"IN YOUNG HYSTERECTOMIZED WOMEN, DOES UNOPPOSED ESTROGEN THERAPY INCREASE OVERALL SURVIVAL?"

ANDREW M. KAUNITZ, MD (EXAMINING THE EVIDENCE; OCTOBER 2013)

Don't tell patients estrogens are "bad"

I read with some sorrow and indignation the expert commentary by Dr. Andrew Kaunitz, who noted that as many as 92,000 deaths of hysterectomized US women aged 50 to 59 could have been prevented by estrogen therapy during the decade from 2002 through 2011.

Many physicians—even board-certified gynecologists—took the easy (but wrong) lesson from the Women's Health Initiative (WHI). The fact that "the sheer volume of data may be daunting," as Dr. Kaunitz observed, is no excuse for gynecologists to skip discussing the risk-benefit ratio of estrogens in the postmenopausal period, especially for younger women in their 50s, despite the time and effort required. Many large studies were published decades before the WHI came along, and the benefits of estrogens in



OCTOBER 2013

younger postmenopausal women have been known for a long time.

I have been practicing obstetrics and gynecology for more than 35 years. I am a strong believer in the benefits of estrogens, as are, I believe, many older gynecologists. Of course, there are some fairly well-defined contraindications to estrogen therapy.

It is so much easier to tell patients that estrogens are "bad" and "you

don't need them" than to clarify the fact that the absolute risk associated with their use is truly small in comparison to their enormous benefits.

I hope we do not see more women suffering and dying from a lack of estrogens in the future.

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Dr. Kaunitz responds Estrogen therapy has clear benefits in young hysterectomized women

I appreciate Dr. Sandhu's letter regarding my commentary on the study by Sarrel and colleagues, who pointed out that when women do not use estrogen therapy after hysterectomy, they are at higher risk for heart disease and premature mortality. It seems that Dr. Sandhu, Dr. Sarrel (and colleagues), and I are in agreement that estrogen therapy has clear benefits when prescribed to hysterectomized women in their 50s.

Reference

 Sarrel PM, Njike VY, Vinante V, Katz DL. The mortality toll of estrogen avoidance: an analysis of excess deaths among hysterectomized women aged 50 to 59 years. Am J Public Health. 2013;103(9):1583–1588.

