



Estrogen Therapy After Menopause: Good News

Recent findings have caused physicians to shift their view on estrogen therapy—again.

The new study, headed by Dr. JoAnn Manson of Brigham and Women's Hospital in Boston and published in the June 21, 2007 *New England Journal of Medicine*, examined the “relationship between estrogen therapy and coronary-artery calcium in context of a randomized clinical trial.”

According to an *LA Times* article appearing the same day—“Doctors Change Course Again On Estrogen Therapy” by staff writer Thomas H. Maugh II—the recently published research was a “subset of 1,064 women in the Women's Health Initiative study who were ages 50 to 59 and had undergone surgically induced menopause through a hysterectomy. Half were randomized to receive a Wyeth-produced estrogen called Premarin and half a placebo.”

Study subjects were on the treatment for 7.4 years; researchers conducted imaging 1.3 years after the trial was completed. “The coronary-artery calcium (or Agatston) scores were measured at a central reading center without knowledge of randomization status.” CT scans were used to measure calcium deposit build-ups (atherosclerotic plaque) in blood vessels.

The result: Calcified-plaque burden in the coronary arteries was lower in women on estrogen therapy. The *LA Times* reported . . .

- “Taking estrogen for seven years or more after menopause reduces calcification of the arteries—a key indicator of atherosclerosis—by as much as 60%. High levels of calcification are generally considered a predictor of increased heart attack risk.”
- “Women taking estrogen had 42% less calcification of their arteries. Women who had taken at least 80% of their daily doses of the drug had 61% less calcification.”

Physicians weigh in on the changing course.

Estrogen therapy has been a confusing issue over the last few years. It began with the 1989 Nurse's Health Study II, the largest prospective investigations into the risk factors for major chronic diseases in women. Significant, the study included a team of clinicians, epidemiologists and statisticians, demonstrating that “women who used menopause hormones had as much as 50% fewer heart attacks than nonusers of hormones.” As a result, women over 50 started to use hormones to “protect their hearts.”

- But a 2002 study rocked the boat, stating estrogen with progestin use produced “higher rates of breast cancer, heart attack and stroke.” Scores of menopausal women stopped hormonal use.
- Then a May 2003 study stated women 65 and older on long-term hormone use were at risk for Alzheimer's. Later that year, another published study said women on estrogen-progestin pills may be at higher risk for ovarian cancer.
- In 2004, government officials stepped in after a women's health study (researching estrogen alone) found higher stroke and dementia risk.

Then recent research started to change the course.

- In April 2007, researchers took an about face on the subject after fuller analysis of the 15-year-long Women's Health Initiative (WHI), generated five years earlier. They said "timing" is the issue: Using hormones in the first years after menopause begins **does not increase heart risk**. The best candidate for hormonal use, according to the new analysis, is "a recently menopausal woman, in her mid-40s or early 50s, who seeks relief from hot flashes and other symptoms."
- A review in May 2007 also concluded that taking hormones before 65 **actually reduced dementia risk by 50%**.
- And now, this June 2007 study shows women taking hormones in their 50s, shortly after menopause and long term, have **significantly reduced coronary-calcium scores**.

Physician quotes from *LA Times* . . .

- "The results were 'clear and striking,' wrote Dr. Michael E. Mendelsohn and Dr. Richard H. Karas of the Tufts University School of Medicine in an editorial accompanying the study. 'Now, some clarity about hormone replacement therapy and heart disease is emerging.'"
- Experts said, "The only group of women at significant risk from the drugs are those who delay taking them for at least 10 years after menopause."
- "Dr. Howard N. Hodis, director of USC's Atherosclerosis Research Unit, countered: 'There is absolutely no evidence, none, zero, that if you start a woman on estrogen at menopause and continue until she is 80, the risk goes up as she gets older.'"
- "Researchers believe the benefits of estrogen replacement occur only if it is started before atherosclerosis begins to develop. Once the hardening of the arteries has set in, estrogen is known to produce damaging effects."
- "'We will never know when we should stop hormones,' said Dr. Michelle Warren of the Columbia University College of Physicians and Surgeons, who spoke at the news conference and urged the shortest use possible. But 'if you have been on the hormone since the time of menopause, I am not worried anymore.'"
- "Dr. Jacques Rossouw, who heads the Heart Institute's Women's Health Initiative branch, said it was virtually impossible to conduct a study on long-term hormone use because the risks are so low that the number of women required would be prohibitive."

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For over a decade, Cenegenics has taken the position in favor of hormone optimization as proven via solid medical literature. Unfailingly, it has been shown that a balanced endocrine system—with physiological levels maintained at the upper end of normal levels, adjusted for age—is essential for good health.

That includes menopausal women, who have dwindling hormone levels and should be on hormonal therapy throughout their lives. In fact, hormones begin to drop for all of us, from age 30 onward, at 2% -3% per year. For that reason, we should have comprehensive evaluations done to determine and address diminished levels, which can negatively impact health and quality of life.

Become better informed. Learn more about promoting good health and youthful aging by balancing your endocrine system for a more vigorous life. The science behind age management medicine helps identify and meet criteria, which places you in the lowest possible risk category for disease—particularly heart disease, cancer, stroke, diabetes, metabolic syndrome and Alzheimer’s disease—and thereby extending your health span.