

**Unexpected Findings About Hormone Replacement Therapy:  
What's a Woman to Do?**

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The unexpected findings that combined hormone replacement therapy (HRT) not only increases a woman's risk of breast cancer, but also of heart attacks, strokes and blood clots, has led to the early shut down of a portion of the Women's Health Initiative, an 8-year-long clinical trial sponsored by the National Institutes of Health. Some might think this makes the decision of whether or not to take (or stay on) HRT very easy – a “no brainer”, so to speak. But that is not necessarily so. According to the American College of Obstetricians and Gynecologists (ACOG) and organizations such as the National Women's Health Resource Center (NWHRC) some, *but not all*, reasons for taking HRT have been discredited. In fact, this same study found that HRT has some very real benefits. It found that combined HRT (estrogen and progestin), in addition to relieving hot flashes and decreasing risk for hip fractures, also decreases risk of colorectal and endometrial cancers.

Further confounding the decision is this: while a small but significant increase in risk for women as a group was found, the increase in risk for each particular woman is, according to ACOG, less than one tenth of 1% a year – although this increases with each year on combined HRT. What is a woman to do, then? One answer is that she should do what every patient needs to do when a difficult decision is to be made: learn as much as she can and then discuss her particular risks and options with her physician. Most importantly, she should understand that there are few guarantees in medicine. That is why it's so important for women, as for any patient, to understand as best as possible the risks of all options (including doing nothing) and to decide for themselves, the risks they are willing to take. For more information about the study and responses to frequently asked questions, visit ACOG's website at <http://www.acog.org/> or call the NWHRC\*. □  
\* *See the article about the NWHRC, also in these archives.*

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