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## Recent Headlines May Confuse Your Patients

You may have noticed startling headlines recently stating "Hormone Therapy Not Recommended" and "Hormone Therapy Not for Prevention of Chronic Conditions." The US Preventive Services Task Force (USPSTF) recently posted new recommendations on the use of menopausal hormone therapy for the primary prevention of chronic conditions including cancer, cardiovascular disease, cognition and osteoporosis. This is the same organization that created a news buzz a few years ago by changing the recommended age for screening mammograms to 50. Unfortunately, the succinct headlines and incomplete reporting methods surrounding the topic by electronic, televised and written media may easily be misconstrued by patients and practitioners alike --- feeding the confusion that often surrounds hormone therapy. To clarify, this document states two recommendations pertaining to postmenopausal women over the age of 50 who are considering the use of hormone therapy for the primary prevention of chronic medical conditions, **not those who are considering hormone therapy for the management of menopausal symptoms**. To those practitioners well versed in hormone balancing, these recommendations are not necessarily new, as they are largely based on the Women's Health Initiative (WHI) study from 10 years ago:

1. The USPSTF recommends against the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women.
2. The USPSTF recommends against the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy.

What these recommendations don't address (and many media sources are not differentiating) is the use of **progesterone** for prevention of chronic medical conditions. Unfortunately, patients perusing the internet or viewing their nightly news programs will see only "Hormone Therapy Not Recommended; Gov't task force warns against long-term treatment." As providers practicing hormone balancing with patients, our role as teacher is a crucial one as we educate our patients on the benefits of hormone replacement. So, with this media blitz surrounding hormone therapy, what *can* we tell our patients?

Long term hormone therapy can certainly be effective in reducing the risk and incidence of chronic disease, however the **type** of hormone used, the dosage, the combination with other hormones and the **route of administration** all matter. It's all about **balance!** Important points to cover when educating your patients are:

- Progesterone is not the same as progestin
- Progesterone has protective effects to the endometrium
- When used concomitantly with estrogen, progesterone has **not** demonstrated an increased incidence of breast cancer (unlike coupled estrogen and progestin therapy)
- Progesterone use by women has been associated with a decreased risk of:
  - Estrogen dependent cancers including breast cancer
  - Cardiovascular disease
  - Osteoporosis
  - Alzheimer's disease
- The WHI study used oral estrogens. Topical administration of estrogen has been shown to have significantly reduced cardiovascular risks.

Over 1/2 of all postmenopausal women in the US report having used some form of hormone therapy. You, the informed practitioner, serve as an essential resource for patients in what can be a confusing journey.

### Labrix: Test Now and Treat Right.

Note: For further information on clarifying what the research DOES and DOES NOT tell us about the risks and benefits of hormone replacement therapy including an in depth discussion on the differences between conventional HRT and bio-identical HRT join us for our upcoming webinar: **70 years of HRT – What worked, what didn't work and how to know the difference**, presented by Dr. Sara Wood. It will be held on Tuesday, June 19th at 9:00am. To register today, [click here](#).

### References\*:

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\*Bibliographies by topic available upon request

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