

Impact of menopausal hormone therapy on morbidity and mortality

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From recent publications on morbidity and mortality using menopausal hormone therapy (MHT) it must be concluded that safety concerns need to be re-considered, latest after authors of the Women's Health Initiative (WHI) had regret the wrong data interpretation (Manson, Kaunitz NEJM 2016): Analyses for the total WHI population (mean age 63 y. at start) should not be generalized for young women. In addition another WHI chief investigator (Langer, Climacteric 2017) has published about the almost unbelievable behind-the-scene issues: The initial paper was written by a small coordinating group and submitted to JAMA without giving all coauthors the chance for correcting data (e.g. needing other adjustments). Over the years WHI authors are trying to change the negative wording of publications and also the messages to the media. The latest release of WHI data has concluded that CEE [conjugated equine estrogen] plus MPA for a median of 5.6 years or with CEE alone for a median of 7.2 years was not associated with risk of all-cause, cardiovascular, or cancer mortality during a cumulative follow-up of 18 years (Manson et al, JAMA). The observed increase of breast cancer mortality was not significant (like published in the very first paper 2002) whereas with CEE-only the decrease of risk persists significantly. For the pooled trials also Alzheimer's or dementia mortality significantly decreased. To these positive news also very recent publications of huge observational studies should be added, especially from Finnish registries evaluating about 490,000 postmenopausal women using estradiol combined with different progestogens and observing a decrease of mortality caused by breast cancer or dementia for all age-groups, also during long-term use, using combined MHT as well as estradiol-only, whereas they found a significant increased cardiac and stroke death risk in the first year after discontinuation of MHT. This can demonstrate the large benefit of MHT in terms of primary prevention also of cardiovascular diseases.

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