Update on the Latest Research in Hormone Replacement Therapy

Use Hormones to Improve Health
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TrueMD
Health is a decision you make every day

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Disclosures

• Medical Director of TrueMD and eClinic.care
• Medical Director for True Aesthetics Center
• Developed weight-loss program: The True Diet
• Developed TrueMD protocol for Hormone Pellet Therapy
• Teach physicians the TrueMD concepts: True Hormones, True Weight-Loss, True Wellness

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Objectives

• Current problem of lack of hormones
• Prior Studies and their outcomes
• Compare with current studies
• Hormones can decrease medical problems
• Hormones are for Age Management
Most People don’t want symptoms of lack of hormones

Fatigue
Lack of energy

Low sex drive
Poor performance

Low Motivations
Mood changes

Foggy Brain
Poor mental clarity, concentration

Okay to treat with hormone therapy:

Most people don’t want symptoms of lack of hormones

- Hot flashes or sudden sweats
- Dyspareunia from vaginal atrophy
- Insomnia, poor sleep
- Unwanted weight gain

Okay to treat with hormone therapy:

Degenerative Processes: Internally

- Brain
- Heart
- Blood vessels
- Bones
- Colon
- Quality of Life
“The first role of a physician is to prevent disease, that being impossible to cure it and if that too is impossible to relieve pain”.

Hippocrates stated this 2,500 years ago
Goal: live happier, healthier, Longer, with quality
Menopause - Andropause

- Female – Menopause
- Male – Andropause

Health is a decision you make every day.
Estrogen Use & CVD: 1992

- Grady, et al, calculated that the life expectancy for a 50-year-old woman who took estrogen therapy long-term lived nearly a year greater than those who didn’t use it.
- Daly, et al, estimated a woman could have an increase in life expectancy of almost 2 years after 10 years of using estrogen therapy if they began the therapy at age 50 and continued to take it long-term.

In 1996, Data was so impressive

“Estrogen deficiency greatly increases mortality from cardiovascular disease and osteoporosis. Over 90% of women will die from cardiovascular disease which estrogen can prevent… Over 40 years of study have well documented the cardiovascular protective effects of estrogen.”

Obstet Gynecol 1996 Jan:87(1):6-12
Estrogen & Heart Disease: Put in Perspective

• “Long term estrogen use is associated with lower mortality rate primarily through reduction in cardiovascular disease.”
  Obstetrics Gynecology 1996 Jan:87(1) 6-12.

• “There is an impressive, large collection of biological data and observational studies indicating that postmenopausal HRT protects against heart disease and stroke.”
  Circulation 2001:104:499-503
Men - Higher risk of heart disease than women. Especially starting 30s to 40s.

Women - lower risk of heart disease than men until they reach menopause, and no hormones.

With Hormones - With hormone therapy, risk is much less than both.

Heart Disease - Much less if give hormones: Ogen Premarin Prempro Estradiol

Risk of heart disease:

- Age 20’s
- 30’s
- 40’s
- 50’s
- 60’s

Hormone Therapy Last Century
Before the WHI (<2002)
The amount of heart disease prevention in a woman appears to be associated with the length of time of estrogen exposure. The longer a woman has menses, i.e. she has her own natural hormones present, the less the number of heart attacks, or MI’s, and the less heart disease.
The WHI 2002

• WHI Studied 16,608 postmenopausal women
• Start: 161,809 postmenopausal women

The WHI 2002

- Screened for symptoms
  - Couldn’t have symptoms; they’d know they had hormones
  - Average age was over 60; used only oral form
- Not the typical woman who is treated with HRT
- Selection bias????

WHI Study Evaluation

- WHI Studied 2 groups of women
  1. CEE+MPA
  2. CEE alone - contains estradiol plus other estrogens
- WHI evaluated heart disease for just 5 years
- WHI evaluated other cancer risks, e.g. Colon CA
WHI results

- WHI found an increased risk of breast cancer
- CEE+MPA: 8 more cases per 10,000 women/years
- CEE alone: 5 less cases per 10,000 women/years
WHI results

- WHI found an increased risk of stroke
- 9 more cases per 10,000 women/years
- Stroke: increased risk
- 41% increased risk (29 vs 21 per 10,000 per year)
- All used oral forms
WHI and heart disease

