



Hormone Therapy: Estrogen and Progesterone

Women seeking relief from hot flashes, night sweats, sleep disturbances, and mood changes may choose to begin hormone therapy. Combined hormone therapy (HT) uses two important female hormones, estrogen and progesterone. Women without a uterus can use estrogen alone (ET).

Why take hormone therapy?

In addition to relieving the symptoms of menopause, a long-term benefit of taking estrogen is a lowered risk for osteoporosis and fractures. However, there are risks with using hormone therapy beyond 3 to 5 years. Increased risk for breast cancer, blood clots, strokes and heart disease makes long-term use problematic. If you choose to take hormones, you should take them in the lowest possible dose and for the shortest time needed to relieve menopause symptoms. Once you stop, many of the benefits disappear quickly, but so do the risks.

How do you decide whether to begin hormone therapy?

Every woman is unique. Only you know how severe or distressing your menopause symptoms are. It is important to weigh your quality of life today versus the potential risks of hormone therapy. Talk with your doctor or other health care professional about your risks and benefits. He or she can also help you find other ways to handle your menopause symptoms. If you decide to take hormone therapy, learn as much as you can about your choices before you start treatment.

What are the possible effects of hormone therapy?

The Women's Health Initiative (WHI) has conducted several studies of the risks and benefits of hormone therapy. Scientists continue to analyze and release data from these studies. It's important to note that the WHI study participants were an average of 63 years old and 15 years beyond menopause. As most women starting menopause are 10-15 years younger than the study group, this study did not answer many important questions. In addition, the study used specific hormone products at set doses. Most women now on hormone therapy are taking lower doses and/or different products. We're hopeful that lower doses come with fewer risks, but we don't know this for a fact. No product (even "bioidentical" or plant based) has been proven to be safer than another.

Below, we have summarized information from recent studies, including the WHI studies. These findings are only one piece of a complex, incomplete puzzle and cannot be considered alone. If you choose to take hormones, you should

review the latest findings and discuss any changes in your health status each time you see your doctor.

Hormone prescriptions should be tailored to each individual woman and used for the shortest amount of time at the lowest dose possible to adequately control menopausal symptoms. Testing hormone levels in blood and/or saliva has not been proven to be a reliable way to determine hormone doses. It is best to start with a low dose and increase gradually until symptoms are manageable.

- **Effects on bone loss:** Estrogen prevents bone loss and lowers the risk of fractures of the spine, hip and wrist.
- **Effects on heart disease:** There appears to be no increased risk of heart disease among women who started ET (estrogen alone) or HT (estrogen and progesterone) between ages 50 and 59. However, women who started HT (estrogen and progesterone) after age 60 showed an increased risk of heart attack.
- **Effects on stroke:** HT (estrogen and progesterone) and ET (estrogen alone) may cause a small increase in risk for stroke among women who start before age 60. Study results are mixed for this age group with some studies showing no increase in stroke risk. Women who start hormones after age 60, or more than ten years after menopause, did have an increased stroke risk.
- **Effects on blood clotting:** Oral estrogen and progesterone cause a small increase in blood clots in the legs and lungs. Recent studies show that this risk may not be present with the estrogen patch and certain progesterones. This risk increases if a woman is unable to move for a long period of time. Consider leg exercises while sitting for long periods. You may even stop your hormones 1-2 weeks before a long flight, road trip, or a period of bed rest. Follow your physician or nurse practitioner's advice regarding when it is safe to resume the medication.
- **Effects on the breasts:** The WHI findings appeared to show an increased risk of breast cancer among women who took HT (estrogen and progesterone) for longer than 3-5 years. The risk appears to increase further over time. In addition, women on hormones have increased risk of developing denser breast tissue. This makes mammograms harder to read, resulting in more breast biopsies. Women 50 to 59 who took ET (estrogen only) showed no increased risk of breast cancer after 7 years of follow-up.
- **Effects on the uterus:** When taken alone, estrogen may increase the risk of uterine cancer. Be sure to add progesterone if you have not had your uterus removed.

