

Recommendations and Conclusions About HT

Organization	Breast Cancer	Heart Disease	Protective Benefits	Symptom Relief
NAMS^{5,12}	HT not appropriate for women with elevated breast cancer risk.	Never recommend HT for prevention of CVD.	For women with elevated risk of fracture, low-dose transdermal estrogen is appropriate.	HT is gold standard for treating menopause-related hot flashes and urogenital symptoms.
		Never prescribe HT for women with elevated risk for stroke or blood clots.	For women with typical fracture risk, HT inappropriate for bone preservation. Use raloxifene and biphosphonates instead.	
		Appropriate to prescribe HT for symptomatic relief in women who have typical CVD risks.		
ACOG^{5,11}	HT associated with an increased risk for breast cancer.	Do not prescribe HT for prevention of CVD.	HT appropriate for women with osteoporosis or osteopenia in early menopause.	Use lowest effective dose for shortest possible time; re-evaluate annually.
	ET not associated with increased risk, but can only be taken in women without a uterus.	Carefully counsel about risks for stroke and blood clots.		
USPSTF⁴	“Fair to good” evidence HT slightly increases incidence of breast cancer.	HT may increase incidence of CVD.	Harmful effects of HT exceed its chronic disease prevention benefits.	Did not consider use of HT for symptom management.
	Effects on breast cancer mortality are uncertain.	“Good” evidence that HT increases blood clot risk.		
		“Fair” evidence that HT increases stroke risk.		
IMS⁸	Risk decreases rapidly after stopping HT.	Late starters of HT (after age 60) may have transient slightly increased risk for coronary events.	HT appropriate for postmenopausal women with increased risk for fracture.	Besides hot flashes and urogenital symptoms, HT may improve mood swings, joint and muscle pain, sleep disturbances and sexual dysfunction.
	After 5 years post-therapy, risk may be no higher than in women who never took hormones.	Transdermal estrogen may avert risk associated with oral HT.	Women who experience menopause before age 45 benefit from HT since they are at higher risk for osteoporosis and CVD.	

NAMS = North American Menopause Society

ACOG = American College of Obstetricians and Gynecologists

USPSTF = U.S. Preventive Services Task Force

IMS = International Menopause Society