May 2017 Update - Should I Stop Hormone Therapy

I am often asked **"how long should I take Hormones?"** Below is a condensed explanation from a recently published article in Journal Climacteric of The International Menopause Society entitled **"New evidence for cardiac benefit of postmenopausal hormone therapy".**

Coronary artery disease (CAD) is still the most common killer of western women. Coronary arteries, expressing estrogen receptors, are a target for estrogen action. Prior to the Women's Health Initiative (WHI) study, postmenopausal hormone therapy (HT) was widely advocated for primary prevention of CAD, but such use was criticized after the WHI publication. **However, new data accumulated in the USA and in Europe indicate that the use of estradiol-based HT regimens does not endanger the heart, but rather, it significantly reduces the incidence of CAD events and mortality.**

To get maximal cardioprotective efficacy of HT, a woman should initiate HT as soon as symptoms occur, and preferably within the first 10 postmenopausal years.

Current guidelines recommend that HT should be used for the shortest possible time, and an annual or biennial HT pause has become a routine practice to evaluate if a woman could manage without HT.

Long-term consequences of HT discontinuation have been assessed in several clinical trials. In the WHI study, 3 years after HT cessation, the overall mortality was significantly increased. In the HERS unblinded, post-trial, 2.7-year follow-up, women originally assigned to estrogen had a 3.3-fold higher rate of ventricular arrhythmia requiring resuscitation compared with those women assigned to placebo. A recent large-scale population study revealed that women who stopped estradiol-based HT relative to women who continued it had a 2.3-fold greater risk of CAD death within the first post-HT year. Furthermore, these risk elevations were markedly higher in women who had been younger than 60 years at the initiation or discontinuation of HT use. Although these epidemiological data do not prove a direct cause-and-effect relation, such may well be present in view of the rapid biological cardiac effects of estrogen. **Acute withdrawal of vasodilatory estrogen, as in discontinuation of HT, may result in constriction of coronary arteries that could potentially cause fatal myocardial infarction.** Furthermore, reoccurrence of vasomotor hot flushes after HT withdrawal is associated with increased sympathetic activity and palpitations, **and this could predispose some women to fatal arrhythmias.** Thus, **regardless of the mechanism of action, these data strongly question the safety of the annual discontinuation practice to evaluate whether a woman could manage without HT.**