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Questions and Answers About Estrogen Replacement and Heart Disease

Many people have been confused and alarmed by the 2004 news about the Women's Health Initiative Study (WHI). To help understand what it means, the following Questions and Answers offer some perspective. Before you personally make any decisions, though, it's very important to consult your physician.

What if I'm taking or considering taking estrogen alone or estrogen plus progestin to prevent heart disease or stroke?

Estrogen alone and estrogen plus progestin should not be used to prevent heart disease or stroke. Many established methods are available to lower heart disease risk in women. Lowering cholesterol and controlling blood pressure are two examples. If blood pressure and cholesterol aren't controlled with lifestyle measures such as not smoking, getting regular physical activity and eating a heart-healthy diet, then drug therapy may be indicated. Certain medications, such as aspirin, statins, beta-blockers and ACE-inhibitors, also may benefit women who have cardiovascular disease or are at high risk of developing it.

What if I'm taking another type of hormone therapy to prevent heart disease or stroke?

Until there's clear evidence that other forms of PHT not tested in recent clinical trials are beneficial, women should not use these therapies to prevent heart disease and stroke.

Newer estrogen therapies such as selective estrogen receptor modulators (SERMs) aren't the same as PHT. They don't treat menopausal symptoms and don't seem to increase the risk of breast cancer — but they are effective in treating osteoporosis and preventing fractures. Studies are under way to find out if they lower the risk of heart disease. However, like estrogen plus progestin, these should not be used for this purpose until more research is available.

What if I'm taking hormone therapy for other reasons, such as relief of menopausal symptoms?

For many women, using estrogen alone or estrogen plus progestin for short-term relief of menopausal symptoms may be worth the small absolute increase in risk for heart disease, stroke or breast cancer. Because the risk of these complications rises the longer it is used, PHT should be used for the shortest time necessary. Women who've had premature menopause because their ovaries were surgically removed should consult their physician(s) about when to stop hormone therapy.

What if I'm taking hormone therapy to prevent osteoporosis?

Estrogen alone and estrogen plus progestin are effective for preventing osteoporosis and bone breaks, but these benefits may not outweigh the risk of breast cancer and cardiovascular disease. Other options should be considered.

Is more research under way to evaluate using other forms of hormone therapy to prevent and treat heart disease?

Yes. The WHI results show that postmenopausal hormone therapy didn't work the way physicians assumed it would. This shows why research studies like the WHI are so important. It also makes scientists more intent than ever to discover new types of estrogens that might help prevent and treat heart diseases. It could be that in the future new and different estrogens or SERMs might help prevent and/or treat heart disease. Many different kinds of estrogens and SERMs are now being tested.