



LITERATURE REVIEWS IN OBSTETRICS AND GYNECOLOGY



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Managing the Menopausal Patient's Expectations and Assessing Risks of HRT

Patients often ask how long they will have to tolerate vasomotor symptoms such as hot flashes and night sweats. If symptoms become burdensome enough, patients will inquire about medical treatment, including hormone replacement therapy (HRT). However, they are concerned about the risks of taking hormones.

Two important papers published recently provide clinically important data on the menopausal patient. The duration of vasomotor symptoms and the association between the use of hormone replacement and the risk of ovarian cancer are covered in the two studies.

Duration of Symptoms

“Duration of Menopausal Vasomotor Symptoms Over the Menopause Transition” was published on Feb. 16, 2015 in *JAMA Internal Medicine*¹. Rebecca Thurston, PhD, and her research group at Wake Forest School of Medicine studied menopausal symptoms in 3,302 patients who were followed for 17 years. Their data is from the SWAN Study (Study of Women's Health Across the Nation), one of the largest of its kind. The investigators sought to determine:

1. The number of years patients have vasomotor symptoms
2. The risk factors associated with having persistent vasomotor symptoms

In the past, common practice has been to advise patients that hot flashes and other vasomotor

symptoms might continue for two years after they begin. The study shows this is a significant underestimation. Investigators report that **the median duration of vasomotor symptoms is actually 7.4 years.**

Individuals starting hot flashes before their last period are most likely to have persistent symptoms. This group had a median duration of symptoms of 11.8 years. African-American patients also were more likely to have prolonged symptoms, with a median duration of 10.1 years.

Overall, the study provides new and reliable data regarding the duration of vasomotor symptoms. However, it likely will be disappointing and frustrating news for the patient. In fact, when they learn symptoms may last more than seven years, patients may be more interested in treatment and more likely to consider using HRT.

The risks associated with HRT, however, are concerning to both patients and providers. The risk of breast cancer and other adverse effects reported in the Women's Health Initiative (WHI) in 2002 resulted in a dramatic reduction in the number of women using HRT.

Assessing Ovarian Cancer Risk

Current practice involves using HRT for specific symptoms such as hot flashes at the lowest effective dose for the shortest duration possible. Even with this shift in practice, patients are very concerned about getting cancer from hormones.

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While the WHI provided robust data on breast cancer risk, the data on HRT and the risk of ovarian cancer has been limited until now. A meta-analysis published in *Lancet* on Feb. 12, 2015 fills this gap². In this study, the international Collaborative Group on Epidemiologic Studies in Ovarian Cancer combined findings from 52 epidemiologic studies to build a dataset that includes 21,488 post-menopausal patients.

Analyzing this cohort, investigators found that subjects who had used HRT had a 20% increased risk of ovarian cancer compared to those who had never used HRT (relative risk = 1.20, 95% CI: 1.15-1.26). The risk of ovarian cancer decreased after stopping HRT, but did not return to zero. The risk also was found to be the same regardless of the formulation used (estrogen only vs. estrogen plus progestin).

The most important question a clinician can ask of this type of report is, “What is the additional risk for my patient?” Here the authors report that **women who use HRT may have one extra ovarian cancer diagnosed per 1,000 users**. For the patient without a significant family history of ovarian cancer who is suffering from severe menopausal symptoms, this small increase in risk is likely to be worth the improvement in quality of life that could be obtained with HRT. On the other hand, this study provides even more evidence that HRT should be prescribed only for patients with severe menopausal symptoms.

In Conclusion

Armed with this new data, providers can let their patients know that vasomotor symptoms are likely to last seven years or more—much longer than was thought in the past. When discussing the risks and benefits of using HRT to treat menopausal symptoms, the provider should now include information on the small increased risk of ovarian cancer. As with all medical treatments, the risks and benefits must be weighed. For many patients, especially those with no family history of ovarian cancer and with menopausal symptoms that seriously impact their quality of life, the risk/benefit assessment still falls in favor of using HRT.

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2. Collaborative Group On Epidemiological Studies Of Ovarian C. “Menopausal Hormone Use and Ovarian Cancer Risk: Individual Participant Meta-analysis of 52 Epidemiological Studies.” *Lancet*, 2015 Feb 12.

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