For years, women were misled into believing that menopausal hormone therapy was a fountain of youth, a way to counter the chronic diseases of aging, such as heart disease and dementia. But after 15 years of trials and follow-up, the Women’s Health Initiative has delivered the final blow to use of the therapy for disease prevention.

A synthesis of all WHI studies, involving more than 27,000 women, reinforces previous findings that there are many risks in taking hormone therapy and precious few benefits. The new report, published in today’s Journal of the American Medical Association, included women with a uterus who were given estrogen with progesterone, as well as those without a uterus who were given estrogen alone. The women were between the ages of 50 and 79 at the start of the study.

Among women in the estrogen-progestin group, the risks were higher for coronary heart disease, breast cancer, stroke, pulmonary embolism, gallbladder disease, urinary incontinence, and in those 65 or older, dementia. The benefits included decreased hip fractures, diabetes and reduced menopausal symptoms such as night sweats and hot flashes. In the estrogen-only group, the risks and benefits were more balanced, with increased risks of stroke and blood clots, and dementia in women aged 65+, and reduced risk of hip and other fractures.

“What we found initially has not changed, despite more than a decade of new analyses which have taken into consideration questions and controversial issues raised by individual scientists and professional organizations that continue to believe menopausal hormone therapy is good for women - particularly younger women,” Marcia Stefanick, PhD, a professor of medicine at Stanford and one of the study’s co-authors, told me.
She said it is clear menopausal hormone therapy should not be used to prevent diseases of aging. Younger, healthy women in early menopause may still opt to use the therapy to manage their symptoms but shouldn’t look to it as a disease prevention tool, she and her colleagues conclude.

Stefanick has been a leader in the NIH-funded initiative since its outset in 1994. She said it’s important to include women in NIH-funded clinical trials to ensure that there is enough evidence to prescribe any kind of drug that is widely used, whether it is hormones or other treatment. Earlier this year, Stefanick co-founded a School of Medicine-wide center known as the Stanford WSDM Center (Center for Health Research on Women & Sex Differences in Medicine), which encourages study of sex differences in cells, tissues, animal models and human health outcomes, with an emphasis on women’s health.

Previously: No long-term cognitive effects seen in younger post-menopausal women on hormone therapy, A call to advance research on women’s health issues, New findings on aspirin and melanoma: Another outcome of the Women’s Health Initiative, Exploring sex differences in the brain and Women underrepresented in heart studies. 
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