The Menopause Society™

Leading the Conversation

The Menopause Society Statement on Misinformation Surrounding Hormone Therapy

At the annual scientific meeting of The Menopause Society this September, we heard a consistent theme of concern, alarm, and frustration from members about the significant increase in misinformation and disinformation promoted by some healthcare professionals about the management of menopause and particularly about hormone therapy. We appreciate that menopause is receiving more attention and is now a topic of public discourse. Despite this, many women do not receive guidance regarding menopause or management of bothersome symptoms associated with menopause. We heard at the annual meeting that hormone therapy usage rates remain at an all-time low, with less than 4% of women aged 50 to 59 years using hormone therapy in 2023. However, not all menopausal women will require or use hormone therapy. Some claims and endorsements, which are sometimes referred to as "accepted practice" or "standard-of-care," conflict with current guidelines and evidence for hormone therapy use and may do a disservice to women. As a society, our goal is to clarify appropriate use of hormone therapy.

Indications for use of hormone therapy

Hormone therapy remains first-line therapy for management of bothersome vasomotor symptoms, and the benefits typically outweigh the risks for most healthy women when initiated younger than age 60 years and within 10 years of menopause onset with appropriate counseling. Hormone therapy is indicated for the treatment of bothersome vasomotor symptoms, genitourinary syndrome of menopause, primary ovarian insufficiency, and prevention of bone loss and reduction of fracture risk. Ovarian hormones (estrogen, progesterone, testosterone) do not need to be routinely "replaced" in women undergoing menopause at the average age. This is why we and others advocate for the use of the term *hormone therapy* as opposed to hormone *replacement* therapy.

Based on existing science and clinical evidence, estrogen-containing hormone therapy is not recommended for

- Primary prevention of cardiovascular disease or dementia in women who experience menopause at the average age
- Management of musculoskeletal conditions outside of osteoporosis risk reduction (eg, arthritis, joint pain, frozen shoulder, etc)
- Prevention of aging
- Management of other primarily age-related changes (eg, hair loss, skin changes, weight gain, etc)

Testosterone therapy is recommended for management of hypoactive sexual desire disorder in select, appropriately screened postmenopausal women.

Testosterone therapy is not recommended for

- Treatment or prevention of any age-related condition, including sarcopenia or osteoporosis
- Treatment of mood changes or brain fog, or for well-being or other symptoms or concerns

Discussing risks and benefits

The risks and benefits of hormone therapy need to be individualized and discussed with patients in a balanced way, without minimizing risks. Although the risk of breast cancer associated with estrogen-containing hormone therapy is low, it cannot be definitively stated that it does not increase the risk of breast cancer. Additionally, systemic hormone therapy is not recommended for use in survivors of breast cancer, noting that there may be rare exceptions that require shared decision-making in collaboration with a patient's healthcare team.

The Menopause Society remains committed to our mission of empowering healthcare professionals to improve the health of women during the menopause transition and beyond. Our vision is to serve as the definitive, independent, and evidence-based resource for healthcare professionals, researchers, the media, and the public. We develop evidence-based position statements and consensus recommendations to ensure that healthcare professionals have access to the most up-to-date information for patient care.

We recognize that providing the best care for our patients requires continuous appraisal of new science and clinical experience and that collaborative shared decision-making often involves nuanced, personalized discussions between clinicians and their patients.

We are committed to effectively and accurately informing such discussions.

Resources

2022 hormone therapy position statement of The North American Menopause Society

2023 nonhormone therapy position statement of The North American Menopause Society

The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society

Management of genitourinary syndrome of menopause in women with or at high risk for breast cancer: consensus recommendations from The North American Menopause Society and The International Society for the Study of Women's Sexual Health

Australasian Menopause Statement of July 15, 2024

Menopause and MHT in 2024: addressing the key controversies – an International Menopause Society White Paper