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Deciding About Hormone Therapy Use

Many women experience hot flashes, vaginal dryness, and other physical changes with menopause. For some women, the symptoms are mild and do not require any treatment. For others, symptoms are moderate or severe and interfere with daily activities. Hot flashes improve with time, but some women have bothersome hot flashes for many years. Menopause symptoms often improve with lifestyle changes and nonprescription remedies, but prescription therapies also are available, if needed. Government-approved treatments for bothersome hot flashes include hormone therapy (HT) containing estrogen, as well as a nonhormone medication (paroxetine).

Hormone therapy involves taking estrogen in doses high enough to raise the level of estrogen in your blood in order to treat hot flashes and other symptoms. Because estrogen stimulates the lining of the uterus, women with a uterus need to take an additional hormone, progestogen, to protect the uterus. Women without a uterus just take estrogen. If you are bothered only by vaginal dryness, you can use very low doses of estrogen placed directly into the vagina. These low doses generally do not raise blood estrogen levels above postmenopause levels and do not treat hot flashes. You do not need to take a progestogen when using only low doses of estrogen in the vagina. (The *MenoNote* "Vaginal Dryness" covers this topic in detail.)

Every woman is different—and you must make a decision about whether to use HT based on the severity of your symptoms, your personal and family health history, and your own beliefs about menopause treatments. Your healthcare provider will be able to help you with your decision.

Potential benefits

Hormone therapy is one of the most effective treatments available for bothersome hot flashes and night sweats. If night sweats are waking you throughout the night, HT may improve sleep and fatigue, mood, ability to concentrate, and overall quality of life. Treatment of bothersome hot flashes and night sweats is the principal reason women use HT. Hormone therapy also treats vaginal dryness and painful sex associated with menopause. Hormone therapy keeps your bones strong by preserving bone density and decreasing your risk of osteoporosis and fractures. If preserving bone density is your only concern, and you do not have bothersome hot flashes, other treatments may be recommended instead of HT.

Potential risks

As with all medications, HT is associated with some potential risks. For healthy women aged younger than 60 years with bothersome hot flashes who are within 10 years of menopause, the benefits of HT generally outweigh the risks. Hormone therapy might slightly increase your risk of stroke or blood clots in the legs or lungs (especially if taken in pill form). If started in women aged older than 65 years, HT might increase the risk of dementia. If you have a uterus and take estrogen with progestogen, there is no increased risk of cancer of the uterus. Hormone therapy (combined estrogen and progestogen) might slightly increase your risk of breast cancer if used for more than 4 to 5 years. Using estrogen alone (for women without a uterus) does not increase breast cancer risk at 7 years but may increase risk if used for a longer time.

Some studies suggest that HT might be good for your heart if you start before age 60 or within 10 years of menopause. However, if you start HT further from menopause or after age 60, HT might slightly increase your risk of heart disease. Although there are risks associated with taking HT, they are not common, and most go away after you stop treatment. In general, HT is associated with fewer than 2 additional harmful events per 1,000 women per year. For example, the increased chance of breast cancer with HT use is 1 extra case per 1,000 women per year.

Potential side effects

Hormone therapy can cause breast tenderness, nausea, and irregular bleeding or spotting. These side effects are not serious but can be bothersome. Reducing your dose of HT or switching the form of HT you use often can decrease side effects. Weight gain is a common problem for midlife women associated with both aging and hormone changes. Hormone therapy is not associated with weight gain and may lower the chance of developing diabetes.

Hormone therapy options

Each woman must make her own decision about HT with the help of her healthcare provider. If you decide to take HT, the next step is to choose between the many HT options available to find the best dose and route for you. With guidance from your healthcare provider, you can try different forms of HT until you find the type and dose that treats your symptoms with few side effects.

Pill or non-pill

Hormone therapy is available as a daily pill, but it also may be taken as a skin patch, gel, cream, spray, or vaginal ring. Non-pill forms may be more convenient. Hormone therapy pills need to be taken every day, but skin patches are changed only once or twice weekly, and the HT vaginal ring is changed only every 3 months. Hormone therapy taken in non-pill form enters your blood stream more directly, with less effect on the liver. Studies suggest that this may lower the risk of blood clots in the legs and lungs compared with HT taken as a pill.

Estrogen alone or estrogen plus progestogen

If you have a uterus, you will need to take progestogen with your estrogen. Many pills and some patches contain both hormones together. Otherwise, you will need to take two separate hormones (eg, estrogen pill with progestogen pill or estrogen patch with progestogen pill). Taking both hormones every day usually results in no bleeding. Women who prefer regular periods can take estrogen every day and progestogen for about 2 weeks each month. Another option is to take estrogen combined with a nonhormone medication (bazedoxifene) to protect the uterus. If you do not have a uterus, you can take estrogen alone, without a progestogen.

Dose of estrogen

As with all medications, you should take the lowest dose of estrogen that relieves your hot flashes. You can work with your healthcare provider to find the right dose for you. It typically takes about 8 to 12 weeks for HT to have its full effect, so doses should be adjusted slowly. Even low doses of estrogen will preserve your bone density and reduce your risk of a fracture.

Stopping hormone therapy

There is no "right" time to stop HT. Many women try to stop HT after 4 to 5 years because of concerns about potential increased risk of breast cancer. Other women may lower doses or change to non-pill forms of HT. Hot flashes may or may not return after you stop HT. Although not proven by studies, slowly decreasing your dose of estrogen over several months or even over several years may reduce the chance that your hot flashes will come back. You and your healthcare provider will work together to decide the best time to stop HT. If very bothersome hot flashes or night sweats return when you stop HT, you will need to reassess your individual risks and benefits to decide whether to continue HT. Because there may be greater risks with longer duration of use and as you age, you and your healthcare provider will work together to decide what is the best option for you.

