USPSTF Issues Hormone Tx Recommendations

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Postmenopausal women should not receive unopposed estrogen or combination hormone therapy for the prevention of chronic disease, including heart disease, stroke, and osteoporosis, according to a new recommendation by the U.S. Preventive Services Task Force. The task force also recommended against using unopposed estrogen for disease prevention in postmenopausal women who have undergone hysterectomy.

In 2002, the task force found insufficient evidence to recommend for or against such preventive therapy. The task force noted that HT has beneficial effects on bone and reduces the risk of colorectal cancer. But after reviewing findings from the Women’s Health Initiative study, the task force concluded that the risks of both unopposed estrogen and combined HT probably exceed their benefits.

In addition to data from the WHI, the task force based its recommendations on the conclusions of the U.K. Million Women Study and many metaanalyses of other studies. The task force concluded that HT:

- Doubles risk of invasive breast cancer.
- Doubles risk of endometrial cancer.
- Doubles risk of venous thromboembolism.
- Increases risk of stroke by up to 41%.
- Increases risk of heart disease by 29%.
- Increases risk of dementia by about 40%.

Every year in the U.S., women use estrogen or estrogen plus progesterone for a variety of indications. Unopposed estrogen use has increased in recent years because of concerns about breast cancer risk, complications with combined HT, and evidence of the potential benefits of estrogen. However, the task force noted that there is no evidence that estrogen-only therapy is less harmful than combined HT.

The new recommendations are available at www.preventiveservices.ahrq.gov.

Review Links

HT to Higher Stroke Risk

Hormone therapy is associated with a significant increase in risk of stroke, based on studies involving nearly 40,000 patients.

A review of 28 studies ranging in size from 59 to 16,608 adults and with follow-up times of 0.7-6.8 years showed a significant association between HT use and an increased risk of total stroke, with an odds ratio of 1.28. The review supports previous studies that showed an association between increased risk of stroke and hormone therapy, reported Philip Bath, M.D., and Laura Gray of the University of Nottingham, (England) (BMJ [Epub ahead of print], January 2005. Article DOI number: 10.1136/bmj.38331.655347.8F. Available from: www.bmj.com).

Twelve studies included women taking estrogen only; 16 included women taking estrogen plus progesterone. The average ages ranged from 55 to 71 years, and three studies of estrogen combined with progestin included men. All but 5 studies were placebo-controlled, and 11 small trials recorded no stroke events.

Overall, 2% of patients randomized to no HT suffered strokes, but the risk of stroke among women randomized to HT increased 29%, primarily because of the increase in ischemic stroke. In addition, several studies increased with HT use and the chance of a poor functional outcome, defined as either death or disability and dependency, was 56% higher among women randomized to HT. The risk of stroke was also increased in the risk of ischemic stroke in 16 studies (OR 1.29). HT use also was significantly associated with an increased risk of nonfatal stroke in 2 studies (OR 1.25), and with an increased risk of stroke leading to death or dependency in 14 studies (OR 1.56).

—Heidi Splete