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Hormone (Estrogen and Progesterone) Replacement Therapy

With the onset of menopause, ovarian production of estrogen is significantly reduced, leading to gradual changes including:

- * Hot flashes
- * Mood disturbances
- * Thinning of genitourinary tissues and decrease in tissue elasticity
- * Loss of calcium from the skeleton
- * Change in lipoprotein profile

Studies have demonstrated unequivocally that Hormone Replacement Therapy (HRT) can significantly reduce the incidence of hot flashes, osteoporotic fracture and can improve genital tissues. A number of studies have suggested that HRT is associated with decreased cardiac problems and decrease the undesired hormonal effects of ageing. These studies, however, have not been substantiated.

Symptoms of increased irritability, mood disorders, mild depression, hot flashes, sleep disturbances and decreases in memory may arise during the perimenopausal transition (the time period when you start to go into menopause until you stop having periods). HRT may improve function in some of these cases. However, in elderly menopausal women, recent data suggests that HRT will not retard the progression of senile-associated dementia, specifically Alzheimer's disease.

Heart disease, colon cancer, death from bone fracture, and breast cancer are the leading cause of death in women. In the past, studies suggested that HRT protect against coronary heart disease by lowering LDL cholesterol and increasing HDL cholesterol concentrations. In recent studies, however, where the average age of initiating HRT therapy was 63 years old, there was no prevention of coronary artery disease and there was an increased risk of heart disease in those who took combination hormone replacement therapy. Also, women on HRT have a slight increase risk of breast cancer. There is no increase risk of breast cancer or heart disease in women on estrogen only.

Recent studies also confirm a decrease risk of colon cancer in women who are on HRT.

Bone loss accelerates at menopause on average at a rate of approximately 3% per year for the first five years and 1% per year thereafter. It is estimated that women hospitalized for hip fractures will have an overall mortality rate of 30% within 1 year of her hip fracture. HRT has been shown to be effective in preventing further bone loss and reduce the risk of hip fractures.

HRT can decrease the risk of Urinary Tract Infection and increase the health of the urogenital tissues. However, it is likely to have no effect on urinary frequency or incontinence.

In women who elect to begin hormone replacement therapy, annual physical examinations including breast and pelvic exams should be performed. Routine assessments should include blood pressure, Pap test, lipid profile assessment and mammogram.

Traditionally, HRT has been started in menopausal women for treatment of hot flashes, mood disturbances, vaginal dryness and osteoporosis prevention. However, because an increasing number of menopausal women are now better informed regarding menopausal changes and more research has been published, HRT has become less appealing. Once the decision is made to begin HRT, it is important that patients to continue evaluate the risks and benefits of treatment so, as published data continues to evaluate HRT, you can make an informed choice about your care.