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INDEPENDENT, OBJECTIVE AND EVIDENCE-BASED

Decision aid: Hormone therapy for menopause

1. Introduction

After you have read our Fact Sheet (URL: <http://www.informedhealthonline.org/index.159.en.html>) or article (URL: <http://www.informedhealthonline.org/index.161.en.html>) about menopause and the options for coping with menopausal symptoms, this decision aid might help you make your choice about hormone therapy.

It is important to remember that there are no right or wrong answers to the next three questions. Only your own personal opinion counts: At what point are symptoms so bad that you would need hormone therapy? What risks of treatment are acceptable for you? What way of managing or coping is right for you personally?

Hormone therapy does not only have benefits. It also carries several risks. We would like you to have information about the advantages and disadvantages of this treatment, and hear about other women's experiences. This might help you be clearer on what issues are important for you.

Susanne

I advise every woman to be more informed than I was, so that they can find out what will be best for them. I wouldn't necessarily rule hormones out if the symptoms are so strong and you cannot manage them with natural remedies.

Karin

How did women manage before? Without drugs. I don't want to talk anyone out of hormone patches. It is alright if someone takes hormones. It just wasn't right for me.

2. My menopause diary

Karin

When it started it felt as though my head would explode and my heart pounded at the same time. Once when I was drinking coffee with some women, I really felt as though my heart was going to jump out of my chest. I didn't know what was happening. But before you could grasp what was happening, it was already over.

[...]

Sometimes I found it unpleasant, when I had to serve

customers in summer. But it didn't smell at all. If I sweat when I'm being physically active, then it smells differently than having a hot flash.

It might help if you observe your symptoms closely. This could give you a clearer picture of how often different symptoms are happening, and how bearable or unbearable they are for you. That might make it easier for you to decide for or against hormone therapy.

Maria

I had hot flashes too, mostly in the night. But it wasn't very often. When I had them, I found it very unpleasant, especially at work. At first I would feel very warm, then hot and then I would have an outbreak of sweat.

2.1. Display the symptoms diary

Date	Symptom	How bearable was this? 1 = no problem 2 = bearable 3 = almost unbearable 4 = unbearable	What I have tried to help this	Did this help? 1 = it did not help at all 2 = it did not help much 3 = it helped a little 4 = it helped a lot

3. Possible benefits of hormone therapy

There is a difference in what benefits might come from short-term and longterm use of hormone therapy. In the short-term, hormone therapy might be able to relieve hot flashes and sweats. If these are happening at night and disturbing sleep, this could mean a better night's sleep. Using vaginal forms of hormone therapy (such as a vaginal ring, suppository or cream) might reduce vaginal dryness.

Karin

Getting through the menopause...I thought, there doesn't always have to be a treatment. Every day does not have to be great. Then I couldn't decide. Everybody has to find out for themselves, what is best for them.

Oestrogen-based HT can reduce hot flashes and sweats quite a lot for many women. But even for HT, there is no guarantee that they will go away completely. However, hot flashes if they continue are generally less severe.


This effect on symptoms comes mostly from trials that lasted between three and six months. Women were taking oral HT, but patches might be just as effective.


When the results of these trials are looked at together, it shows that out of 10 women with hot flashes who take oestrogen-based therapy, after three to six months:

- About 2 of the women will still have hot flashes (15%)
- About 8 of the women will no longer have hot flashes (85%)

But a large part of this reduction is not because of the hormones. The trials show that for about 5 out of 10 women who did not take HT, the hot flashes went away by themselves:



 Women whose hot flashes would have stopped anyway

 Women whose hot flashes stop because of HT



Women who still have hot flashes despite taking HT

Hormone therapy can also have some advantages taken longterm, there are also serious health disadvantages which we will explain later.

There are two main types of commonly used hormone therapy. The first is HT based on oestrogen only. This is for women who have had their uterus removed (hysterectomy). For women who have a uterus, the most common HT is oestrogen combined with a progesterone to protect the uterus from cancer.

