Treatment of Menopause Symptoms With Hormone Therapy

Menopause occurs when the ovaries naturally decrease and then stop their production of the hormone estrogen.

For most individuals, natural menopause occurs between age 45 and 55 years, with an average age of around 51 years. Terms such as menopausal transition and perimenopause are also used to describe the transition from premenopause to menopause. Menstrual periods naturally stop during menopause due to the decrease in estrogen. In individuals who have surgery or procedures of the uterus (such as hysterectomy or endometrial ablation) prior to menopause, periods may stop before menopause.

Symptoms of Menopause
While some individuals may have few or no menopausal symptoms, many experience symptoms including hot flashes and night sweats; these are sometimes referred to as vasomotor symptoms. Hot flashes, the most common symptom, occur in an estimated three-quarters of perimenopausal individuals. In some people, these vasomotor symptoms are severe and can greatly affect quality of life. Other symptoms include vaginal burning or dryness as well as urinary frequency or urgency, sometimes referred to as genitourinary syndrome of menopause.

Menopausal Hormone Therapy
Estrogen, and sometimes progesterone, are the 2 hormones used to reduce many of the symptoms of menopause. It is important to add progesterone to estrogen to reduce risk of uterine cancer. However, when the uterus has been removed (hysterectomy), estrogen alone is recommended.

Hormone therapy can be either systemic (absorbed into the bloodstream) or delivered via low-dose vaginal preparations. Systemic estrogen is typically taken either orally as a pill or absorbed through the skin via a patch or gel. Low-dose vaginal estrogen can be delivered via inserts or creams, which are not highly absorbed into the bloodstream. Progesterone is typically taken as a pill, either separately or as a combination pill with estrogen. For most clinicians and patients, the discussion of hormone therapy is focused on systemic estrogen.

Effectiveness of Menopausal Hormone Therapy
Studies have shown that systemic menopausal hormone therapy is effective for treating vasomotor symptoms (hot flashes and night sweats). These treatments are also effective for treating genitourinary syndrome of menopause. However, for vaginal or urinary symptoms without vasomotor symptoms, low-dose vaginal estrogen is recommended.

Hormone therapy is recommended for people experiencing perimenopause (menopausal transition) with symptoms that negatively affect quality of life. Symptoms of perimenopause include hot flashes, night sweats, vaginal dryness, and increased urinary frequency and urgency.

Types of hormone therapy

- **Systemic therapy**
  - Includes estrogen and progesterone
  - Treats hot flashes and night sweats
  - Available as oral medication, skin patch, or gel

- **Low-dose vaginal therapy**
  - Estrogen only
  - Treats vaginal and urinary symptoms
  - Available as a vaginal insert or cream

Risks of Menopausal Hormone Therapy
While risks of systemic menopausal hormone therapy are low in individuals younger than 60 years, both estrogen and combination hormone therapy are associated with a slight increased risk of breast cancer and blood clots. Systemic hormone therapy may also be linked to an increased risk of heart disease, but the evidence about this is less conclusive.

Who Is a Candidate for Menopausal Hormone Therapy?
In general, individuals who have menopause-related hot flashes and/or night sweats that are negatively affecting their sleep and quality of life and who are not at high risk of blood clots, breast or endometrial cancer, or heart disease may be good candidates for systemic hormone therapy. Because menopause symptoms are usually more severe during early menopause, and the risk of adverse effects of hormone therapy increases with age, many clinicians choose to prescribe systemic hormone therapy only in patients younger than 60 years who are within 10 years of menopause onset. However, for all patients, decisions about treatment of menopausal symptoms should be made on an individual basis.

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Conflict of Interest Disclosures: None reported.


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