

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on the use of menopausal hormone therapy for the primary prevention of chronic conditions. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from May 16 to June 12. The Task Force welcomes your comments.

## Menopausal Hormone Therapy

The Task Force has issued a **draft recommendation** statement on *Menopausal Hormone Therapy for the Primary Prevention of Chronic Conditions*. The Task Force recommends against the use of menopausal hormone therapy in women who have gone through menopause to prevent chronic (lasting) conditions such as heart disease and diabetes.

This draft recommendation applies to women who have already gone through menopause and are considering hormone therapy to prevent chronic medical conditions. It does not apply to women who are going through menopause and are considering hormonal therapy to manage symptoms of menopause, such as hot flashes or night sweats. It also does not apply to women under the age of 50 who started menopause unusually early - before age 40 - or who have had their ovaries surgically removed prior to menopause.

### What is menopausal hormone therapy?

Taking the hormones estrogen and progestin to prevent or treat the symptoms of menopause and various medical conditions. These medications can be given during or after menopause and come in multiple forms (such as pills and patches). This draft recommendation looked at the use of hormone therapy after menopause to prevent chronic conditions; **not** to manage symptoms of menopause.

## Facts about Menopausal Hormone Therapy

Menopause, the period in a woman's life when she stops having a period, usually occurs around age 50. After a woman goes through menopause, her hormone levels change. This can increase risk for chronic conditions such as heart disease, osteoporosis (a disease that weakens the bones), and fractures.

Many women take menopausal hormone therapy for a short period of time as they go through menopause to help reduce troublesome symptoms, such as hot flashes or night sweats. There are two types of menopausal hormone therapy. The most common therapy uses a combination of estrogen and progestin. The second type of therapy uses just estrogen and is only used with women who have had their uterus removed through a surgical procedure known as a hysterectomy.

Since changes in hormone levels may be connected to chronic conditions, there has been research into whether menopausal hormone therapy should be taken after menopause to prevent these conditions. However, many studies, including a very large study of many thousands of women, found that this is not true for most chronic conditions. In fact, using hormone therapy to prevent chronic conditions can increase the risk of some conditions, like heart disease.

## Potential Benefits and Harms of Menopausal Hormone Therapy

The Task Force reviewed studies about the benefits and harms of taking menopausal hormone therapy after menopause to prevent chronic conditions. They found that combined estrogen and progestin can reduce the risks of fractures and diabetes in women who have gone through menopause. However, the Task Force also found this type of hormone therapy can increase a woman's risk for invasive breast cancer, heart disease, and a type of blood clot that occurs in veins and vessels. There is also evidence that this type of hormone therapy increases the risk of stroke, dementia, gallbladder disease, and urinary incontinence.

When the Task Force reviewed the evidence on estrogen alone, they found it can reduce a woman's risk of developing or dying from invasive breast cancer and developing diabetes. However, the Task Force also found that use of estrogen alone can increase a woman's risk of stroke, dementia, gallbladder disease, urinary incontinence, and a type of blood clot that occurs in the veins and vessels.

Based on this evidence, the Task Force determined that, for women who have gone through menopause, the potential benefits of taking menopausal hormone therapy do not outweigh the potential harms.

## The Draft Recommendation on Menopausal Hormone Therapy: What Does It Mean?

Here is the Task Force's draft recommendation on menopausal hormone therapy to prevent chronic conditions in women who have gone through menopause. It is based on the quality and strength of the evidence about the potential benefits and harms of preventive medication for this purpose. It also is based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends against the use of a preventive medication (**Grade D**), it is because it has more potential harms than potential benefits.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

**1** The USPSTF recommends against the use of combined **estrogen** and **progestin** for the prevention of chronic conditions in **postmenopausal women**. **(Grade D)**

## Notes

### estrogen

One of the two main sex hormones that women have. It is responsible for the physical changes that come with puberty, including growth of breasts, and start of menstrual cycles.

### progestin

A man-made version of the hormone progesterone. This hormone is produced by the ovaries when a mature egg is released. The hormone prepares the lining of the uterus to receive the egg if it is fertilized. If it is not fertilized, menstrual bleeding begins.

### postmenopausal women

Women who have already been through menopause (the end of menstruation).

### hysterectomy

A surgery to remove a woman's uterus.

**2** The USPSTF recommends against the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a **hysterectomy**. **(Grade D)**

### What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

### Click Here to Learn More about Menopausal Hormone Therapy

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(National Cancer Institute)
- Facts About Menopausal Hormone Therapy**  
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### [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between May 16 and June 12, 2016.



All comments will be considered for use in writing final recommendations.