- If CEE alone: 6% decrease in HD:
  - 4 fewer events per 10,000 WY of CEE
- If CEE + MPA: 9% increased risk HD:
  - 3 additional events per 10,000 WY of CEE+MPA

Heart Disease and WHI

- Heart disease
- 22% increase with E+P
- No difference with E alone
- Only 5 year study; need 10-30 years to see effects
WHI results

• Conclusion (FDA): use the least amount for the shortest period of time (2002)
WHI Also Showed

- Osteoporosis: 36%
- Total Cancers: 24%
- Colon Cancer: 37%
- UTI’s: 60%
- Diabetes New Onset: 35%

J Gen Internal medicine 2004:19(7):791-804
Total Mortality Decreased

- In the final analysis of the estrogen only arm of the WHI, there was no increased risk of breast cancer or heart disease.
- Pooled 26,708 participants (30 trials) showed 40% decrease in mortality when estrogen started <63 years old.
- No difference if started after that age.

Problems with WHI

• Tremendous selection bias
• Not your typical HRT patient
  – Primarily older women not on ERT
• Only lasted 5 years
  – No long term results
• Media Hype Distorted Data
  – Actual data didn’t support accusations
  – Not statistically significant
• Used Medroxyprogesterone acetate
  – A synthetic progestin
  – NOT Bioidentical
Hormone therapy should probably be recommended for women who have had a hysterectomy and for those with coronary heart disease or at high risk for coronary heart disease. For other women, the best course of action is unclear.


Postmenopausal Hormone Replacement Therapy: How Could We Have Been So Wrong?

Christine Laine, MD, MPH, Senior Deputy Editor
What if early menopause?

CVD and Stroke incidence if early menopause, surgical or natural


What if early menopause, and Add HT?

CVD and Stroke incidence if early menopause, surgical or natural


- Mayo


• Hormone therapy is indicated to reduce the risk of osteoporosis, cardiovascular disease, and urogenital atrophy and to improve the quality of life of women with primary ovarian insufficiency…

• until the average age of natural menopause is reached (age 50–51 years)
Finnish Study

- 332,202 women postmenopausal
- 1994 to 2009
- If stopped HT:
  - Increased risk of death from HD: 30%
  - Increased risk of death from stroke: 52%
- Compared to those who continued HT

2012: Strokes Nonissue

- WHI only used oral form of estrogen
- We now know of first pass effect: causes increases in clotting factors -> incr. strokes
- Transdermal does not increase stroke risk

Women with diagnosis Venous Thromboembolism
Between 1998 and 2017
Matched by age, general practice, and index date

Controls
No history of Venous Thromboembolism during same dates.
Odds ratios adjusted for demographics, smoking status, alcohol consumption, comorbidities, recent medical events, Rx’s

Vinogradova Y, Coupland C, Jippisley-Cox J. Use of hormone replacement therapy and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases. BMJ 2019; 364. doi: https://doi.org/10.1136/bmj.k4810 (Published 09 January 2019)
5795 who had DVTs
Had been taking hormones

7.2%

21,670 Controls
Had been taking hormones.

5.5%

Nottingham Study

Vinogradova Y, Coupland C, Jippisley-Cox J. Use of hormone replacement therapy and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases. BMJ 2019; 364. doi: https://doi.org/10.1136/bmj.k4810 (Published 09 January 2019)
Oral increased risk of DVT Compared to controls:

Conclusions In the present study, transdermal treatment was the safest type of hormone replacement therapy when risk of venous thromboembolism was assessed. Transdermal treatment appears to be underused, with the overwhelming preference still for oral preparations.

Vinogradova Y, Coupland C, Jippisley-Cox J. Use of hormone replacement therapy and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases. BMJ 2019; 364. doi: https://doi.org/10.1136/bmj.k4810 (Published 09 January 2019)
BHT – usually transdermal

- BHTs avoid the “first pass” effect
- When estradiol does not pass through the liver:
  - Decrease in abnormal lipid profile
  - No increase in strokes when older
  - Decrease in heart disease: significant if given long term
- There is NO increase in Stroke or Venous thrombosis when Estradiol is given transdermally.
  

