The 2017 Hormone Therapy Position Statement of The North American Menopause Society Is Now Available Online

The 2017 NAMS Hormone Therapy Position Statement has been published online ahead of print in *Menopause* and is scheduled to appear in the July 2017 issue along with the opportunity to earn continuing medical education credits.

"Hormone therapy remains the most effective treatment for vasomotor symptoms and the genitourinary syndrome of menopause and has been shown to prevent bone loss and fracture," says Dr. JoAnn V. Pinkerton, NAMS Executive Director and Chair of the Position Statement Advisory Panel. "NAMS discovered through its review of the literature published since the 2012 Position Statement that its previous position that hormone therapy should be prescribed only for the 'lowest dose for the shortest period of time' may be inadequate or even harmful for some women. NAMS has clarified this position to the more fitting concept of the 'appropriate dose, duration, regimen, and route of administration' that provides the most benefit with the minimal amount of risk."

JoAnn V Pinkerton, MD, NCMP
NAMS Executive Director

Highlights from the 2017 Position Statement

- The risks of hormone therapy (HT) differ for individual women, depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is needed. Treatment should be individualized using the best available evidence to maximize benefits and minimize risks, with periodic reevaluation for the benefits and risks of HT continuation.
- For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications, the benefit-risk ratio appears favorable for treatment of bothersome vasomotor symptoms (VMS) and for those at elevated risk of bone loss or fracture. Longer duration may be more favorable for estrogen-alone therapy than for estrogen-progestogen therapy.
- For women who initiate HT more than 10 or 20 years from menopause onset or when aged 60 years or older, the benefit-risk ratio appears less favorable than for younger women because of greater absolute risks of coronary heart disease, stroke, venous thromboembolism, and dementia.
- For genitourinary syndrome of menopause (GSM) symptoms not relieved with over-the-counter or other therapies, low-dose vaginal estrogen therapy is recommended.

- Breast cancer risk does not increase appreciably with short-term use of estrogen-progestogen therapy and may be decreased with estrogen alone.
- No increased risk of breast cancer in women who are *BRCA*-positive using HT after risk-reducing bilateral salpingo-oophorectomy.
- Compounded bioidentical HT presents safety concerns, such as minimal government regulation and monitoring, overdosing or underdosing, presence of impurities or lack of sterility, lack of scientific efficacy and safety data, and lack of a label outlining risks.
- Hormone therapy does not need to be routinely discontinued in women aged older than 60 or 65 years and can be considered for continuation beyond age 65 for persistent VMS, quality-of-life issues, or prevention of osteoporosis after appropriate evaluation and counseling of benefits and risks.
- Vaginal estrogen (and systemic if required) or other nonestrogen therapies may be used at any age for prevention or treatment of GSM.

The NAMS 2017 Hormone Therapy Position Statement has been endorsed by many well-respected international organizations, including

♦ Academy of Women's Health
♦ American Association of Clinical Endocrinologists
♦ American Association of Nurse Practitioners
♦ American Medical Women's Association
♦ American Society for Reproductive Medicine
♦ Asociación Mexicana para el Estudio del Climaterio
♦ Association of Reproductive Health Professionals
♦ Australasian Menopause Society
♦ Chinese Menopause Society
♦ Colegio Mexicano de Especialistas en Ginecologia y Obstetricia
♦ Czech Menopause and Andropause Society
♦ Dominican Menopause Society
♦ European Menopause and Andropause Society
♦ German Menopause Society
♦ Groupe d'études de la ménopause et du vieillissement Hormonal
♦ HealthyWomen
♦ Indian Menopause Society
♦ International Menopause Society
♦ International Osteoporosis Foundation
♦ International Society for the Study of Women's Sexual Health
♦ Israeli Menopause Society
♦ Japan Society of Menopause and Women's Health
♦ Korean Society of Menopause
♦ Menopause Research Society of Singapore
♦ National Association of Nurse Practitioners in Women's Health
♦ SIGMA Canadian Menopause Society
♦ SOBRAC and FEBRASGO
♦ Società Italiana della Menopausa
♦ Society of Obstetricians and Gynaecologists of Canada
♦ South African Menopause Society
♦ Taiwanese Menopause Society
♦ Thai Menopause Society

The American College of Obstetricians and Gynecologists supports the value of this clinical document as an educational tool, June 2017. The British Menopause Society supports this Position Statement.

The Position Statement is available on the NAMS website. NAMS also has developed a patient education piece, "Deciding About Hormone Therapy Use," part of its *MenoNote* series available on the website. This valuable handout simplifies the data in the new Position Statement for women trying to make decisions about using hormone therapy.