

James L. Holly, M.D.

Menopause: Estrogen Replacement Therapy and Hormone Replacement Therapy

by James L. Holly, MD

Your Life Your Health

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If you think you are beginning to go through menopause, take the following quiz.

Yes No Are you between the ages of 40 and 55, and have you had a change in length, flow, or frequency of your menstrual cycle?

Yes No Have you ever experienced a momentary flush, accompanied by a feeling of intense heat, which may last from 1 to 3 minutes?

Yes No Have you experienced multiple awakenings at night or has your sleep been interrupted by a combination of hot flashes and night sweats?

Yes No Has sexual intercourse been uncomfortable or even painful as a result of vaginal dryness?

Yes No Did your mother go through menopause at approximately the same age you are now?

If you respond positively to more than three questions on the menopause quiz, you may be joining the fast-growing group of menopausal women! Right now, more than 48 million American women are menopausal, a number that has been steadily on the rise for almost 15 years.

Studies show estrogen loss in menopause is a significant contributor to heart disease and stroke. Estrogen replacement therapy (ERT) and hormone replacement therapy (HRT) are used to relieve menopause symptoms and protect against osteoporosis and heart disease. What is estrogen or hormone replacement therapy (ERT/HRT)?

A therapy for the physical, emotional, and health-risk symptoms associated with menopause is either estrogen replacement therapy or hormone replacement therapy (ERT or HRT).

- ERT is the replacement of estrogen alone.
- HRT is the replacement of both estrogen and progesterone. This may also be called progestin/estrogen replacement therapy, or PERT.

Typically, hormone replacement therapy is used in women who still have their uterus, as estrogen therapy without progesterone therapy can increase the risk of uterine cancer. If the uterus has been removed, progesterone therapy is not usually needed.

What are the advantages of ERT/HRT? The American Heart Association lists the following benefits of each.

- Research shows ERT and HRT may reduce heart attack risk after menopause by up to 50 percent.
- HRT lowers low-density lipoprotein (the bad cholesterol) and fibrinogen, a blood-clotting factor that is a predictor of heart attack and stroke.
- In the long-term Nurses' Health Study, ERT and HRT reduced the risk of death from cardiovascular disease and all major diseases including cancer.
- Other research shows ERT helps blood vessels relax and respond to exercise and stress by keeping arteries from narrowing and increasing blood flow.
- Early studies show estrogen loss may be linked to Alzheimer's disease. The disease may be less likely to strike women who take estrogen after menopause.

The American Heart Association lists the following risks of ERT and HRT:

- High doses of ERT raise risk of endometrial or uterine cancer. There is not enough information about lower doses. HRT reduces endometrial cancer risk and may help protect against it.
- ERT may increase triglyceride levels and risk of blood clots. Triglyceride is the most common type of fat in the body.
- Researchers don't agree on whether hormone therapy increases breast cancer risk due to inconsistent studies. Women on ERT or HRT in one study had no increase in breast cancer in three years. Women in the Nurses' Health Study who used hormones 10 or more years had an increase in breast cancer.

The National Institutes of Health lists the following as the advantages of ERT/HRT:

- Both reduce the risk of osteoporosis
- Both reduce the risk of heart disease

- Both relieve hot flushes
- Both may relieve mood swings and to increase psychological well-being

The National Institutes of Health lists the following as the disadvantages of ERT/HRT:

- ERT increases the risk of cancer in the uterus
- HRT may have unpleasant side effects such as bloating or irritability
- Both may increase risk of breast cancer -- particularly long-term use (more than 10 years)
- Both may be dangerous for women at risk for blood clots.

Although there are serious risks associated with both ERT and HRT, many health care providers and agencies believe that the positive results outweigh the risk factors.

Consider these statements by the American Medical Association:

- Estrogen replacement is the only consistent and satisfactory therapy to sustain systems dependent on ovarian hormone secretion and to relieve hot flushes.
- Symptomatic vaginal atrophy and vaginitis and atrophic changes of the lower urinary tract with urinary frequency, dysuria, and sometimes incontinence, are reversible with estrogen therapy.
- Preventing osteoporosis requires extended estrogen replacement.

Are there holistic remedies for relieving menopausal symptoms?

Many menopausal symptoms can be relieved by diet and lifestyle changes. The hormones needed can be found in tofu, berries, soybean, citrus fruits, and wild or Mexican yams. Herb sources include dong quei, chaparral, damiana, licorice, black cohosh, motherwort, linoleic acid oils, and fennel. Hot flashes may be alleviated by sleeping in a cool room, regular relaxation, and breathing exercises. A water-soluble lubricating cream (with or without estrogen) can alleviate vaginal dryness.

What other estrogen replacement products are available?

Only Premarin and PremPro (another Wyeth-Ayerst product that combines Premarin and progestin in one medication) are produced from Menoquine (horse) estrogens. Many of the alternative estrogens available are priced comparable to Premarin.

Estraderm (estradiol transdermal system) is a clear plastic patch that releases small amounts of estradiol (hormone produced by ovaries) through the skin into the bloodstream.

Estrace (estradiol tablets) is derived from soybeans and Mexican yams.

Estratest is a combination of esterified (combined) estrogens and methyltestosterone, based on yam and soyplant and then synthesized to resemble human estrogen.

Estratab consists of esterified (combined) estrogens. Up to 15 percent of Estratab contains synthetic equine estrogens.

Ortho-est (estropipate tablets), derived from soybeans or Mexican yams, is identical to human estrone in its estrogen composition.

Ogen also consists of estropipate tablets and is identical to human estrone in its estrogen composition.

Fosomax is available for the treatment of osteoporosis. Fosomax is the first non-hormonal treatment option for post-menopausal women who cannot or will not take estrogen. Fosomax may also be effective in the prevention of osteoporosis but further research will be required prior to FDA approval of this medication for preventive use.

Miacalcin is a nasal spray for the treatment of post-menopausal osteoporosis. Miacalcin is a restorative drug and does not prevent osteoporosis.

Ask your doctor about estrogen replacement or hormone replacement therapy for yourself.

Remember, it is your life and it is your health.