- Thus, BHTs are given via creams, gels or pellets
Synthetics vs Bioidenticals

**Synthetics**
- Progestin
- Medroxyprogesterone
- Combined in Prempro – used in WHI: oral pills
  - WHI found an increase
    - Breast CA
  - Increase in Heart Disease
- Increase in Stroke when estradiol is given orally

**Bioidenticals**
- Estradiol, Testosterone
- Progesterone
- Not considered in WHI,
- No increased risk
  - Breast CA
  - Heart disease
- No increase of stroke: estradiol is given transdermal
How does estrogen protect the heart?

Without estrogen:
• Heart disease worse
• Arterial disease worse
How Estrogen Improves Heart Health

- Estradiol “cleans” the arteries
- Alters biology of the vessel wall
- Improves lipid profile
- Causes vasodilatation
- Anti-inflammatory
- Note: Not seen with estriol or estrone

Estrogen reduces homocysteine levels

- High homocysteine levels: independent risk factor for atherosclerosis.
- Damage to endothelial lining may result in arteriosclerosis
- Hardening of the arteries increases heart disease and Alzheimer’s disease
- E lowers Homocysteine, thus protects endothelium
- Want levels <8

Heart Disease is Less

- The number of women referred for coronary angiography and the severity of the coronary heart disease is inversely correlated with the amount of exposure to estrogen;
  - i.e. the longer the presence of estrogen, the less the CHD.

Heart disease causes most deaths

- Cardiovascular disease is the leading cause of death among women in the U.S. > breast cancer mortality in women of all ages
- Women present with cardiovascular disease a decade after menopause
- Protective effect of female ovarian sex hormones is lost after menopause.

Begin Estrogen early In Menopause

• Beginning HT near menopause had a significantly reduced risk of CHD, up to 33% reduced risk

Heart Disease Reduction

• Multiple studies have demonstrated that women who continue to take hormones in menopause experience a 40% to 60% decreased risk of the number one cause of death of women, i.e. heart disease.

Should start within 10 years of menopause


BUT: WHI said there was benefit by 63 to 64 years of age
Danish Study

- Objective: evaluate HRT on CVD
- Setting: Denmark
- Began: 1990 to 1993
- 1006 healthy women age 45-58 recently postmenopausal
- 502 given HRT
- 504 controls: no HRT

Danish Osteoporosis Study

- Given Estradiol 2 mg/d with or without norethindrone 1 mg/d
- 11 years F/U showed 52% decrease in CVD
- 16 years F/U showed 39% decrease in CVD

Danish Study

No increased risks of:
• Cancer
• DVT
• Stroke

Even after 16 years
Randomized Controlled Trial (2006)

- Meta-analysis of 23 RCT’s in 39,049 postmenopausal women
- 4.8 years (mean)
  - Excluded WHI
- Estrogen includes CEE and ethinyl estradiol
- Progesterone include MPA, gestodene, micronized progesterone
- If started within 10 years of menopause and age <60

If Reevaluate WHI

- Secondary analysis of WHI
- 27,347 US postmenopausal women
- Average age 64
- If start HT within 10 years of menopause


HT Reduces CVD (2014)

- Large observational studies:
- HT results in a 30% to 50% lower risk of CVD
- Risks are rare
- Long term benefits outweigh risks
- Also showed an increase of 1.5 quality-adjusted Life-years if stayed on HRT for 5 to 30 years.
- Highly cost-effective at $2438 per QALY

Primary Prevention

“it is important to realize that postmenopausal HRT is the only primary prevention therapy of CHD that reduces total mortality and extends life in women.”

Keck School of Medicine, USC. Funded by National Institutes of Health, National Institute on Aging.
Consider two CMD states

**Osteoporosis**

**Alzheimer’s Disease**
Silent Killer: Symptoms We don’t See

- Osteoporosis / bone loss
- Cost: $16 Billion yearly

Osteoporosis

- 55% of US age >50 yr (44 million) (75 mil in US, Europe, Japan); 200 mil worldwide
- 1 out of every 3 women > 50, 1 out of every 5 men > 50 will experience osteoporotic fracture(s) worldwide
- One osteoporotic fracture occurs every 3 seconds
- 80% are women
- Lifetime risk of osteoporotic fracture 40% = equivalent to risk for CVD

https://www.iofbonehealth.org/facts-statistics
Osteoporosis risk vs Breast Cancer Risk in Women

- 1 in 6 risk of developing osteoporosis
- 1 in 9 risk of developing breast cancer
Hip Fractures

