ACOG
The American College of Obstetricians and Gynecologists

FAQs

Hormone Therapy for Menopause

Frequently Asked Questions

What are menopause and perimenopause?

Menopause is the time in a woman's life when her menstrual period stops. The average age that women go through menopause is 51. Usually beginning in your mid-40s, you enter a transition phase called perimenopause.

Your hormone levels can go up and down during perimenopause. This can cause symptoms such as hot flashes, vaginal dryness, pain during sex, sleep problems, and night sweats. See The Menopause Years to learn more about menopause and perimenopause.

What is hormone therapy?

Hormone therapy is a medical treatment that can help relieve the symptoms of menopause and perimenopause. Hormone therapy also is called "hormone replacement therapy" or "menopausal hormone therapy."

What are the different types of hormone therapy?

There are two types of hormone therapy, depending on whether you take one hormone or two:

Estrogen only. Estrogen is the primary hormone used in hormone therapy. Sometimes it is called simply "estrogen therapy."

Estrogen plus progestin. If you have never had a hysterectomy and still have a uterus, you also will need a hormone called progestin. Taking progestin helps reduce the risk of uterine cancer that can occur when estrogen is used alone. There is some evidence that adding progestin may also improve hot flashes. Estrogen plus progestin sometimes is called "combined hormone therapy."

How does hormone therapy work?

As you approach menopause, your ovaries get smaller and gradually stop making estrogen. Medication that provides estrogen can relieve symptoms of menopause in two ways:

- **Systemic estrogen therapy**. Estrogen is released into the bloodstream and travels to the organs and tissues where it is needed. Examples include pills, skin patches, gels, and sprays.
- **Local estrogen therapy**. Women who only have vaginal dryness may take local estrogen therapy in the form of a vaginal ring, tablet, or cream. These forms release small doses of estrogen directly into the vaginal tissue.

When progestin is added, it can come in different forms, including pills you take by mouth, or tablets and gels you place in the vagina. The intrauterine device (IUD), which releases progestin, also may be an option. Progestin also can be combined with estrogen in the same pill or patch.

You and your obstetrician–gynecologist (ob-gyn) can talk about what form may work best for you. You can decide based on your symptoms, medical history, and lifestyle.

How often is hormone therapy taken?

Estrogen-only therapy is taken daily. There are two ways to combine estrogen and progestin for women who still have a uterus:

- **Continuous-combined therapy**: Both estrogen and progestin are taken every day.
- **Cyclic therapy**: Estrogen is taken daily. Progestin is added for 10 to 14 days each month (usually as a pill). Another name for this is sequential hormone replacement therapy.

You and your ob-gyn can discuss the approach that works best for you.

How should I decide whether to take hormone therapy?

Talk with your ob-gyn about what may work best for you based on your symptoms and your personal and family medical history. If you decide to take hormone therapy, you and your ob-gyn should talk every year about whether to continue hormone therapy. Each year, this decision will depend on your symptoms, risks, and benefits. Some women may need longer therapy if their symptoms go on for a long time.

What are the benefits of hormone therapy?

- Systemic estrogen therapy (with or without progestin) has been shown to be the best treatment for hot flashes and night sweats.
- Both systemic and local estrogen therapy relieve vaginal dryness.
- Systemic estrogen protects against the bone loss that occurs early in menopause. This can help prevent osteoporosis .
- Combined hormone therapy may reduce the risk of colon cancer.

How does hormone therapy affect my risk of cancer?

Estrogen-only therapy causes the lining of the uterus to thicken, which increases the risk of endometrial cancer. Adding progestin decreases this risk.

Combined hormone therapy is associated with a small increased risk of breast cancer. Women with a history of hormone-sensitive breast cancer should try nonhormonal therapies first to treat menopause symptoms.

Combined hormone therapy also may reduce the risk of colon cancer.

How does hormone therapy affect my risk of heart disease?

Combined hormone therapy is associated with a small increased risk of heart attack for older women. This risk may be related to age, existing medical conditions, and when a woman starts taking hormone therapy.

Some research suggests that combined hormone therapy may protect against heart attacks in women who start combined therapy within 10 years of menopause and who are younger than 60 years. This benefit may be even greater for women taking estrogen alone.

