Hormone Therapy Questions

The Women’s Health Initiative (WHI) said I was at increased risk of heart disease from taking hormones. Recently a newspaper article said that hormones do not increase the risk of heart attacks. What is the real answer?

The answer is somewhat in the middle. Prior to the large randomized trial, called the Women’s Health Initiative (WHI), many studies on animals and observational studies on women showed a cardiovascular benefit of hormone. The initial information from the WHI study released in 2002 showed an increased risk of coronary heart disease. This resulted in an avalanche of media reports describing the hazards of hormonal therapy. Upon further analysis of the data in 2006, both the Nurses Health study and WHI trials suggest that hormone therapy initiated in the early post menopausal years reduce the risk of coronary heart disease, while initiation of hormonal therapy 10 years or more after the start of menopause may increase the risk of coronary artery disease.

Is there an increased incidence of Alzheimer’s disease if I take hormones?

There is conflicting data on Alzheimer’s and hormone therapy. Observational studies prior to 2002 showed that hormones reduce the incidence of Alzheimer’s. The Women’s Health Initiative Memory studies showed that taking estrogen plus progesterone doubled the risk of Alzheimer’s but taking estrogen alone did not significantly increase the disease. All women enrolled in this study were over 65 and 50% were over age 70. Another large study in Utah showed women over age 64 who took hormones had an increased risk of Alzheimer’s but women younger than 64 who started hormones had a decreased risk.

Does hormone therapy increase the risk of breast cancer?

The Women’s Health Initiative trials (WHI) demonstrated a slight increased risk of invasive breast cancer in women on a combination of conjugated estrogen and medroxyprogesterone. This resulted in eight more breast cancers per 10,000 women per year. Medroxyprogesterone is given to women, who take post-menopausal hormones and have a uterus, to prevent uterine cancer. Other types of progesterone were not tested.

The WHI trials also demonstrated that women taking conjugated estrogen alone without medroxyprogesterone had a 30% reduction in breast cancer as compared to controls. This was not a statistically significant decrease. The conclusion is that taking estrogen alone does not increase breast cancer risk.

What are bioidentical or natural hormones?

When something is bioidentical, it is structurally identical to the substance as it naturally occurs in your body. Your body produces three different types of estrogen. These are estradiol or E2, Estrone or E1 and Estriol or E3. The primary estrogen is estradiol which is produced by the ovary during your reproductive years. Estrone is the hormone of menopause. Estriol is a weak estrogen produced by the placenta in pregnancy. The estrogens can be “compounded” in local pharmacies. Studies have not demonstrated any benefits or fewer side effects with bioidentical hormones. “Bioidentical” is a marketing term.