

“Hormone Replacement Therapy in Postmenopausal Women and Heart Disease”

Dearing W. Johns, MD
UVa Heart Center Cardiologist
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Lessons from recent double blind randomized control trials (see page 2 for references)

Healthy women and heart attack

- 1) Estrogen and progesterone (Prempro) do not protect healthy women from heart attack (WHI, July 2002).

Women with pre-existing coronary artery disease and further heart attack

- 2) Estrogen and progesterone do not protect women who have had a first heart attack or who have evidence of coronary artery disease from having progression of disease or another heart attack (HERS August 1998 and ERA).

Risk of vein clots

- 3) There is increased risk of venous clotting when estrogen and progesterone are first used (probably through the first year or two). Those women at highest risk for developing vein clots are those who are smokers, obese, immobilized (very sedentary), or have varicose veins.
- 4) Estrogen and progesterone do not protect against stroke.
- 5) There is suggestion, but not firm proof, that estrogen and progesterone may be associated with a small increase in risk of heart attack, lung clots, or the need for by-pass surgery or angioplasty.
- 6) **Estrogen alone is still being tested in healthy women (without a uterus), thus there is a suggestion that estrogen alone may be cardio-protective (WHI).**

What to do:

- 1) Do not panic if you are taking hormone therapy. These new studies show failure to protect the heart and blood vessels. They do not indicate definite damage occurs in the heart from taking the combination of estrogen and progesterone. There is probably a subset of women who could take hormones quite safely and with benefit but there is, at present, no way to know for sure which women will achieve this benefit.
- 2) Discuss your specific risks and benefits with your doctor.
- 3) If you decide to stop hormone treatment it will be easier on you if you taper the estrogen dose. This is not for safety reasons, rather it is to try to prevent hot flushes and episodic sweating from developing.
- 4) **You should definitely stop hormone therapy if you have a heart attack, stroke, or stroke-like symptoms or if you develop a vein clot.**
- 5) You should probably stop hormone therapy if you need to be immobilized eg because of a broken bone or the need for major surgery.

6) Reduce your risk of heart attack by maintaining a healthy life-style (do not smoke, eat heart healthy diet, do aerobic exercise, know your blood pressure and cholesterol profile and seek treatment if they are high). If you have had a heart attack, stroke, peripheral artery disease or have risk factors for heart disease take aspirin on a regular basis (ask your doctor's advice on this)

7) There are very effective treatments for high blood pressure and abnormal cholesterol and diabetes. Using these treatments will markedly reduce your risk of heart attack or blood vessel disease.

Please see your family doctor to make sure you receive regular checkups for heart health. To make an appointment at UVA Heart Center's Preventive Cardiology Clinic, call 924-5004, or Diabetes and Cardiovascular Clinic, call 243-9373.

"Legs for Life" — UVA interventional radiologists and vascular surgeons will offer free screening exams on Saturday, September 14, 8 a.m. to noon. Call 924-DOCS to preregister.

References:

Three double blind randomized controlled trials, which evaluated risk of coronary heart disease in postmenopausal women taking hormone replacement therapy.

- 1) WHI – World Health Initiative, Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women, JAMA, 2002;288:321 Healthy postmenopausal women are not protected from developing heart disease by use of Prempro.
- 2) HERS – Heart and Estrogen/Progestin Replacement Study, JAMA 2002;280:650; Women with pre-existing heart disease may still develop heart attack or progression of their disease despite Prempro
- 3) ERA – Estrogen Replacement and atherosclerosis Trial, NEJM, 2000;343:522 Estrogen and progesterone do not prevent progression of blockages in coronary arteries and do not cause these blockages to melt away (regress).
- 4) WEST Study - Women's Estrogen for Stroke Trial, NEJM 2001;345:1243. No protection against stroke
- 5) German HRT Trial in Women with Carotid Atherosclerosis. Atherosclerosis Thromb Vasc Biol 2001;21:262. In women with pre-existing carotid disease, hormone treatment did not prevent thickening and plaque formation in the lining of the carotid arteries in the neck.
- 6) WISDOM- Women's International Study of Long Duration Estrogen after Menopause —not published, this trial is still on-going. Results are expected in 2006.
- 7) MORE - Multiple Outcomes of Raloxifene Evaluation. JAMA 2002;287:847. In osteoporotic women taking raloxifen for their bones there was a lower incidence of coronary heart disease
- 8) RUTH - Raloxifen Use for the Heart—not yet published. Ongoing trial to see if raloxifen prevents CVD.