# Debunking Misconceptions: The Evolution of Hormone Therapy for Menopause



In 2002, the Women’s Health Initiative (WHI) study deterred many physicians from prescribing hormone therapy for menopause due to concerns over risks that were later found to have been misinterpreted. As a result, generations of women experienced untreated menopausal symptoms. For instance, Sarah from Virginia recounted having severe hot flashes and sleep issues after her doctor stopped prescribing hormone replacement therapy. Perry from Washington acknowledged that medical professionals stopped discussing menopause with patients during that period.

Dr. Nathalie Gamache, a menopause specialist from Vancouver, explains that hormone therapy effectively addresses menopause symptoms because it compensates for decreased estrogen levels. According to the North American Menopause Society, it is recommended to start hormone therapy within 10 years of the last menstrual period or before the age of 60, for optimal benefit.

Studies have shown hormone therapy can alleviate symptoms like hot flashes, mood swings, and sleep disturbances, and also provide health benefits such as reducing osteoporosis and improving heart health. However, for women without bothersome symptoms, Dr. Gamache and other studies advise against hormone therapy solely for disease prevention, emphasizing the effectiveness of genetics and lifestyle choices.

Newer hormone therapy formulations, such as transdermal patches and gels, are believed to have a more favorable benefit-risk ratio compared to the older formulations studied by WHI. Nonetheless, treatments should be prescribed by a healthcare provider to ensure safety and efficacy.

Dr. Gamache stresses the significant positive impact on women’s lives when their menopausal symptoms are effectively managed, noting that women often experience improved well-being and productivity. The discourse surrounding hormone therapy continues to evolve to better address the needs of menopausal women.