REVISED GLOBAL CONSENSUS STATEMENT ON MHT

July 23, 2016 by P Bobby @ *The Doctor*

This is essentially a quality of life issue — sexual function, joint/muscle pain, mood change, and sleep disturbance may all improve with MHT. There are 12 key points to consider to manage patients appropriately and stay out of trouble. The therapeutic risk-benefit ratio is most advantageous in women < 60:

1. **Vasomotor symptoms** are most effectively treated by MHT∗. SSRIs/SNRIs are an alternative. (Gabapentin can be considered.)

2. MHT is *effective* and *appropriate* treatment for **osteoporosis,** significantly reducing osteoporotic (and normal/osteopenic) fractures in postmenopausal women at all sites. (After age 60, MHT is considered second-line treatment for fracture prevention.)

3. Oestrogen-only therapy may **decrease CHD** and **all-cause mortality.** Estrogen-progesterone combination shows a similar, but non-significant, trend.

4. Vaginal dryness / dyspareunia / UTI prevention only → **topical low-dose oestrogen**.

5. Oestrogen-only therapy is appropriate for women who have had a **hysterectomy,** otherwise additional progesterone is required.

6. Treat according to **health priorities and personal risk factors** — age, years since menopause, CHD risk, VTE risk, etc.

7. **Individualise** dose and duration of treatment

8. **Risk VTE / Stroke** increased, but still very low absolute risk if < 60 (risk may be lower with transdermal 0.05 mg twice weekly)

9. Breast Cancer risk if > 50 *primarily* (not exclusively) associated with **progesterone and duration** of use, although the increased risk is small (<1.0 per 1000 women per year of use, or the same as sedentary lifestyle, obesity, alcohol) and may decrease after MHT is stopped.

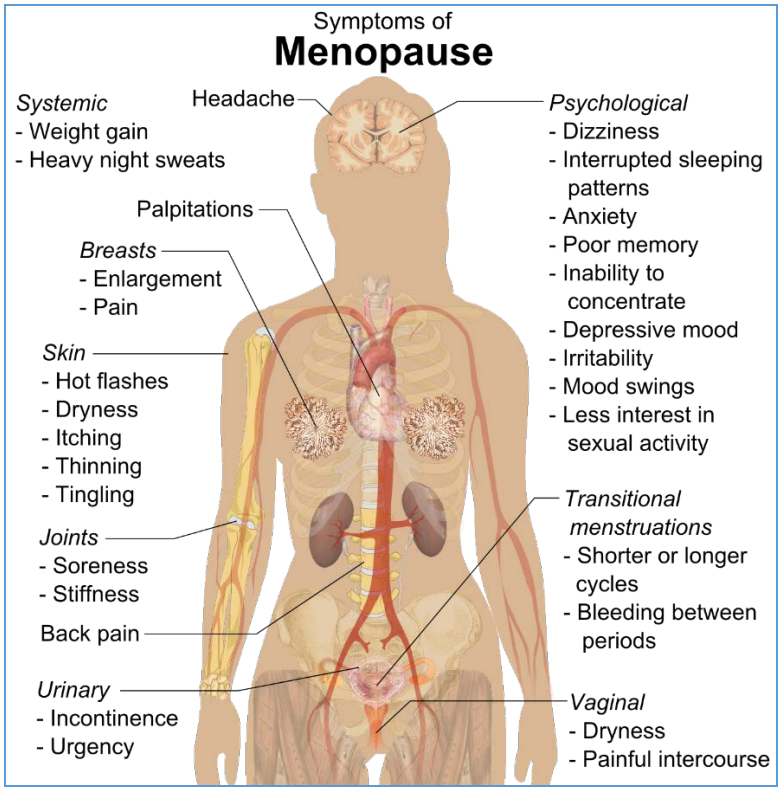
10. Premature Ovarian Failure (spontaneous/iatrogenic) are at higher risk for CVD and osteoporosis → **MHT (or OCP) until age 50** reduces symptoms, preserves BMD, may reduce CVD risk and mortality.

11. **Bioidenticals** are *not* recommended.

12. Do *not* use in those with a **history of breast cancer**.

This was a summary of the statement that appeared in *Climacteric*, 2016.

*MHT includes including tibolone and the combination of conjugated equine estrogens and bazedoxifene. MHT may help with mood early in the postmenopausal period but may increase the risk of dementia when used in women > 65 years old.



Further Reading

- Menopausal hormone therapy and breast cancer risk, Susan G. Komen
- Risk of Breast Cancer by Type of Menopausal Hormone Therapy: a Case-Control Study among Post-Menopausal Women in France. PLoS One. 2013; 8(11): e78016