Review: hormone therapy may reduce the risk of death in younger but not older postmenopausal women


Clinical impact ratings GP/FP/Primary care ★★★★★ IM/Ambulatory care ★★★★☆☆

Q Does hormone therapy (HT) affect the risk of death differently in younger and older postmenopausal women?

CONCLUSIONS

Hormone therapy (HT) may reduce the risk of mortality in younger, but not in older, postmenopausal women. For all age groups combined, HT does not reduce the risk of total mortality, CV death, and cancer death, but reduces death from other causes.

Abstract and commentary also appear in ACP Journal Club.

Main results

30 RCTs (n = 26 708, age range 36–87 y) met the inclusion criteria. The quality scores were A, 13 RCTs; B, 10 RCTs; and C, 7 RCTs. The interventions studied were transdermal or oral oestrogens alone or in combination with a progestogen. Using a random effects model, meta-analysis of the 30 RCTs that included all age groups indicated that HT and control groups did not differ for total mortality (table), CV death (odds ratio [OR] 1.03, Cl 0.91 to 1.18), or cancer death (OR 1.07, Cl 0.84 to 1.37). HT reduced deaths from other causes (OR 0.67, Cl 0.51 to 0.88). Of the 17 RCTs that included the younger age group (mean age 66 y), fewer patients who received HT died than those who received control (table). These groups did not differ for CV death (OR 0.68, Cl 0.22 to 2.15), cancer death (OR 0.69, Cl 0.59 to 0.81), or death from other causes (OR 0.44, Cl 0.17 to 1.37). Of the 13 RCTs that included the older age group (mean age 66 y), HT and control groups did not differ for total mortality (table), CV death (OR 1.11, Cl 0.91 to 1.36), or cancer death (OR 1.07, Cl 0.84 to 1.37). HT in this age group reduced death from other causes (OR 0.68, Cl 0.56 to 0.91).

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For more details, see the full text of the article.