

U. S. Preventive Services Task Force Recommends Against Hormone Therapy for Preventing Chronic Conditions in Postmenopausal Women

For women who have gone through menopause, benefits do not outweigh harms of using hormone therapy to prevent chronic conditions

WASHINGTON, D.C. – December 12, 2017 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on hormone therapy for the primary prevention of chronic conditions in postmenopausal women. Based on its review of the evidence, the Task Force recommends against the use of hormone therapy to prevent chronic conditions. These are D recommendations.

Grade in this recommendation:

D: Not recommended.

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Hormone therapy refers to the use of estrogen and progestin in women with an intact uterus, or estrogen alone in women who have had their uterus removed, taken during or after menopause. Following menopause, a woman's hormone levels change, which may have an impact on her risk for chronic conditions such as heart disease, osteoporosis, and fractures. This recommendation is about using hormone therapy to prevent chronic conditions – not to manage the symptoms of menopause.

“In women who have already been through menopause, the use of hormone therapy to prevent chronic conditions has significant harms,” says Task Force chair David C. Grossman, M.D., M.P.H. “But, the Task Force has several other recommendations on effective ways women can reduce their risk of chronic conditions.”

Harms of hormone therapy with combined estrogen and progestin use include an increased risk for invasive breast cancer and heart disease. Harms of estrogen use alone include risk of stroke, blood clots and gallbladder disease, among others.

This final recommendation is consistent with the Task Force's 2012 final and 2017 draft recommendation statements.

“Our recommendation only applies to women who have gone through menopause and are considering hormone therapy to prevent chronic health problems,” says Task Force member Maureen G. Phipps, M.D., M.P.H. “Women who are considering hormone therapy to manage menopausal symptoms, such as hot flashes or night sweats, are not included in this recommendation and should talk to their doctors.”

The final recommendation also does not apply to women who have experienced premature menopause or have had their ovaries surgically removed prior to menopause, commonly known as surgical menopause.

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from May 16 to June 12, 2017.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Grossman is a board-certified pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is senior investigator at the Kaiser Permanente Washington Health Research Institute, a pediatrician at Kaiser Permanente Washington, and a senior medical director for the Washington Permanente Medical Group. Dr. Grossman is also a professor of health services and adjunct professor of pediatrics at the University of Washington.

Dr. Phipps is the department chair and Chace-Joukowsky professor of obstetrics and gynecology and assistant dean for teaching and research on women's health at the Warren Alpert Medical School of Brown University. She is also a professor of epidemiology in the School of Public Health at Brown University. In addition, she is the chief of obstetrics and gynecology at Women & Infants Hospital of Rhode Island and the executive chief of obstetrics and gynecology at Care New England.

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