

WHAT'S NEW

From the U.S. Preventive Services Task Force

An Overview of Recommendations

AHRQ Publication No. APPIP03-0002

October 2002

Postmenopausal Hormone Replacement Therapy for the Primary Prevention of Chronic Conditions

Does the USPSTF Recommend Hormone Replacement Therapy for Women After Menopause?

The USPSTF recommends against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women because the harms are likely to outweigh the benefits for most women. Although the combination of estrogen and progestin increases bone mineral density, reduces the risk for fracture, and may reduce the risk for colorectal cancer, there is evidence that estrogen-progestin also increases the risk for blood clots in the veins, pulmonary embolism, breast cancer, stroke, coronary heart disease, and gallbladder disease. Although the harms are likely to outweigh the benefits for most women, the USPSTF acknowledged that the harms are modest and that some women may decide the benefits outweigh the harms.

The USPSTF concludes that the evidence is insufficient to recommend for or against the use of estrogen alone for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. Although current data from observational studies suggests that estrogen alone also has benefits and harms, the evidence is not sufficient to determine the exact balance of benefits and harms. The likely benefits are increased bone mineral density and reduced risk for fracture and colorectal cancer. The likely harms are increased risk for blood clots in the veins, gallbladder disease, and stroke. Estrogen alone increases the risk for uterine cancer in women who have not had a hysterectomy. The effects of estrogen alone on breast cancer and heart disease are not certain.

Long-term use of HRT has both benefits and harms.

How Does This USPSTF Recommendation Differ from Its Previous Recommendation?

In 1996, the USPSTF recommended that clinicians counsel all women about the potential benefits and harms of HRT, while stating that the evidence was insufficient to recommend for or against HRT for all women after menopause. The Task Force concluded in 1996 that HRT might have long-term benefits on osteoporosis and heart disease, but that it might increase the risk for breast cancer. Although recent evidence confirmed that HRT reduces the risk for fractures and suggests that it reduces colorectal cancer, the evidence has also confirmed that HRT increases the risk for blood clots in the veins, breast cancer, and stroke. Most importantly, new evidence indicates that HRT does not reduce the risk for coronary heart disease and that combined estrogen and progestin (one

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in several Systematic Evidence Reviews, a Summary of the Evidence, and the USPSTF Recommendations and Rationale, which can be found on the Agency for Healthcare Research and Quality's (AHRQ) Web site (<http://www.preventiveservices.ahrq.gov>) and through the National Guideline Clearinghouse (<http://www.guideline.gov>). The Summary of the Evidence and the USPSTF Recommendations and Rationale are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

www.ahrq.gov

of the most commonly prescribed forms of HRT) may actually increase the risk.

Why Did the USPSTF Release a New Recommendation on Hormone Replacement Therapy?

Hormone replacement therapy is one of the most commonly prescribed drug treatments for postmenopausal women in the United States. While many women take HRT for a limited time to reduce the acute symptoms of menopause (such as hot flashes, vaginal dryness, and mood and sleep disturbances), many women take HRT for years because they expect it to prevent osteoporosis, heart disease, and other chronic diseases. Many new studies, including two large randomized trials, have been published that help clarify the benefits and harms of HRT—including evidence from the first large randomized trials of HRT—since the USPSTF released its recommendation on this topic in 1996.

The current USPSTF reviewed recent evidence on the effect of HRT by postmenopausal women on a variety of chronic diseases, including cardiovascular disease, osteoporosis, dementia, and cancer. The benefits of taking HRT to relieve the acute symptoms of menopause were not addressed in this USPSTF recommendation or by the evidence reviewed.

How Can Doctors Help Women Decide Whether To Take HRT?

Relief of menopausal symptoms remains the most common reason for taking HRT, but it may not require long-term use of HRT. Clinicians should discuss the potential benefits and harms of long-term HRT, as well as the uncertainties in our current knowledge, with women who may be considering beginning or continuing HRT. This discussion should include alternatives to HRT for preventing and treating osteoporosis, as well as effective measures to reduce the risk for heart

disease, cancer, and other chronic diseases. The balance of benefits and harms of HRT may be different for an individual woman based on her preferences and the presence of underlying conditions. Many important questions remain about HRT, including effects of HRT on dementia and ovarian cancer, and the effects of taking estrogen without progestin. Ongoing randomized trials of HRT are due to report data within several years that should address some but not all of the uncertainties surrounding HRT.

Doctors should talk to their patients about the benefits and potential harms of long-term use of HRT.

For more information on hormone replacement therapy, contact the following organizations:

healthfinder™

<http://www.healthfinder.gov>

National Institutes of Health

<http://www.nih.gov>



**U.S. Department of Health
and Human Services**



**Agency for Healthcare
Research and Quality**
www.ahrq.gov



U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the USPSTF are:

Alfred O. Berg, MD, MPH
Chair

Janet D. Allan, PhD, RN, CS
Vice-chair

Paul S. Frame, MD

Charles J. Homer, MD MPH

Mark S. Johnson, MD, MPH

Jonathan D. Klein, MD, MPH

Tracy A. Lieu, MD, MPH

C. Tracy Orleans, PhD

Jeffrey F. Peipert, MD, MPH

Nola J. Pender, PhD, RN

Albert L. Siu, MD, MSPH

Steven M. Teutsch, MD, MPH

Carolyn Westhoff, MD, MSc

Steven H. Woolf, MD, MPH