- 75% women
- 10-20% result in long term care
- After fracture:
  - 2.8% risk of death during lifetime related to the fracture = same as for breast cancer
  - 20-24% risk of death in the first year after fracture
  - 40% unable to walk independently
  - 60% require assistance a year later
  - 33% totally dependent/NH

[Source](https://www.iofbonehealth.org/facts-statistics)
Osteoporosis

- In women >45 yr, accounts for more days in the hospital than diabetes, MI or breast cancer
International Osteoporosis Foundation, National Osteoporosis Foundation

- A woman’s risk of breaking a hip = combined risk of ovarian, uterine, and breast, cancer
Economic Burden of Osteoporosis

200 million osteoporotic women in the world.
Osteoporotic fracture every 3 seconds

COMPARISON

25% incr. 2025

$37 Billion

Costs To Increase

$16 Billion

USA Per Medicare statistics (2011)

Europe 2013 data.


WHI

- 24% lower risk of vertebral and nonvertebral fracture after 3 years use of CEE + MPA
- Absolute risk reduction was 33% overall for hip fracture

Estrogen reduces osteoporosis

- “Bone density is rapidly lost when HRT is stopped. HRT should be continued indefinitely.”
- JAMA 2002 August; Vol.288 No.7:880-887
Less bone fractures with estrogen

• Pooled analysis showed:
• Overall 27% reduction in nonvertebral fractures
  – If start <60 see 37% reduction
• 40% reduction in hip and wrist fractures

If stop HT

- Prospective study: 80,955 postmenopausal women using HT
- 6.5 yrs follow-up
- Women who discontinued HT were at 55% greater risk of hip fracture compared with those who continued HT.
- Hip fracture occurred as early as 2 years after cessation.
- Protection disappears within 2 years after cessation of HT

Osteoporosis is reduced with HRT. But must start in the early window.
Global Consensus Statement 2016

- If no contraindications:
- Systemic hormone therapy benefits outweigh risks for:
- Prevention of bone lose


Low E: Symptoms We don’t See

• Brain dysfunction
• Alzheimer’s
Alzheimer’s Disease

• 10% due to genetics
• The rest: multifactorial
• ERT is associated with an approximately 30% to 40% decrease in the incidence of AD in elderly women.

AD in USA

PREVALENCE OF ALZHEIMER’S DISEASE
(BY DECADES IN U.S.A. FROM 1900-2050)

This graph portrays how many Americans over the age of 65 are currently affected by Alzheimer's, and a projection of how many more will become affected with it as time passes.
Cost of Alzheimer’s disease

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost in Billions of Dollars</th>
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<tbody>
<tr>
<td>2010</td>
<td>$172</td>
</tr>
<tr>
<td>2015</td>
<td>$202</td>
</tr>
<tr>
<td>2020</td>
<td>$241</td>
</tr>
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<td>2025</td>
<td>$307</td>
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<td>2030</td>
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<tr>
<td>2040</td>
<td>$717</td>
</tr>
<tr>
<td>2045</td>
<td>$906</td>
</tr>
<tr>
<td>2050</td>
<td>$1.078 Trillion</td>
</tr>
</tbody>
</table>
Cost of Residential Care

![Bar graph showing the percentage costs of various conditions for people under Age 65 and Age 65 and Over. Conditions include Alzheimer's and other dementia, Congestive Heart Failure, COPD, Diabetes, Arthritis, Stroke, and Nervous system disorders.](chart.png)
2018 Alzheimer’s Disease Facts

- Between 2000 and 2015 deaths from HD have decreased 11%
- While deaths from AD have increased 123%

Alzheimer's Association, alz.org
2018 Alzheimer’s Disease Facts

• AD kills more people than breast cancer and prostate cancer COMBINED.

Alzheimer's Association, alz.org
Every 65 seconds someone develops Alzheimer’s Disease
Lifetime of care

- Estimated lifetime cost of care for an individual living with dementia:

$341,840
Potential Savings

- If prevention and early diagnosis, amount we could save

$7.9 \text{ trillion}

1996: HRT Reduces AD

- Leisure World Study
- 8877 women; 14 yrs
- 35% decreased risk
- Risk reduction most pronounced in those on higher doses
- Most reduction: 52% with those on high doses

Baltimore Longitudinal Study of Aging (BLSA): 1997

- 472 post- or peri-menopausal women
- Followed for 16 years
- 45% of women in cohort had used ERT
- Reduced risk for development of Alzheimer’s Disease: 54%

Many Studies Confirm

- Similar if not better conclusions were seen in other studies.

