

Four Years Later

Re-evaluating the WHI Study on Hormone Replacement for Menopause

Hot flashes, mood instability, insomnia and vaginal dryness. These are all very real symptoms of menopause. What can be done to ease a woman's discomfort?

The options for menopause symptom management are considerable; however, the most effective treatment for all of the above symptoms is still estrogen replacement. The estrogen and progesterone replacement mechanisms come in a range of doses and a variety of possible routes of administration. There are pills, creams, gels, patches, vaginal tablets, vaginal rings and injections. Non-estrogen remedies such as soy-based products can improve the symptoms of menopause as well, but estrogen in many forms appears to be here to stay, helping women maintain their quality of life.

The decision of whether to use hormone replacement therapy during menopause was made difficult by the preliminary findings of the Women's Health Initiative Study (WHI) in 2002. A media frenzy ensued following the publication of unexpected results showing that the risks of prolonged use of estrogen plus progestin exceeded the benefits. Patients and physicians alike reacted strongly to the broadly publicized report.



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In a follow-up look to determine the impact of this study, 26 percent of women reported losing some trust in medical recommendations after the WHI findings were published. The majority of women receiving hormone replacement therapy attempted to stop therapy within the 8 months after the study's release. The mass media was the most commonly reported source of information about hormone therapy during this period, while more than half of women received no information from their physicians about whether or not to continue hormone therapy. Two-thirds of women reported that their physicians left the decision up to them without providing adequate information to make a comfortable decision.

The WHI report has since been questioned with regard to the sampling of women selected. The biggest criticisms are that all of the study participants had already fully gone through menopause and the average age of study participants was much older than those typically

treated for menopausal symptoms. Additionally, the findings, while informative, do not answer the question regarding all types, doses or routes of the various hormone options. This study looked only at Premarin and Provera.

In the group of women participating in the WHI trial, we saw an increase in coronary events, breast cancer and strokes. The study revealed that if 10,000 women were put on hormones well into menopause there would be seven more coronary events, eight more strokes, eight more blood clots that enter the lungs, eight more invasive breast cancers, six fewer colon cancers and five fewer hip fractures.

Certainly the risk is small, but well worth considering. Unfortunately, many women are now left on their own to make difficult decisions with regard to the safety and benefits of using hormones. The symptoms of menopause are not trivial. Hot flashes, insomnia, mood instability and vaginal dryness occur in the majority of women going through this transition. Menopause management is an involved task that should involve many discussions between patient and physician regarding an individual's risk. It is impossible to know all of the risks, but helping patients decide the most appropriate course to take is the art of medicine.

Dr. Laura Beaty is a board-certified family medicine physician who treats each of her patients individually, guaranteeing unparalleled access and availability. Her Concierge Medical practice is located at 755 Mt. Vernon Road, Suite 120, Sandy Springs. To learn more about becoming one of Dr. Beaty's limited number of patients, call 404-851-0029 or visit www.laurabeatymd.com.