Less serious side effects of hormone therapy

Women on hormone therapy may experience minor side effects including:

- unexpected vaginal bleeding
- swollen or tender breasts
- headaches, nausea, or bloating
- leg cramps
- vaginal discharge

These side effects are usually mild and may go away with continued treatment. If you experience prolonged or more severe side effects, tell your physician. He or she can adjust your medication to minimize side effects and help you feel better. Most women who start HT during perimenopause will continue to have monthly bleeding.

Prescription Drug Therapies

The following information discusses only prescription hormone therapies. Refer to the Complementary and Alternative Approaches to Menopause Symptoms tipsheet for non-medical approaches to managing symptoms of menopause.

Estrogen

Estrogen is a hormone made by your ovaries. It circulates in your bloodstream and turns on cell activity in many parts of the body, including the breasts, uterus, vagina, skin, bones, liver, arteries, and brain. Although estrogen levels drop with the beginning of menopause, some of the hormone is still produced. Women with menopause symptoms that seriously affect their quality of life may choose to take hormone therapy. In some cases estrogen can be taken for a longer period of time if severe symptoms continue when the medication is stopped. This medication may have other effects on your body, as discussed above. Starting hormones after age 60 is not advised.

Local Vaginal Estrogen

Women with vaginal dryness, painful intercourse, frequent urinary tract infections and/or urinary urgency often respond well to a vaginal estrogen prescription. Vaginal estrogen is available in a cream, ring, or tablet form. Compared to hormone medications taken by mouth discussed in the paragraphs above, vaginal estrogen used as directed has very little risks for healthy women. However, a woman with a history of breast cancer or blood clots should discuss these forms of estrogen with her doctor before trying them.

Progesterone

A woman with a uterus who chooses to take estrogen to manage menopause symptoms also needs to take progesterone. Progesterone balances the effects of estrogen on the lining of the uterus and prevents an increased risk of uterine cancer. Women who take progesterone in the recommended dose, along with estrogen, have the same risk of uterine cancer as women who are not on HT.

The most commonly prescribed progesterone is called Provera. Other types of progesterone are available in pills or in a combination patch. It is important to take the recommended dose and form of progesterone. Over the counter and compounded creams do not adequately protect the uterine lining. This can result in an increased risk of developing uterine cancer.

Bioidentical hormones

Bioidentical estrogen and progesterone products that are manufactured with oversight from the Food and Drug Administration (FDA) are available at Kaiser Permanente pharmacies. There is no evidence to support claims that “bioidentical” hormones from compounding pharmacies are better, safer, or more natural than prescription hormones. Compounding pharmacies make pills, patches, and creams from the same hormonal ingredients that are in FDA approved products. Before ordering non-FDA approved hormones from compounding pharmacies, please check with your doctor.

For more information about bioidentical hormones, see the “Complementary and Alternative Approaches to Help You with Menopause Symptoms” tip sheet and the “Bioidentical Hormones and Hormone Testing For Women: Frequently Asked Questions (FAQs)” handout.

How do you stop taking hormone therapy?

Although there are no studies of the best way to stop taking hormone therapy, most medical professionals recommend tapering off hormone doses slowly over a period of two to three months or longer. This may give your body a chance to adjust to the changes. Vaginal estrogen creams, tablets, or a ring can be used to handle symptoms of vaginal dryness and painful intercourse.

Other resources

- Connect to our Website, kp.org and the health encyclopedia.
- Read the tip sheets on *Complementary and Alternative Approaches to Help You with Menopause Symptoms and Facts on Perimenopause, Menopause, and Hormones*.
- Visit your Kaiser Permanente Health Education Center or Department.
- Request a copy of *Menopause: A Kaiser Permanente Guidebook for Women* from your physician or other medical professional.
- menopause.org
- If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.