NAMS Journal **Menopause** Reflects on the WHI 10 Years Later

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There is a critical mass of data supporting the timing hypothesis,(reassurance of safety when HT is initiated early in menopause for the relatively young and healthy women who are experiencing symptoms). The benefits of HT (symptom control and an overall improvement in quality of life) probably exceed any potential for harm.

As clinicians we must empower women with the notion that quality of life matters. With the exception of those with known or high risk of estrogen-sensitive cancer, women who choose HT must also be counseled that treating the symptoms of menopause is a valid choice.

Studies conducted in France, the United Kingdom, and North America strongly suggest that transdermal postmenopausal estrogen therapy (ET) is safer than oral ET with respect to blood clots and stroke. Patches represent the great majority of transdermal ET prescribed in the United States.

There is a close association between patch dose and estradiol blood levels. 40 to 100 pg/mL of estradiol represents a reasonable target range. The average estradiol levels achieved with the 0.05 mg Vivelle-Dot (twice weekly) is 57 pg/mL The use of the of Elestrin gel (two pumps daily) achieves an average serum level of 39.2 pg/mL,

Vulvar and vaginal symptoms, including discomfort, dryness, itching, burning, and pain, are common among postmenopausal women. Although aging plays an role, the association of symptoms with declining estrogen levels and the reported improvement of symptoms with estrogen treatment have established estrogen deficiency as the main contributing factor for those symptoms.

There seems to be a compelling association between various stages of cognitive impairment and bone mineral density. Observations demonstrate the association between the rate of decline in cognitive function and the decline in bone density. Because of the well-established role of estrogen in bone metabolism, it is tempting to attribute this association to estrogen status. Indeed, observational studies consistently demonstrate that postmenopausal estrogen users perform better on tests of cognition than nonusers do.

We have become increasingly aware that osteoporosis in the older adult is not simply a bone disease but a condition affecting multiple systems, including the cardiovascular system. For example, osteoporosis is associated with an increased risk of heart disease. The effects of estrogen on cognitive function (and heart disease) and, ultimately, dementia seem to be mediated during a relatively narrow “window of opportunity” at the time of menopause.

The ‘window of opportunity’ takes into account approximately up to 10 years after a last period, or after the use of hormone therapy.