Menopausal Hormone Therapy for Prevention of Chronic Conditions

The US Preventive Services Task Force (USPSTF) has recently published recommendations on hormone therapy for prevention of chronic conditions in postmenopausal individuals.

What Is Menopausal Hormone Therapy?
At menopause, levels of estrogen, an important female hormone, naturally decrease, often resulting in typical symptoms of irregular or absent periods, hot flashes, night sweats, sleep and mood disturbances, and vaginal dryness. Severe menopausal symptoms can be effectively treated with hormone therapy, which consists of combined estrogen and progesterone (another female hormone) in people who have not had their uterus surgically removed, or estrogen alone for those who have had their uterus surgically removed.

What Is the Link Between Menopause and Chronic Conditions?
Menopause typically occurs around age 50 years, and in the years following menopause, the rate of many chronic conditions, such as heart disease, stroke, diabetes, dementia, cancer, and bone fractures, increases. While aging may be the main cause, there has been some uncertainty about whether menopause also contributes to the development of these conditions. Although menopausal hormone therapy can help treat menopausal symptoms, whether it helps prevent development of chronic medical conditions is unclear.

What Is the Patient Population Under Consideration?
This recommendation applies to postmenopausal persons who are considering hormone therapy to prevent chronic medical conditions. It does not apply to individuals who are considering hormone therapy for management of menopausal symptoms, such as hot flashes or vaginal dryness, or to those who have had premature or surgical menopause.

What Are the Potential Benefits and Harms of Menopausal Hormone Therapy to Prevent Chronic Conditions?
There is convincing evidence that menopausal hormone therapy (with either combined estrogen and progesterone or estrogen alone) reduces the risk of bone fractures in postmenopausal individuals. There is some evidence that combined estrogen and progesterone may also reduce the risk of diabetes and colon cancer. Use of estrogen alone may have a small benefit in reducing the risk of diabetes and invasive breast cancer. Menopausal hormone therapy does not appear to reduce the risk of heart disease.

There is some evidence that menopausal hormone therapy may be associated with an increased risk of stroke, blood clots, gallbladder disease, and urinary incontinence. Use of combined estrogen and progesterone may also be associated with increased risk of dementia and invasive breast cancer.

How Strong Is the Recommendation for Using Menopausal Hormone Therapy to Prevent Chronic Conditions?
The USPSTF concludes with moderate certainty that the use of combined estrogen and progesterone for primary prevention of chronic conditions in postmenopausal individuals with an intact uterus has no net benefit and that use of estrogen alone for primary prevention of chronic conditions in postmenopausal individuals who have had a hysterectomy has no net benefit.

How Does This Differ From Prior Recommendations?
This recommendation is consistent with the 2017 USPSTF recommendation statement on hormone therapy for primary prevention of chronic conditions in postmenopausal individuals.

FOR MORE INFORMATION
US Preventive Services Task Force

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