

The 2017 Hormone Therapy Position Statement of The North American Menopause Society

Abstract Menopause: July 2017 - Volume 24 - Issue 7 - p 728–753

The North American Menopause Society (**NAMS**) has just released their new 2017 position paper on the use of hormone replacement therapy (HRT) for menopausal and postmenopausal women that "**guarantees to make healthcare providers and the women they treat more comfortable using HRT when women want it to improve their quality of life**", according to JoAnn Pinkerton, MD, executive director of NAMS and professor of obstetrics and gynecology, University of Virginia Health System in Charlottesville).

The NAMS 2012 Position Statement: "the concept of lowest dose for the shortest period of time' was inadequate or even harmful for some women," the authors now affirm is not valid.

NAMS Recommendations:

- For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications - the benefit-risk ratio of hormone therapy is most favorable for treatment of bothersome VMS (hot flashes and night sweats) and for those at elevated risk for bone loss or fracture.
- For women who initiate hormone therapy more than 10 or 20 years from menopause onset or are aged 60 years or older - the benefit-risk ratio appears less favorable.
- Longer durations of hormone therapy should be for documented indications, such as persistent vasomotor symptoms or bone loss, with shared decision making with their provider
- For women with vulvar and vaginal symptoms due to estrogen deficiency and who are not on HRT - low-dose vaginal estrogen may alleviate urinary and vaginal symptoms, as well as sexual-function difficulties. Women who do not wish to or who cannot take estrogen preparations may be counseled to try over-the-counter intra-vaginal DHEA.
- For women with loss of libido - estrogen therapy cannot be expected to improve sexual function or arousal. Testosterone replacement is critical to the preservation of libido.
- Women who enter early menopause (naturally or surgically) are all at high risk for estrogen-deficiency related consequences and should be considered early on for treatment with estrogen, plus some form of endometrial protection for women with an intact uterus.

What About Older Women and Extended Use of HRT?

The NAMS authors caution that when HRT is initiated in women who are 10 or more years out from their menopause or when they are 60 years of age or older, the benefit/risk ratio of HRT is less favorable than it is for younger women.

The NAMS author's note, "once women discontinue HRT, there is about a 50% chance that vasomotor symptoms will return, regardless of their age or how long they've been using it. Thus, extended use of HRT may be expected to continue to relieve persistent VMS", they note.

"With discontinuation of HRT, virtually all women will lose bone-mineral density, with increased risk of bone fractures and excess mortality from hip fracture," they also point out.

Moreover, **there is no evidence to support routine discontinuation of HRT after the age of 65**, as Dr. Pinkerton stressed.

"Decisions about longer duration of therapy should be individualized and considered for indications such as persistent vasomotor symptoms or bone loss, with shared decision-making, documentation, and periodic reevaluation," she emphasized.

"And the risks of longer use of HRT may be minimized with the use of lower doses of both estrogen and progestogens, the use of transdermal therapies to avoid hepatic first-pass effect, or the combination of conjugated estrogen paired with the SERM bazedoxifene, which provides endometrial protection without the need for a progestogen," she added.

What to Do About Hormone Therapy for *BRCA 1/2* Carriers

As for women who carry the *BRCA 1/2* mutation, both of which place them at very high risk for breast and ovarian cancer, Dr. Pinkerton pointed out that observational studies suggest that hormone therapy does not alter the risk for breast cancer further in women with a family history of it, although family history must be assessed when counseling women about HRT.

"For *BRCA*-positive women without breast cancer who have undergone risk-reducing bilateral salpingo-oophorectomy, observational data suggest that systemic HRT to the median age of menopause may decrease health risks associated with premature loss of estrogen without increasing breast-cancer risk,"

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