly reduced risk for early mortality is seen in meta-analyses of the literature concerned with HT use in younger women. In the WHI ET study women aged 50 to 59 receiving ET versus placebo showed reduced mortality rates for CVD, breast cancer, and Alzheimer’s disease. Unfortunately, lack of awareness of these findings continues to lead to avoidance of HT including ET after hysterectomy resulting in unwarranted mortality in these women prior to age 70.

CHANGING BEHAVIOR TO MOVE FORWARD WITH THE USE OF HT

There are many barriers to increasing use of HT including:

- inadequate menopause education and training of medical professionals;
- medical society guidelines which do not recognize the benefits of HT or may even recommend against it even when HT is warranted;
- frightening ratings from governmental agencies such as the Food and Drug Administration (FDA) Black Box for estrogen-containing preparations and the “D” rating from the US Preventative Services Task Force for hormonal treatment in older women;
- costs for hormone prescriptions;
- insurance company denial of coverage for menopause health care and hormone prescriptions;
- the absence of major pharmaceutical companies which had, before 2002, supported basic research, development of new drugs, Continuing Medical Education events for professionals, and promotion of menopause care for women consumers;
- competition from commercial interests which promote alternative non-FDA-approved therapies and debunk approved HT; and
- misinformation on the Internet.

Of all the barriers to progress in disseminating positive data, silence about anything to do with menopause may well be the most challenging. For 15 years or more, menopause has been almost absent from the agenda for medical school curricula, resident training, grand rounds, and other CME activities. Outside medicine, positive findings about menopause are impressive. New FDA-approved hormonal treatment options increase the potential for tailoring treatment to individual and meeting with greater patient acceptance.

REFERENCES