- Important point: must take hormones for > 10 years to benefit

- The longer on ERT, the more this benefit is present.

- Don’t see this benefit with many of current studies because they only go to ~ 5 years

- Caution in interpreting these conclusions


Estrogen Reduces Alzheimer’s

• Report at the 59th Annual Meeting of the American Academy of Neurology
  – Research showed early HRT use was associated with:
    – 46% overall reduction in dementia risk
    – 64% reduction in Alzheimer’s Disease.

• “Estrogen reduces the incidence of Alzheimer’s disease by 50%.”
  – JAMA 2002: 288:2123-2129
Cache County Study (2002)

- 3000 elderly women studied- 1995-2000
- 5% of these developed AD
- If took hormones, 50% decreased risk of developing Alzheimer’s Disease vs. not taking them
- But must have taken HRT for years (>10 yrs)
- Thus, it’s preventive; not a cure for AD

Cache County Study Update 2012

- 1,768 women from 1995 to 2006
- 10% developed AD
- Women who used any type of HT within 5 years of menopause had 30% less risk of AD, especially if use was for >10 years.
- AD not reduced if HT initiated 5 years after menopause.

Mechanism of Action: Estrogen

- Animals treated with Estrogen:
- Reduction of deposition of Beta-amyloid on nerve cells
- Decreased inflammatory reaction.
- Less small vessel damage

Potential Reduction of cost

- If everyone embraced hormone therapy (early), cost of AD could be cut almost in half
So What About WHI?

What happened in WHI since they said there was an increase in dementia?

Reanalysis of the WHI data concluded
No increase in ischemic stroke in women age 50 to 59.
Other studies: Estrogen is protective from stroke if early menopause.
No increase in stroke if transdermal used, even at high doses

Sood R, et al
doi: 10.2147/IJWH.S38342
WHI Evaluation of Dementia

- Two types of dementia:
  - Vascular
  - Non-vascular (AD)
- Estrogen orally increases clotting
- But transdermal doesn’t
- Thus, must use transdermal, e.g. pellets, creams, patches
Plus, length of time?

- WHI showed no decrease in AD
- But, was only for 5 years
- Must go for > 10 years to see a difference
- Must start within 5-10 years of menopause
Finnish Study

- March 6 2019  BMJ
- 84,739 postmenopausal women with AD
- Compared to same number controls without AD, matched
- 1999 and 2013
- 90% Estradiol + Progestogen
- 10% vaginal estrogen orally

Finnish Study
Reported Conclusion

- AD Increased AD 9%-17% with HRT use
- No increased risk of AD if vaginal estrogen used.
- i.e. the oral E+progestogen caused the increase,
- Not the transdermal estrogen

Risk of Alzheimer’s disease in women initiating systemic hormone therapy (HT) at different ages, as odds ratios and 95% confidence intervals.

Hanna Savolainen-Peltonen et al. BMJ 2019;364:bmj.l665
Proportion (%) of women with a diagnosis of Alzheimer’s disease in different age groups according to systemic use of hormone therapy, vaginal use of estradiol, or without any history of hormone therapy (HT) use.

Hanna Savolainen-Peltonen et al. BMJ 2019;364:bmj.l665
Finnish Study: Problem

- Controls not screened with MRI for AD - ? Undiagnosed AD
- Data confusing
- Only 14% of users were still on hormone therapy at the time of diagnosis
  - i.e. 86% had stopped hormone therapy prior to diagnosed AD
- CVD was reduced in HRT users

14% on HT
Finnish Study

- 332,202 women postmenopausal
- 1994 to 2009
- If stopped HT:
  - Increased risk of death from HD: 30%
  - Increased risk of death from stroke: 52%
- Compared to those who continued HT

What about breast cancer?
Estrogen does not cause breast cancer

- “Fear of breast cancer is the strongest factor limiting postmenopausal hormone use. The most powerful study to date definitively demonstrated that estrogen does not cause an increased risk for cancer. The increased risk was associated only with taking the progestin (Provera) and not estrogen.”

