

MENOPAUSE UPDATE – JANUARY 2009

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Below are excerpts I have taken from an excellent educational initiative;

Charting a Course Through Changing Tides: An Evidence-Based Examination of Hormone Therapy in Women's Health. Haymark Medical Education. Published Fall 2008

Authors: Alan Altman, MD – Harvard Medical School; Howard Hodis, MD – USC School of Medicine; James Simon MD – George Washington School of Medicine; Susan Wysocki, NP – National Association of Nurse Practitioners in Women's Health

The most recent analyses of 'finalized' data from the Women's Health Initiative (WHI) show a protective effect of hormone therapy (HT) when *initiated* in younger women. (p.5)

- The rate of death was significantly reduced (39%) with HT among woman under 60 (p.5)
- There was a significant reduction (32%) in heart disease events in women younger than 60 (p.6)
- Estrogen therapy (ET) is neuroprotective resulting in primary prevention of neuron loss or dementia (46% reduction), and there is evidence for reduction (64%) of Alzheimer's disease with early initiation of HT (p.7-8)
- Long term HT can reduce the risk of postmenopausal hip fracture 50% to 60%, and vertebral deformation up to 90% (p.8)
- No *significant* increase of breast cancer risk found on HT, and a reduction of breast cancer in all ages in women on ET only, which suggests a possible protective effect of estrogen regarding breast cancer (p.8)
- The risk of new onset diabetes was reduced by 21% in women on HT (p.9)

It appears that the greatest benefits are seen when HT is started close to the onset of menopause and continued long term.(p.6)

A way to visualize the risk from developing on adverse effect with HT is that it is approximately equivalent to that of being struck by lightning. (p 14)

(See previous update re: oral vs. transdermal HT)