

Hormone Therapy and Other Medications



Kaiser Permanente does not recommend being on hormone therapy for more than one to three years.

Women usually begin combined hormone therapy (estrogen and progestin therapy) or estrogen therapy alone (for women who do not have a uterus) to relieve troublesome symptoms of menopause, such as hot flashes, night sweats, and mood changes. Some women believe that the hormones benefit their skin and their general sense of well-being. Also, important long-term benefits of estrogen therapy are decreasing the risk for osteoporosis, hip fracture, and colon cancer. Kaiser Permanente does not recommend being on hormone therapy or estrogen therapy for more than one to

three years. Once stopped, many of the benefits of estrogen disappear rapidly.

What are the problems of hormone therapy?

Minor side effects of hormone therapy include irregular bleeding, tender breasts, and bloating. Although effective in relieving the symptoms of menopause, the Women's Health Initiative (WHI), the first long-term study of hormone therapy, has cast serious doubt on its safety. The WHI study showed that women taking Prempro, or Premarin and Provera, had a slightly higher risk of a heart attack, stroke, blood clotting, and breast cancer than women not taking the medications. It also showed a slightly lower risk of colon cancer and hip fractures in women taking these medications. It is unclear whether these reported effects are similar for other hormone replacement regimens that differ in dosage, preparation, or delivery method. WHI researchers stopped the study because they felt that Prempro was doing more harm than good. Research continues on women who do not have a uterus and are on Premarin alone. Also, results from another recent study of women who had a heart attack in the past showed that women are not reducing their risk of having another heart attack by taking Premarin and Provera. WHI has not completed its study of estrogen alone. Results should be available in 2005.

Making a decision

In light of this new information, Kaiser Permanente no longer recommends hormone therapy or estrogen therapy for

the prevention of heart disease. Because of the risks, you might want to consider other ways to handle your symptoms of menopause. If you decide to use hormone therapy for symptom relief, consider limiting your use for less than three years. If you have been using hormone therapy for more than five years, consider stopping. Learn as much as you can about the choices, think about their risks and benefits, and discuss your concerns with your physician or other medical professional.

The following information discusses only prescription drug therapies. Refer to other tip sheets for more information about self-care tips and alternative and complementary approaches for managing symptoms of menopause.

Estrogen

Estrogen, a hormone made by your ovaries, circulates in your bloodstream and turns on cell activity in many parts of the body, such as the breast, uterus, vagina, skin, bone, liver, arteries, and brain. Although estrogen levels drop drastically with the onset of menopause, some is still produced.

Effects on bone loss

When taken in standard doses, estrogen prevents bone loss and lowers the risk of fractures of the spine, hip, and wrist.

Effects on heart disease

Estrogen combined with progestin has been shown to increase the risk of coronary heart disease and stroke by a small amount. In addition, it can more than double the risk of blood clots and should not be used by women with blood clot problems.



Effects on menopause symptoms

Estrogen usually reduces hot flashes, night sweats, vaginal dryness, mood swings, and other common symptoms.

Effects on breast and uterus

Breast: Estrogen may cause breast tenderness. Although the overall risk remains low, a woman taking hormones for 10 years has a 3.5 to 4 percent risk of getting breast cancer. A woman not taking hormones has a 2.8 percent risk.

Uterus: When taken alone, estrogen causes a build-up of tissue in the uterus. Over many years, this can increase the risk of uterine cancer. Be sure to add progestin if you have not had your uterus removed.

Keep in mind . . .

Using a lower dose of estrogen or changing the way pro-gestin is taken can reduce side effects, such as breast tenderness and irregular bleeding.

Raloxifene (Evista)

Raloxifene, one of a class of new drugs called SERMS, or Selective Estrogen Receptor Modulators, has effects similar to estrogen on the bone and liver but not on the uterus or vagina. It blocks estrogen's effects on the breast.

Effects on bone loss

Studies in women over a four-year period show that Raloxifene can prevent bone loss. It increases bone density about half as much as estrogen and has been shown to lower the risk of spine fractures.

Effects on heart disease

Raloxifene's ability to reduce heart and stroke events is promising, but studies have not concluded. As with estrogen

and progestin, raloxifene can double the risk of blood clots and should not be used by women with blood clot problems.

Effects on menopause symptoms

Raloxifene can actually cause hot flashes. It does not reduce vaginal dryness or other symptoms of menopause.

Effects on breast and uterus

Breast: Raloxifene does not stimulate the breast and has decreased breast cancer risk in studies that are not yet completed. Long-term effects are not known.

Uterus: It does not appear that Raloxifene stimulates the uterus, causes uterine bleeding, or requires the use of progestin. It is not expected to increase the risk of uterine cancer.

Keep in mind . . .

Raloxifene is a promising newer drug that appears to prevent bone loss without increasing breast or uterine cancer risks. However, it does not improve symptoms of menopause. Long-term effects and safety of SERMs are unknown.

Bisphosphonates (Fosamax/Actonel)

Bisphosphonates are newer drugs used to prevent and treat osteoporosis and certain other bone diseases. They are not hormones, so do not have the wide range of effects on other parts of the body that estrogen and SERMs have. Bisphosphonates are known as "anti-resorptive" agents. They work within bone cells to reduce bone breakdown.

Effects on bone loss

In three- to four- year studies, bisphosphonates were shown to increase total body bone density, including in the spine and hip. They also reduced fractures about as well as estrogen.

Effects on heart disease

Bisphosphonates have no effect on heart disease, cholesterol, or risk of blood clots.

Effects on menopause symptoms

Bisphosphonates do not improve hot flashes, vaginal dryness, or other symptoms of menopause.

Effects on breast and uterus

Bisphosphonates have no effect on the breast or on the risk of breast cancer. They also have no effect on the uterus.

Keep in mind . . .

Bisphosphonates are very specific drugs for treating and preventing bone loss. They tend to upset the stomach and have strict dosing instructions. Bisphosphonates are not hormones and therefore do not have the same risks and benefits as hormones. Long-term effects are unknown.

Other resources

- Connect to our Web site at members.kp.org.
- Check your *Kaiser Permanente Healthwise Handbook*.
- Listen to the Kaiser Permanente Healthphone at 1-800-332-7563. For TTY, call 1-800-777-9059.
- Visit your facility's Health Education Department for books, videos, classes, and additional resources.

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 medical professional. If you have persistent health problems, or if you have additional questions, please consult your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse any brand names; any similar products may be used.