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Vaginal Dryness

Bothersome symptoms of the vagina and vulva (outer lips of the vagina) increase during and after the menopause transition or may start several years after menopause. The decrease in estrogen with menopause is a major contributor to vaginal dryness, itching, burning, discomfort, and pain during intercourse or other sexual activity. *Vaginal atrophy* is the medical term that describes these changes. The *genitourinary syndrome of menopause* includes bothersome vaginal atrophy often combined with urinary symptoms. Vaginal atrophy may significantly affect your quality of life, sexual satisfaction, and relationship with your partner. Unlike hot flashes, which generally improve with time, vaginal symptoms typically worsen with time because of aging and a prolonged lack of estrogen.

Menopause and aging can affect the vagina in the following ways:

- Vaginal tissues become thin, dry, and less elastic, with decreased secretions and lubrication
- Vaginal infections increase (as the healthy acidic pH of the vagina becomes more alkaline)
- Discomfort with urination and increased urinary tract infections can occur
- Fragile, dry, inflamed vaginal tissues may tear and bleed
- Women with menopause induced by cancer treatments may have additional injury to the vaginal tissues from chemotherapy or pelvic radiation
- Aromatase inhibitors, taken by many women with breast cancer, result in extremely low estrogen levels, often causing severe symptoms of vaginal dryness and decreased lubrication
- Vaginal changes often result in pain with sexual activity or pelvic exams
- Women with discomfort from vaginal atrophy often engage in less frequent intercourse or other sexual activity, which can cause the vagina to become shorter, narrower, and less elastic
- Pain, narrowing of the vagina, and involuntary tightening of vaginal and pelvic muscles (known as *vaginismus*) can intensify to the point where sexual intercourse or other sexual activity is no longer pleasurable or even possible

Treatment options

The good news is that effective treatment options, such as nonhormone remedies or different forms of low-dose estrogen applied directly to the vagina, are available. These can be combined for optimal symptom relief.

Nonhormone remedies

- **Vaginal lubricants** reduce discomfort with sexual activity when the vagina is dry by decreasing friction. Water-soluble products or those with silicone are advised, because the oil in some products may cause vaginal irritation. There are many effective brands available without a prescription.
- **Vaginal moisturizers** line the wall of the vagina to maintain vaginal moisture and acidity and should be used several times weekly at bedtime.
- **Regular sexual stimulation** promotes vaginal blood flow and secretions. Sexual stimulation with a partner, alone, or with a device (such as a vibrator) can improve vaginal health.
- **Expanding your views of sexual pleasure** to include "outercourse" options such as extended caressing, mutual masturbation, and massage provide a way to remain sexually intimate in place of intercourse.
- **Vaginal dilators** can stretch and enlarge the vagina if it has become too short and narrow or if involuntary tightening occurs, preventing comfortable sexual activity. Dilators can be purchased and used with the guidance of your healthcare provider. Remember, the vagina can diminish in size, and its supporting muscles can weaken, so "use it or lose it"!
- **Pelvic floor exercises** can strengthen weak vaginal muscles and relax tight ones.

Vaginal estrogen therapy

- **An effective and safe treatment**, low-dose local estrogen is applied directly to the vagina to restore vaginal health and relieve vaginal dryness and discomfort with sexual activity. Improvements usually occur within a few weeks, although complete relief may take several months. This even may be an option for women with a history of breast or uterine cancer but only after careful consideration of risks and benefits with a healthcare provider and oncologist.
- **Government-approved low-dose vaginal estrogen products** are available by prescription as vaginal creams (used two or three nights/week), a vaginal estradiol tablet (used twice/week), and an estradiol vaginal ring (changed every 3 months). All are highly effective. You may wish to try several different forms and choose the one you prefer.
- **Standard doses** of estrogen therapy provided to treat hot flashes also treat vaginal dryness, although some women still benefit from additional low-dose vaginal estrogen treatment. If only vaginal symptoms are present, low doses of estrogen applied to the vagina are recommended.

Other prescription therapies

- **Ospemifene** is an oral tablet taken daily for the treatment of painful intercourse caused by vaginal atrophy. Ospemifene is an estrogen agonist/antagonist, which means it works like estrogen in some tissues and opposes estrogen's actions in others.
- **Dehydroepiandrosterone (DHEA)** is a hormone-containing insert placed into the vagina nightly for the treatment of painful intercourse caused by vaginal atrophy. Although DHEA can be converted in the body to other hormones, including estrogen, blood levels of hormones do not appear to increase with vaginal use of low-dose DHEA.

Note: Vaginal symptoms not related to menopause include yeast infections, allergic reactions, and certain skin conditions, so consult your healthcare provider if symptoms do not improve with treatment.

Treatment Options Summary

Vaginal lubricants (nonprescription): Many water or silicone-based products available; avoid "zesty"

Vaginal moisturizers (nonprescription): Many available products that help to maintain vaginal moisture and acidity

Vaginal estrogen therapy (prescription required)

- Estrace or Premarin vaginal cream (0.5-1 g, placed into the vagina 2-3 times/week)
- Estring (small, flexible estradiol ring placed in vagina and changed every 3 months)
- Vagifem (estradiol tablet placed into the vagina twice/week); generic available as Yuvafem

Vaginal "exercise"

- Sexual activity (with or without a partner)
- Stretching exercises with lubricated vaginal dilators
- Pelvic floor physical therapy

Ospemifene (Osphena; prescription required)
An oral tablet that treats painful intercourse caused by vaginal atrophy

Intravaginal dehydroepiandrosterone (Intrarosa; prescription required)
A hormone vaginal insert that treats painful intercourse caused by vaginal atrophy

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