During menopause, the natural production of estrogen and progesterone (sex hormones that regulate certain body functions) decreases. Some women get hot flashes and night sweats (vasomotor symptoms) or experience vaginal dryness, irritability or even pain. Hormone treatment consisting of estrogen, or a combination of estrogen and progesterin, can relieve these discomforts.

HT should now only be prescribed to women experiencing severe or moderate menopausal symptoms, and this, at the minimum dose for as short a time as possible.

For decades, hormone treatment was prescribed to healthy women on the basis of untested assumptions and without a real assessment of its potential risks. Women were thus exposed to risks of which they had no knowledge and thousands of women developed serious health problems. Many women have taken the pharmaceutical companies to court.

What We Know

- The positive effect of estrogen (reduction of hot flashes and night sweats), has long been known. Some protection against colorectal cancer and a positive impact on bone density have also been demonstrated. Local topical application reduces the recurrence of urinary tract infections and vaginal dryness.
- HT observed side effects include vaginal bleeding, bloating, breast tenderness, headache, nausea, vaginitis and vaginal itching, leg cramps, mood swings and loss of sexual desire.
- The risks associated with HT are increased risk of breast cancer, stroke, heart attack and blood clots, dementia in people over 65 years, incontinence, gallbladder disorders and ovarian cancer.
- HT is not considered to be an effective and safe method of preventing age-related chronic diseases, because the risks outweigh the benefits.
- Further, medical hormones have an extremely negative impact on the environment. Discharged through urine into waterways, they contribute to a process that is feminizing the species of the natural world, which has serious repercussions on biodiversity and ecosystems and, ultimately, on the food chain and health of the population.

This assumption stems from a very mechanistic conception of health: if hormone loss causes aging, all we have to do is “replace” what has been lost to protect the person from the associated diseases and symptoms. The reality is not so simple.

Because we believe that menopause is neither an illness nor a hormonal deficiency, we prefer the term “hormone treatment” to the terms “hormone therapy” or “hormone replacement therapy” commonly used in medical circles.

What is Hormone Treatment (HT)?

During menopause, the natural production of estrogen and progesterone (sex hormones that regulate certain body functions) decreases. Some women get hot flashes and night sweats (vasomotor symptoms) or experience vaginal dryness, irritability or even pain. Hormone treatment consisting of estrogen, or a combination of estrogen and progesterin, can relieve these discomforts.

Over the years, multiple positive effects were attributed to HT, including the prevention of chronic diseases (cancer, dementia, cardiovascular disease) and the improvement of conditions associated with aging (wrinkles, joint pain, loss of libido, etc.).

Hormone treatment consisting of estrogen, or a combination of estrogen and progestin, can relieve these discomforts. During the 1980s, millions of menopausal women took hormones to treat hot flashes, but also to prevent certain chronic diseases. In the mid-1990s, research cast doubt on the theory of HT’s preventive effects.

In 2002, one of the largest studies ever conducted on the health of postmenopausal women, the Women’s Health Initiative (WHI), was discontinued when women in the group that received hormone treatment began developing serious conditions like cancer, cardiovascular symptoms, dementia, blood clots and embolisms. After these results were published, prescriptions fell by half, and clinical guidelines were modified.

What is "hormone therapy" or "hormone replacement therapy" commonly used in medical circles.

A Story Full of Twists

The first hormone treatment, which was prescribed in the 1930s, consisted of estrogen only. Some 40 years later, a study revealed that hormone treatment increases the risk of cancer of the endometrium (uterine lining). Women were then prescribed a combination of estrogen and progesterin.

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Menopause: A Comprehensive Approach

It is important to realize that menopause is a natural transition period in the life of a woman, not a disease that must be treated.

In the West, we associate menopause with aging, loss of social status and the end of women’s sexual lives. In contrast, women in other countries are accorded a privileged status when they reach menopause. Given this, it is not surprising that women in countries of the North are the ones who suffer most at menopause!

There are things we can do to relieve hot flashes, night sweats and vaginal dryness. Reducing stress and fatigue and physical exercise can often help to reduce the bothersome symptoms of menopause. Unfortunately, women’s social and economic conditions can make it difficult for them to adapt their lives to their needs.

Women with a healthy and varied diet that includes many products derived from soybeans (Japanese women, for example) rarely experience hot flashes.

At midlife, many women turn to complementary and alternative medicine. Phytotherapy, aromatherapy, homeopathy and acupuncture for example, have proven to be effective in dealing with minor and major discomforts during this period. But be careful! Natural health products can have contra-indications. Unless you are thoroughly knowledgeable about alternative therapies, it is advisable to consult an expert.

There are non-medical solutions for vaginal dryness and discomfort (see Sexuality brochure).

Women who suffer intensely from menopausal symptoms can obtain relief with HT. But it must be taken under strict medical supervision, at the minimum dose and for as short a time as possible.
More Recently

The results of the WHI study should have ended the debate on hormone treatment, but, of course, there are enormous financial interests at stake. Since then, several campaigns have been orchestrated: reinterpretation of the data, emphasis on certain positive effects, manipulation of information, international conferences and “educational programs” funded by the pharmaceutical industry, etc.

Since 2006, we have witnessed a veritable counter-offensive to restore the reputation of HT. We are now being told that prescription guidelines are too restrictive and unnecessarily deprive women of the “benefits” of hormones. Although there has been no recent scientific evidence to justify this reversal, the new medical guidelines are to prescribe hormone therapy at the dosage and duration needed to achieve the desired results.

For More Information

Read the Hormone Treatment section of Notre soupe aux cailloux: Une œuvre collective pour la santé des femmes au milieu de la vie, available on RQASF’s website: www.rqasf.qc.ca

Additional references:

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