POSITION STATEMENT

The 2017 hormone therapy position statement of The North American Menopause Society

Abstract

The 2017 Hormone Therapy Position Statement of The North American Menopause Society (NAMS) updates the 2012 Hormone Therapy Position Statement of The North American Menopause Society and identifies future research needs. An Advisory Panel of clinicians and researchers expert in the field of women's health and menopause was recruited by NAMS to review the 2012 Position Statement, evaluate new literature, assess the evidence, and reach consensus on recommendations, using the level of evidence to identify the strength of recommendations and the quality of the evidence. The Panel's recommendations were reviewed and approved by the NAMS Board of Trustees.

Hormone therapy (HT) remains the most effective treatment for vasomotor symptoms (VMS) and the genitourinary syndrome of menopause (GSM) and has been shown to prevent bone loss and fracture. The risks of HT differ depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is used. Treatment should be individualized to identify the most appropriate HT type, dose, formulation, route of administration, and duration of use, using the best available evidence to maximize benefits and minimize risks, with periodic reevaluation of the benefits and risks of continuing or discontinuing HT.

For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications, the benefit-risk ratio is most favorable for treatment of bothersome VMS and for those at elevated risk for bone loss or fracture. For women who initiate HT more than 10 or 20 years from menopause onset or are aged 60 years or older, the benefit-risk ratio appears less favorable because of the greater absolute risks of coronary heart disease, stroke, venous thromboembolism, and dementia. Longer durations of therapy should be for documented indications such as persistent VMS or bone loss, with shared decision making and periodic reevaluation. For bothersome GSM symptoms not relieved with over-the-counter therapies and without indications for use of systemic HT, low-dose vaginal estrogen therapy or other therapies are recommended.

Key Words: Breast cancer – Cardiovascular disease – Cognition – Estrogen – Hormone therapy – Menopause – Position Statement – Vaginal atrophy – Vasomotor symptoms


Received April 5, 2017; revised and accepted April 6, 2017. This position statement was developed by The North American Menopause Society 2017 Hormone Therapy Position Statement Advisory Panel consisting of representatives of the NAMS Board of Trustees and other experts in women’s health: JoAnn V. Pinkerton, MD, NCMP; Chair; Dr. Fernando Sánchez Aguirre; Jennifer Blake, MD, MSc, FRCS; Felicia Cosman, MD; Howard Hodis, MD; Susan Hoffstetter, PhD, WHNP-BC, FAANP; Andrew M. Kauzitz, MD, FACOG, NCMP; Sheryl A. Kingsberg, PhD; Pauline M. Maki, PhD; JoAnn E. Manson, MD, DrPH, NCMP; Polly Marchbanks, PhD, MSN; Michael R. McClung, MD; Lila E. Nachtigall, MD, NCMP; Lawrence M. Nelson, MD; Diane Todd Pace, PhD, APRN, FNP-BC, NCMP, FAANP; Robert L. Reid, MD; Phillip M. Sarrel, MD; Jan L. Shifren, MD, NCMP; Cynthia A. Stuenkel, MD, NCMP; and Wulf H. Utian, MD, PhD, D Sc (Med). The Board of Trustees conducted an independent review and revision and approved the position statement. This position statement was made possible by donations to the NAMS Education & Research Fund. There was no commercial support. Address correspondence to The North American Menopause Society; 30100 Chagrin Blvd., Suite 210; Pepper Pike, OH 44124. E-mail: info@menopause.org. Website: www.menopause.org.
To access the position statement in full + all article tools, please click here: