

NZGG'S HORMONE REPLACEMENT THERAPY GUIDELINE UPDATE - SEPTEMBER 2002

These new key messages are based on recent research findings on the risks associated with the use of Combined Hormone Replacement Therapy and Estrogen Replacement Therapy. *They replace the advice published by the NZGG in May 2001.*

REVISED KEY MESSAGES

23

COMBINED HRT (estrogen with progestogen)

- Combined HRT is not recommended for long-term use except in limited circumstances because the risks of breast cancer, venous thromboembolism (VTE), stroke and coronary heart disease (CHD) outweigh the benefits of fracture reduction and reduced risk of colorectal cancer.
- Combined HRT should not be used for the prevention or treatment of coronary heart disease or stroke.
- For women at high risk of osteoporosis, combined HRT may be considered only where other treatment is not tolerated and the woman is at low cardio-vascular disease (CVD) risk and is fully informed of the risks of HRT.
- Combined HRT is effective for the control of troublesome menopausal symptoms of hot flushes and night sweats. However, even short-term use is associated with an increased risk of venous thromboembolism, stroke and coronary heart disease. HRT should only be used where menopausal symptoms are troublesome and women are fully informed of the risks.

UNOPPOSED ESTROGEN THERAPY

- Unopposed estrogen replacement therapy should only be used by women who have had a hysterectomy.
- Unopposed estrogen replacement therapy is effective for the control of menopausal symptoms of hot flushes, night sweats and vaginal dryness.
- Use of unopposed estrogen replacement therapy is associated with an increased risk of venous thromboembolism.
- Use of unopposed estrogen therapy may be associated with an increased risk of ovarian cancer.
- Use of unopposed estrogen therapy (for more than 5 years) is associated with an increased risk of breast cancer.
- It is not clear whether unopposed estrogen therapy increases the risk of CHD and stroke. Further definitive information is expected by 2005. In the meantime, women should be informed of the lack of evidence for CHD and stroke benefit or harm.

PREMATURE MENOPAUSE

- The new studies have not provided any data on the risk or benefits for women with premature or surgical menopause.

TOPICAL ESTROGEN THERAPY

- Topical vaginal estrogen (cream or ring) is effective for the control of vaginal dryness and is safe to use long-term in doses that do not cause systemic absorption.