

Hormone Replacement Therapy Questions

1. What are the indications for hormone replacement therapy (HRT)?
 - a. menopausal symptoms
 - b. disease prevention
 - c. osteoporosis
 - d. urinary incontinence
 - e. dementia
 - f. mood swings
2. What are the contraindications for HRT?
3. How is HRT given in patients that have not had a hysterectomy?
 - a. continuous combination therapy
 - b. sequential (estrogen every day with progesterone D 14-28) therapy
 - c. estrogen alone
 - d. sequential therapy for the first year of menopause then switch to continuous
4. How does HRT affect menses and how should this be handled?
5. How should you stop therapy?
6. Should HRT be used to treat osteoporosis?
7. What are the common side effects of HRT?
8. What did the WHI (Women's Health Initiative) show?
9. How should urogenital symptoms be managed?

Hormone Replacement Therapy Answers

1. What are the indications for hormone replacement therapy (HRT)?
 - a. menopausal symptoms (alt. Black cohosh, paroxetine, venlafaxine, clonidine)

2. What are the contraindications for HRT?
Undiagnosed vaginal bleeding, breast CA (or any estrogen dependent cancer), thromboembolic disease, liver disease, vascular disease, pregnancy

3. How is HRT given in patients that have not had a hysterectomy?
 - d. sequential therapy for the first year of menopause then switch to continuous

4. How does HRT affect menses and how should this be handled?
Withdrawal bleeds are usually lighter than periods, irregular spotting may occur the first 6-12 months but then should subside

5. How should you stop therapy?
Consider a break in therapy after 1-2 years to see if symptoms are still there. If symptoms persist, restart therapy and slowly taper. (use lowest effective dose for shortest amount of time possible)

6. Should HRT be used to treat osteoporosis?
Only if the benefits outweigh the risks

7. What are the common side effects of HRT?
Irregular bleeding, nausea, breast tenderness

8. What did the WHI (Women's Health Initiative) show?

Participants were 50-79 (average age 62) 16,608 in the combined group, 5.2 years of follow-up, active treatment: 0.625 mg/d estrogen + 2.5 mg/d progesterone vs placebo

Increased incidence of: CHD (HR 1.29), Breast CA (HR 1.26), CVA (HR 1.41), PE (HR 2.13), ovarian cancer (HR 1.58)

Decreased incidence of: colorectal CA (HR 0.63), endometrial cancer (HR 0.83), hip fracture (HR 0.66)

(absolute risks /10,000 person-years = 7 more cases of CHD, 8 more strokes, 8 more PE's, 8 more invasive breast cancers, 6 fewer colorectal cancers, 5 fewer hip fractures)

Absolute excess risk of events = 19/10,000 person-years

Estrogen only group: 10,739 participants, 0.625 mg/d estrogen

Increased incidence of: CVA (HR 1.39), PE (HR 1.34), colorectal cancer (HR 1.08)

Decreased incidence of: CHD (HR 0.91), breast CA (HR 0.77), Hip fracture (HR 0.61)

Absolute risk: 12 additional strokes and 6 fewer hip fractures

9. How should urogenital symptoms be managed?

- a. vaginal dryness: local preparations (lubricants, estrogen cream)
- b. bladder symptoms: behavioral changes (avoiding irritants, bladder training), kegel exercises for stress incontinence, anti-spasmodics for urge incontinence

