



Title **Hormone Replacement Therapy (HRT)**
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Aim

In 1996, SBU published a scientific review of estrogen treatment following menopause. After 6 years there was reason to review the recent scientific literature and update the report.

Results and conclusions

- HRT has many advantages, but some risks. Women themselves – after being thoroughly informed should decide on the option of treatment.
- Treatment using estrogen agents of moderate potency have good effects on climacteric symptoms of hot flushes and sweating.
- Treating climacteric symptoms for a limited number of years has a confirmed benefit. None of the scientific evidence shows that such treatment measurably increases the risk for breast cancer and endometrial cancer, assuming that treatment adheres to accepted recommendations.
- Treatment using low-potency estrogen agents has good effects on vaginal and urinary tract symptoms.
- The scientific evidence is insufficient to make general recommendations on hormone therapy aimed at prevention in asymptomatic women following menopause, although HRT can preserve bone mass around the time of menopause.
- Long-term estrogen replacement therapy increases the risk for endometrial cancer, but this increase can be counteracted by also administering gestagens.
- Longer treatment periods are associated with a risk for breast cancer. The risk depends on the duration of treatment, but it is moderate even in long-term treatment. The potential benefits of HRT must be balanced against the risks. Hence, it is important to thoroughly inform women who are deciding about treatment.

It may be difficult to explain why the risk for breast cancer increases from HRT. The magnitude of this risk during and following treatment should be studied in terms of the difference in absolute risk between no treatment and treatment. The estimated risk for developing breast cancer from age 50 to 75 years in women not treated with hormones is 7 cases per 100. This risk can increase to 9 cases per 100 with hormone replacement therapy.

Methods

A literature search was conducted in databases from 1995 to 2001 in MEDLINE, PubMed, and the Cochrane Library.

Further research required

Generally, there is a need for clinical studies on the effects of different treatment strategies. The report presents detailed requirements for further research.