

Post Menopausal Hormone Therapy and Cardiovascular Risk

In United States about 6 million women each day begin the menopause transition and 75% of them will experience, hot flashes and night sweats, two of the most common symptoms called VASOMOTOR SYMPTOMS OR VMS that can seriously interfere with quality of life.

For almost 2 decades, women have avoided taking hormone therapy(HT) for the relief of these symptoms for fear it could trigger a serious or fatal cardiovascular event. But new data gathered by American College of cardiology found that cardiovascular risk varies.

Careful review of recent studies showed that risk depends on how soon after menopause onset the hormone therapy or HT was started, the type of HT that was used and other cardiovascular risk factors a woman has. Studies have shown that HT is appropriate for younger, healthy, menopausal women with lifestyle limiting bothersome hot flashes.

As a result of extensive studies done, four major medical societies now recommend HT for the relief of menopausal symptoms in women who meet specific criteria. None of the medical societies recommend HT for the prevention of heart disease.

Timing is everything - Studies have shown that cardiovascular disease risk of hormone therapy were much lower in women ages 50 to 59 years than in older women. Risks were also lower for women who began HT within 10 years of menopause onset.

A 2015 analysis of 19 trials found that mortality and heart attack rates were lower in patients who started HT within 10 years after menopause, and stroke rates were higher in those who started HT more than 10 years after menopause.

Type of HT USED. HT comes in oral, transdermal and vaginal formulations. All have their benefits and drawbacks. Oral formulations can raise triglyceride levels and can cause blood clot in the legs and in the lungs. Transdermal patches are less likely to cause blood clots in the legs compared to oral formations and they have no effect on triglycerides.

Vaginal estrogen therapy is the safest option for women with the history of cardiovascular disease, stroke, blood clot in the legs or estrogen responsive cancers. This is because no significant amount of the drug is absorbed into the bloodstream.

What are your risk category? American College of cardiology summarizes their findings by stratifying cardiovascular risk into three categories. Low risk. : -Within 10 years of starting menopause. -normal weight. -normal blood pressure. -Physically active. -10 year cardiovascular risk less than 5% -Low risk for breast cancer

Intermediate risk : -Diabetes -Hypertension -Smoking -Obesity -Abnormal lipids -Metabolic Syndrome -Sedentary lifestyle -Autoimmune diseases such as rheumatoid arthritis. -10 year cardiovascular disease risk of 5 to 10% -Higher risk for breast cancer

High risk : -Presence of cardiovascular disease, including peripheral artery disease. -Congenital heart disease. -Stroke or mini stroke. -10 year cardiovascular risk of 10% or greater. -women with history of breast cancer

Who should probably avoid HT- Hormone therapy is not recommended in women with coronary artery disease, peripheral artery disease or history of stroke, heart attack, blood clot in the legs or in the lungs. It is also not recommended in women with uncontrolled cardiovascular disease risks, including uncontrolled blood pressure, high total cholesterol level and high triglyceride levels.

These risk should be well controlled before starting HT.

When high risk woman suffers from severe hot flashes, frank discussion with her physician should be done, and if the decision was to proceed with HT, transdermal HT is preferred. No form of HT is recommended for women who have experienced stroke or mini stroke

Bottom line HT is considered safe for women who are under age 60, within 10 years of menopause onset, have a 10 year cardiovascular risk less than 5%, no history of blood clot in the legs or in the lungs and no increase risk of breast cancer. These women are considered to be low risk of an adverse cardiovascular event from HT

The need for HT and type used should be evaluated on an yearly basis with the intention it should be used for the shortest time possible.

This review is only for educational purpose and the need for hormone therapy should be discussed frankly with your physician.

Keshava Aithal

Dr Keshava Aithal

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