The Menopause, Hormone Therapy, and Women's Health

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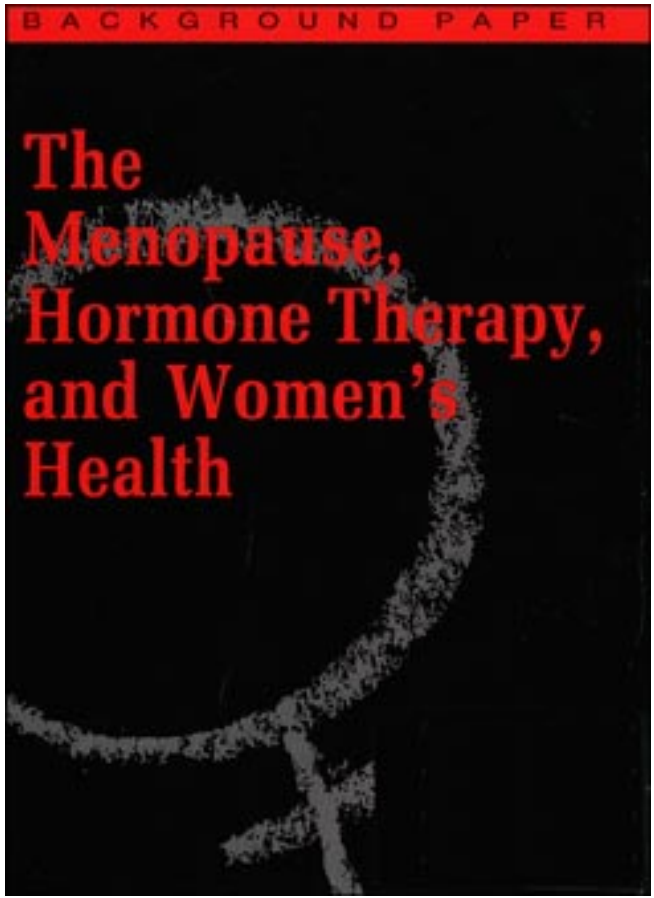

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Foreword

Few topics in women's medicine today are as fraught with confusion and controversy as the question of appropriate treatments for menopausal symptoms and the prevention of negative long-term health outcomes common to postmenopausal women—such as osteoporosis and cardiovascular disease. A better understanding of the natural history of the menopause is critical to providing better care. Despite its universality as an event in human female aging, the menopause and its biology are incompletely understood. Researchers are becoming increasingly convinced, however, that the loss of ovarian hormones plays a significant role in the development of age-related problems in women.

If women and their physicians had a better understanding of predictors of risk, they could make more informed decisions about interventions related to menopausal symptoms, cardiovascular disease, osteoporosis, and gynecologic and breast cancer. Few other recently introduced medical interventions have as great a potential for affecting morbidity and mortality as does hormone therapy, which maintains estrogen levels in postmenopausal women to near those of premenopausal women. Hormone therapy has pronounced effects on health risks: Some are reduced, some are increased, and some remain uncertain, and these data are interpreted differently by various scientific, medical, and consumer groups. The debate over hormone therapy focuses on whether it should be used to treat menopausal symptoms for a short period of time, thereby reducing any risks associated with long-term treatment, or whether it should also be used to prevent future disease, thereby requiring longer treatment that could increase the risk of cancer. Convincing research into alternatives to hormone therapy is limited. In addition, the true contributions to cardiovascular disease and osteoporosis of such factors as lifestyle-e. g., diet, exercise, smoking-socioeconomic status, race, and genetic predisposition deserve further investigation.

An October 1990 letter to the Office of Technology Assessment (OTA) from Representatives Patricia Schroeder and Olympia Snowe, cochairs of the Congressional Caucus for Women's Issues, and Senator Brock Adams questioned whether current research programs at the National Institutes of Health (NIH) and other public health service agencies adequately address the menopause. Senator Adams and the Caucus requested that OTA study the current state of knowledge regarding the menopause and its management, assess the scope and depth of existing research, and identify those areas in need of further attention. Specifically, Congress was interested in hormone therapy, the most common medical treatment for menopausal symptoms. In June 1991, Senator Barbara Mikulski and Representative Henry Waxman endorsed the project and requested that OTA investigate as well the comparative effectiveness of alternatives to hormone therapy for the treatment of menopausal symptoms and postmenopausal disease.

This Background Paper describes what is known about the natural progression of the menopause and its effect on women's health, hormone treatment and prescribing practices, alternative approaches, and research needs. Managing diseases and disorders among middle-aged women requires more information to help practitioners differentiate those disorders whose causes stem from a cessation of ovarian hormone production (and that are thus potentially treatable by hormone therapy) from those that do not. Only then can misdiagnosis-or dismissal-of the medical complaints of midlife women be prevented.

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