More research is needed on this topic. At this time, combined hormone therapy should not be used solely to protect against heart disease.

What are other risks of hormone therapy?

Hormone therapy may increase the risk of other conditions:

- **Deep vein thrombosis (DVT)** —Combined hormone therapy and estrogen-only therapy are associated with a small risk of stroke and blood clots from DVT. This risk increases with age and other factors, including heart disease, kidney disease , and obesity. Patches, sprays, and rings may pose less risk than pills taken by mouth.
- **Gallbladder disease**—There is a small increased risk of gallbladder disease associated 119 with estrogen therapy with or without progestin. The risk is greatest with pills.

Many of these risks are related to your health and family history. If you are thinking about hormone therapy, it is important to learn as much as you can. Discuss your options and the risks with your ob-gyn.

Who should not take hormone therapy?

Systemic hormone therapy usually is not recommended if you have ever had:

- Breast or endometrial cancer
- Stroke
- Heart attack
- Blood clots
- Liver disease

Hormone therapy also is not for pregnant women. Stop taking hormone therapy if you get pregnant or think you may be pregnant.

What are the side effects of hormone therapy?

Potential side effects of hormone therapy include:

- Vaginal spotting or bleeding, which usually stops within 6 months
- Temporary breast soreness
- Bloating (fluid retention)
- Headaches

Talk with your ob-gyn if these side effects trouble you or last longer than expected. You can discuss adjusting your dosage.

What are alternatives to hormone therapy?

Many women are interested in options other than hormone therapy to treat menopause symptoms. Alternatives include:

- Over-the-counter vaginal moisturizers and lubricants
- Nonhormonal medications, including:
  - Antidepressants —to relieve hot flashes
  - Selective estrogen modulators (SERMs) —to relieve hot flashes or pain during sex
  - A daily vaginal insert called dehydroepiandrosterone (DHEA)—to relieve pain during sex
  - A seizure medication called gabapentin and a blood pressure medication called clonidine—to reduce hot flashes and ease sleep problems
- Plant and herbal supplements, including some soy products

It also is important to know that few plant and herbal supplements have been studied for safety or effectiveness. Talk with your ob-gyn about which type of treatment is right for you.

What should I know about bioidentical hormones?

Bioidentical hormones come from plant sources. They are similar to hormones produced by the body. They include commercially available products that are approved

by the U.S. Food and Drug Administration (FDA), such as oral progesterone, as well as compounded drugs. A compounded drug is made by a compounding pharmacist using a health care professional's prescription.

Compounded drugs are not regulated by the FDA. Customized compounded hormones pose more risk because they vary in strength and purity. That means you can take too little or too much of a hormone without knowing it. There also are safety concerns about a kind of compounded drug known as pellet therapy.

There is no scientific evidence that compounded hormones are safer or more effective than standard hormone therapy. The American College of Obstetricians and Gynecologists (ACOG) recommends FDA-approved hormone therapy over compounded hormone therapy.

Are there any other uses of hormone therapy?

Hormone medication may be prescribed for reasons other than menopause. It may be used:

- To prevent osteoporosis
- To initiate puberty in adolescents with primary amenorrhea
- As part of a gender transition
- To treat some types of cancer or to relieve some cancer symptoms
- To treat infertility in certain situations

Glossary

Amenorrhea: The absence of menstrual periods in women of reproductive age.

Antidepressants: Drugs that are used to treat depression.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Estrogen: A female hormone produced in the ovaries.

Hormone: A substance made in the body that controls the function of cells or organs.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hot Flashes: Sensations of heat in the skin that occur when estrogen levels are low. Also called hot flushes.

Hysterectomy: Surgery to remove the uterus.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Kidney Disease: A general term for any disease that affects how the kidneys function.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Osteoporosis: A condition of thin bones that could allow them to break more easily.

Ovaries: Organs in women that contains the eggs necessary to get pregnant and makes important hormones, such as estrogen, progesterone, and testosterone.

Perimenopause: The time period leading up to menopause.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Selective Estrogen Receptor Modulators (SERMs:) Drugs that stimulate certain tissues that respond to estrogen while not stimulating other tissues that respond to estrogen.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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