The following table is an overview of the benefits of oestrogen-based therapy taken longer term.

3.1. Positive health impact from daily use of combined oestrogen therapy in healthy women

Illness or event	Impact of combined oestrogen therapy within the first 12 months compared with women taking no HT	Impact of combined oestrogen therapy for up to five years compared with women taking no HT
Bowel (colorectal) cancer	No noticeable change	Reduced risk: 3 fewer bowel cancers for every 1,000 women
Hip fracture	No noticeable change	Reduced risk: 3 fewer hip fractures for every 1,000 women

3.2. Positive health impact from daily use of oestrogen alone in healthy women (without a uterus)

Illness or condition	Impact of oestrogen-only therapy within the first 12 months compared with women taking no HT	Impact of oestrogen-only therapy for up to five years compared with women taking no HT
Hip fracture	No noticeable change	Reduced risk: 4-5 fewer hip fractures for every 1,000 women

4. Risk of adverse effects

There is also a difference in the side effects of short-term and longterm HT. Common short-term adverse effects of HT are breast tenderness or soreness, and vaginal bleeding or spotting.

The risks of adverse effects from longterm use of oestrogen-based HT are summarised in the following table:

4.1. Negative health impact from daily use of combined oestrogen therapy in healthy women

Illness or event	Impact of combined oestrogen therapy within the first 12 months compared with women taking no HT	Impact of combined oestrogen therapy for up to five years compared with women taking no HT
Heart attack	Increased risk: an extra 2 heart attacks for every 1,000 women	Not clear
Thromboembolism (blood clot)	Increased risk: an extra 4 clots for every 1,000 women	Increased risk: an extra 11 clots for every 1,000 women
Stroke	No noticeable change	Increased risk: an extra 5 strokes for every 1,000 women
Breast cancer	No noticeable change	Increased risk: an extra 4 breast cancers for every 1,000 women
Gallbladder disease requiring operation	No noticeable change	Increased risk: an extra 11 operations for every 1,000 women

4.2. Negative health impact from daily use of oestrogen alone in healthy women (without a uterus)

Illness or condition	Impact of oestrogen-only therapy within the first 12 months compared with women taking no HT	Impact of oestrogen-only therapy for up to five years compared with women taking no HT
Stroke	No noticeable change	Increased risk: an extra 8 strokes for every 1,000 women
Gallbladder disease requiring an operation	No noticeable change	Increased risk: an extra 21 operations for every 1,000 women

5. Weighing up the advantages and disadvantages

This step involves thinking about your own view of the advantages and disadvantages. Which advantages of hormone therapy are the most important to you personally? Are there risks that worry you?

People value possible benefits and harms very differently. That means that there are **no right or wrong answers** to the following questions. Please rate the importance of each potential benefit or harm to you in the boxes below.

6. Short-term benefits of oestrogen-based hormone therapy

Short-term benefits of oestrogen-based hormone therapy

Please rate the following questions based on personal relevance.

(1 - not important at all, 5 - very important)

Reduced hot flashes and sweats during the day



Less sleep disruption from sweats and hot flashes at night



Less vaginal dryness



Any other short-term benefit:



7. Short-term adverse effects of oestrogen-based hormone therapy

Short-term adverse effects of oestrogen-based hormone therapy

Please rate the following questions based on personal relevance.

(1 - not important at all, 5 - very important)

Breast tenderness or soreness



Vaginal bleeding or spotting



Any other short-term adverse effect:



8. Possible benefits of longterm oestrogen-based hormone therapy

Possible benefits of longterm oestrogen-based hormone therapy

Please rate the following questions based on personal relevance.

(1 - not important at all, 5 - very important)

Reduced risk of bowel (colorectal) cancer (only proven for combined oestrogen-progesterone)



Reduced risk of broken bones



Any other long-term benefit:



9. Possible harms of longterm oestrogen-based therapy

Possible harms of longterm oestrogen-based therapy

Please rate the following questions based on personal relevance.

