

What's The Buzz?

The Latest on Hormone Replacement Therapy

1. What are the limitations of the WHI?

- The study did not quantify quality-of-life variables, such as the control of menopausal symptoms.
- It is not clear about the use of HRT in younger women.
- Only one type of regimen, the combination of conjugated estrogen (0.625 mg/day) plus medroxyprogesterone (2.5 mg/day), was investigated. However, most women in Europe who use HRT do not take the preparation studied in the WHI.
- It gives no indication of the effects of other doses, formulations, and routes of administration.

2. What is the main goal of HRT?

HRT should be used for the relief of menopausal symptoms, such as sleep disturbance, anxiety, hot flashes, and irritability. Women using HRT should be closely monitored with regular visits. In fact, a baseline mammogram, followed by yearly mammograms, is recommended. The ultimate goal of HRT is to deal with the transitional symptoms of menopause, then to taper the dosage, if possible, and, finally, to discontinue therapy altogether. If symptoms persist, some consideration should be given to alternative therapies.

As presented at the University of Toronto's **Primary Care Day** conference
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3. When is HRT contraindicated?

The main point brought out in the most recent HRT studies is that combined HRT can be used for the short-term relief of menopausal symptoms, but not for the long-term prevention of disease. Therefore, HRT should not be prescribed for the prevention of:

- cardiovascular disease,
- dementia,
- stroke, or
- osteopenia.

4. What are some of the attributable risks for combined, continuous HRT?

- Coronary heart disease
- Stroke
- Venous thromboembolism
- Cancer (breast)

For an in-depth look at recent HRT studies, please go to page 74.