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. Based on these studies, the 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%.

The task force acknowledged that the additional risks conferred by HT are small (eight more strokes, eight more pulmonary embolisms, eight more invasive breast cancers, and seven more coronary heart disease events/10,000 women per year), but said patients and physicians should take them into account.

"The balance of benefits and harms for a woman will be influenced by her personal preferences, her risk for specific chronic diseases, and the presence of menopausal symptoms," according to the task force. "A shared decision-making approach to preventing chronic disease in perimenopausal and postmenopausal women involves consideration of individual risk factors and preferences in selecting effective interventions for reducing the risks for fracture, heart disease, and cancer." ■

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

Review Links HT to Higher Stroke Risk

Hormone therapy is associated with a significantly increased 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 1.29. 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 progesterone 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, severity of stroke increased with HT use; the chance of a poor functional outcome, defined as either death or disability and dependency, was 56% higher among women randomized to HT. In particular, HT use was associated with a significant increase 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 21 studies (OR 1.23), and with an increased risk of stroke leading to death or dependency in 14 studies (OR 1.56).

—Heidi Splete