Those who continued estrogen therapy 10 years 7645 (78% of the original study):

- Had 24% decreased risk of developing breast cancer
- If they developed a breast cancer, had 63% decreased risk of dying from the cancer
- Had 39% less risk of dying from all causes.

Dayton Study 2013

- Evaluated testosterone pellet therapy with anastrazole
- 1268 pre and post-menopausal women
- Over 5 years (of 10 yr. plan)
- Determined Breast cancer occurrence

Dayton Study

- Evaluated testosterone pellet therapy with anastrazole
- 1268 pre and post-menopausal women
- 5642 women years
- Over 5 years (of 10 yr. plan)
- Determined Breast cancer occurrence

<table>
<thead>
<tr>
<th>Pellet use</th>
<th>Breast cancer per 100,000</th>
<th>% reduced risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls: No HRT use</td>
<td>293</td>
<td></td>
</tr>
<tr>
<td>Pellet use, non-adherent</td>
<td>142</td>
<td>50%</td>
</tr>
<tr>
<td>Pellet use, adherent</td>
<td>73</td>
<td>75%</td>
</tr>
</tbody>
</table>
Dayton Study

- 50% reduced risk of developing breast cancer
- 75% reduced if adherent to pellet treatment

Dayton Study Results

Market decreased risk of breast cancer when testosterone pellets (and anastrozole) used.

<table>
<thead>
<tr>
<th>STUDIES OF INCIDENCE OF BREAST CA</th>
<th>INCIDENCE /100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEER Incidence</td>
<td>293</td>
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<tr>
<td>WHI</td>
<td>300</td>
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<tr>
<td>Million Women Study</td>
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<tr>
<td>Dayton – Control</td>
<td>390</td>
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<tr>
<td>Dayton - Adherent</td>
<td>142</td>
</tr>
<tr>
<td>Dayton - Very Adherent</td>
<td>73</td>
</tr>
</tbody>
</table>
WHI: Reduction of Cancer (WHI)

- 37% decrease in Colon Cancer
- 24% reduction of total cancers

Colon Cancer

- The use of HRT was associated with a 63% relative reduction in the risk of colorectal cancer in postmenopausal women after adjustment for other known risk factors. (2009)
- Cancer in 2011 study showed a mixed HT decrease in CRC of 19%.


What About the Liver?

- Estrogen may decrease risk of fatty liver disease
- Estrogen reduced lipid deposition in liver in mice experiments
- Prevents insulin suppression of export of triglyceride from the liver

All-Cause Mortality 2009

- Danish Study:
  - 34% lower mortality
- Meta-analysis
  - 28%
- Cochran Study
  - 30%

All Cause Mortality

- FU of WHI
- 27,347 women
- Data available 98%
- If started HR late
  - No difference
- If started early, within 10 years of menopause
  - All-cause mortality decreased with estrogen use

Menopausal Hormone Therapy and Long-term All-Cause and Cause-Specific Mortality
WHI showed reduced risks of:

- Reduced risk of Total Cancers.
- Reduced risk of Colon Cancer: 37%.
- UTI’s: 60%.
- Diabetes New Onset: 35%.
- Osteoporosis: 36%.

J Gen Internal Medicine 2004:19(7):791-804
HT: most effective treatment for vasomotor symptoms and genitourinary syndrome

Treatment should be individualized: type, dose, formula, route, duration

According to best available evidence to maximize benefits and minimize risks

Ok for women <60 yo or within 10 years of menopause

• **Instead of**: “lowest dose for the shortest period of time”
• Now women better served using new evidence-based info.
• Decision should be based on woman’s goals, age, time from menopause
• Duration also is personal decision by the woman.
Revised Global Consensus Statement 2016

- If no contraindications:
- Systemic hormone therapy benefits outweigh risks for:
- Relief of menopausal hot flashes
- Sleep disturbances
- Prevention of bone lose

- "findings of WHI cannot be translated to women with early menopause initiating hormone therapy."
- Especially in view of fewer VTE’s and strokes with transdermal therapy.


Conclusion

• Current problem of lack of hormones: women need HRT
• Prior Studies and their outcomes: confusing
• Compare with current studies: conflicting
• Hormones can decrease medical problems: CVD, Osteoporosis, AD
• Hormones should be a good option for Age Management
Health is a decision you make every day

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