(1 - not important at all, 5 - very important)

Increased risk of heart attack and thromboembolism (only proven for combined oestrogen-progesterone)



Increased risk of stroke



Increased risk of breast cancer (only proven for combined oestrogen-progesterone)



Increased risk of gallbladder disease requiring an operation



Other unwanted longterm harm:



10. Summary

Short-term benefits of oestrogen-based hormone therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Reduced hot flashes and sweats during the day



Less sleep disruption from sweats and hot flashes at night



Less vaginal dryness



Any other short-term benefit:



Short-term adverse effects of oestrogen-based hormone therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Breast tenderness or soreness



Vaginal bleeding or spotting



Any other short-term adverse effect:



Possible benefits of longterm oestrogen-based hormone therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Reduced risk of bowel (colorectal) cancer (only proven for combined oestrogen-progesterone)



Reduced risk of broken bones



Any other long-term benefit:



Possible harms of longterm oestrogen-based therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Increased risk of heart attack and thromboembolism (only proven for combined oestrogen-progesterone)



Increased risk of stroke



Increased risk of breast cancer (only proven for combined oestrogen-progesterone)



Increased risk of gallbladder disease requiring an operation



Other unwanted longterm harm:



These choices cannot be simply added together, because some of these topics are more serious than others. Still, these questions might help you get an overall picture of the positive and negative aspects of using this therapy. This could help you come to a decision that suits you.

If you consider this picture and weigh the advantages and risks of hormone therapy against each other, in which direction are you personally leaning at the moment?

Please rate the following questions based on personal relevance.

(1 - Using hormone therapy, 10 - No hormone therapy)

Please check the box that comes closest to your preference right now.

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Your choice might help you see if you are leaning more in one direction or the other. If you are still unsure, it might help you to learn more about the critical aspects of hormone therapy for you.

11. More information

Short-term benefits of oestrogen-based hormone therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Reduced hot flashes and sweats during the day

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Less sleep disruption from sweats and hot flashes at night

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Less vaginal dryness

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Any other short-term benefit:

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Short-term adverse effects of oestrogen-based hormone therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Breast tenderness or soreness

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Created at: 02/14/2006 | Last update: 11/12/2009

Vaginal bleeding or spotting

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Any other short-term adverse effect:

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Possible benefits of longterm oestrogen-based hormone therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Reduced risk of bowel (colorectal) cancer (only proven for combined oestrogen-progesterone)

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Reduced risk of broken bones

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Any other long-term benefit:

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Possible harms of longterm oestrogen-based therapy

Results at a glance.

(1 - not important at all, 5 - very important)

Increased risk of heart attack and thromboembolism (only proven for combined oestrogen-progesterone)

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Increased risk of stroke

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Increased risk of breast cancer (only proven for combined oestrogen-progesterone)

●●●●●

Increased risk of gallbladder disease requiring an operation

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Other unwanted longterm harm:

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If you consider this picture and weigh the advantages and

risks of hormone therapy against each other, in which direction are you personally leaning at the moment?

Results at a glance.

(1 - Using hormone therapy, 10 - No hormone therapy)

Please check the box that comes closest to your preference right now.



If you have more questions, the following additional information is available on our website:

- Detailed article
- Fact Sheet
- A short 'film' about the menopause

Glossary

hormones

“Hormones” is the collective term for different types of messenger substances in the body. They are produced in different organs or tissues and released into the blood or the lymphatic system to be distributed throughout the body. Hormones only have an effect on those parts of the organism that have a corresponding docking site. This is how hormones can have such specific effects. Insulin, estrogens, vasopressin and thyroxine are some well-known hormones. Many medical ingredients imitate the effect of hormones.

The German Institute for Quality and Efficiency in Health Care (IQWiG)

The German Institute for Quality and Efficiency in Health Care (IQWiG) was established by legislation to provide evaluations of the effectiveness, quality and efficiency of healthcare services. This includes the assessment of medicines as well as the publication of health information for consumers and patients.

Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at [**www.informedhealthonline.org**](http://www.informedhealthonline.org)

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