



Women's Health

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Learn about women's health



There is so much to know about the woman's body. And as your body changes with time, you are bound to have questions you never thought of before.

You can come here to explore a range of women's health issues. Get help with decisions and common concerns on topics such as:

- Abnormal Pap Test.
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Credits for Women's Health

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Appendix

Menopause: Should I Use Hormone Therapy (HT)?

1. Get the facts
2. Compare your options
3. What matters most to you?
4. Where are you leaning now?
5. What else do you need to make your decision?

1. Get the facts

Your options

- Use hormone therapy (HT).
- Don't use HT. Try other treatment to manage your menopause symptoms.

Key points to remember

- Hormone therapy lowers the risk of osteoporosis and possibly colon cancer. But for some people, HT may increase the risk of breast cancer, stroke, blood clots, and possibly dementia and heart attack.
- The health risks linked to HT are not high for most people. But these small risks may outweigh the small benefits of HT.
- HT can help you deal with menopause symptoms such as hot flashes and sleep problems. See your doctor regularly to check your benefits and health risks.
- Instead of HT, you might try other prescription medicines or cognitive-behavioral therapy to manage hot flashes. A lubricant gel or an estrogen cream, ring, or tablet may help with vaginal soreness and dryness.
- HT helps prevent bone loss and osteoporosis. But if you are at high risk for osteoporosis, HT is only one of several treatments you could try.

FAQs

What is menopause?

Menopause is the point in your life when you permanently stop having menstrual periods. After 1 year of having no periods, you've reached menopause.

In most cases, menopause happens at around age 50, but everyone's body has its own timeline. As you get closer to menopause, your estrogen levels go up and down unevenly. This causes changes in your period and other symptoms, such as hot flashes, headaches, and sleep problems. After your estrogen levels drop past a certain point, your menstrual cycles end.

Menopause is a natural part of growing older. You don't need treatment for it unless your symptoms bother you.

What is hormone therapy?

Hormone therapy usually uses a combination of two hormones, estrogen and progestin. HT comes in the form of a pill, patch, gel, spray, or vaginal ring. HT increases the estrogen and progestin levels in your body. It can prevent osteoporosis and ease menopause symptoms such as hot flashes and sleep problems.

What if you don't take HT?

Menopause symptoms can be upsetting and uncomfortable. But you don't have to suffer through them. There are other things besides taking HT that you can do to help.

The first step is to have a healthy lifestyle. This can reduce your symptoms and also lower your risk of heart disease and other long-term problems linked to aging. Eat a heart-healthy diet, get regular exercise, don't smoke, and limit caffeine, alcohol, and stress.

If you still need help dealing with symptoms, you might try:

- Cognitive-behavioral therapy. This may help reduce hot flashes.
- Hypnosis. This may help reduce the number and severity of hot flashes.
- Mind and body relaxation, such as breathing exercises. This may help with hot flashes and mood symptoms.
- Soy. Some people feel that eating soy helps even out their menopause symptoms.
- Yoga or biofeedback. They may help reduce stress.
- Vaginal lubricants (such as Astroglide and K-Y Jelly) and moisturizers to help with vaginal dryness, and vaginal estrogen to relieve soreness.
- Antidepressant medicines, a blood pressure medicine called clonidine, or gabapentin. These may lower the number of hot flashes you have. And they can make hot flashes less severe when you do have them.

To manage symptoms before you start menopause, you might think about taking hormonal birth control.

What are the benefits of taking HT?

Hormone therapy:

- Reduces the number of hot flashes you have, and it makes them less severe when you do have them.
- Lowers your risk of osteoporosis. Estrogen slows bone thinning and helps increase bone strength.
- Prevents vaginal dryness and soreness caused by low estrogen.
- Slows the loss of skin collagen. Collagen puts the stretch in skin and muscle.
- Reduces the risk of dental problems, such as tooth loss and gum disease.
- May reduce the risk of colon cancer.

What are the risks from HT?

Risk varies based on when you start HT in menopause and how long you take it. Short-term use of hormone therapy in early menopause has less risk than when it is started later in menopause.

HT may increase your risk for:

- Stroke.
- Blood clots.
- Heart attack.

- Breast cancer.
- Gallstones.
- Dementia.
- Urinary incontinence.

Your risk will differ based on your personal or family history.

Why might your doctor recommend hormone therapy?

Your doctor may recommend HT if:

- You have no risk factors for heart disease, blood clots, stroke, or breast cancer; you are willing to accept the small increase in risks of cancer and heart disease; **and**
- You have thought about or tried other treatments.
- You have menopause symptoms that are lowering your quality of life.

2. Compare your options

	Take HT	Don't take HT
	<p>What is usually involved?</p> <ul style="list-style-type: none"> You take daily pills or use a patch, gel, spray, or vaginal ring to increase hormone levels. You take hormone therapy (HT) to relieve menopause symptoms. 	<p>What is usually involved?</p> <ul style="list-style-type: none"> You manage menopause symptoms such as hot flashes with: <ul style="list-style-type: none"> Cognitive-behavioral therapy. Hypnosis. Mind and body relaxation. Soy. Yoga or biofeedback. Antidepressant medicines, blood pressure medicine (clonidine), or gabapentin. Vaginal lubricants (such as Astroglide and K-Y Jelly), moisturizers, or low-dose vaginal estrogen.
	<p>What are the benefits?</p> <p>Taking HT:</p> <ul style="list-style-type: none"> Helps you deal with hot flashes and other menopause symptoms. Lowers your risk of osteoporosis. Eases vaginal dryness and soreness. Slows loss of skin collagen. Reduces the risk of dental problems. 	<p>What are the benefits?</p> <ul style="list-style-type: none"> You avoid the health risks from HT.
	<p>What are the risks and side effects?</p> <p>Side effects can include:</p> <ul style="list-style-type: none"> Vaginal bleeding or spotting. Breast tenderness. Bloating. Nausea. <p>HT may increase your risk for:</p> <ul style="list-style-type: none"> Stroke. 	<p>What are the risks and side effects?</p> <ul style="list-style-type: none"> Your menopause symptoms may still bother you. Other prescription medicines can have side effects, such as: <ul style="list-style-type: none"> Headaches, upset stomach, and problems sleeping (antidepressants).

- Blood clots.
- Heart attack.
- Breast cancer.
- Gallstones.
- Dementia.
- Urinary incontinence.

- Problems linked to low blood pressure (clonidine).

Some risks depend on your age, when HT is started, and how long it is used.

Personal stories

Are you interested in what others decided to do? Many people have faced this decision. These personal stories may help you decide.

Personal stories about deciding whether to take hormone therapy (HT)

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

"I've been very fortunate. I made it through menopause without hot flashes or other major discomforts. My doctor tells me that all I have to do now is be sure I get my regular checkups and exams, take calcium and vitamin D for bone health, and take good care of myself."

— Karen, age 55

"By the time my periods stopped, I didn't have bad hot flashes or other problems. I was pretty proud of myself for getting exercise and eating right, and thought that I was one of the lucky ones. Did I get hit, though! The night sweats started a few months after my last period, and I couldn't sleep or get through the day after that. So, I tried low-dose HT for 6 months, to get some relief. Then, I tapered off of it over a few months, and they weren't as bad. I figure I can tough it out now till my body adjusts to its new state."

— Jane, age 52

"I started taking HT after my periods stopped. The problem is, I had bleeding on and off that was like my period, and I just couldn't take it after 6 months. I haven't taken it since, and I've grown used to my body's changes. I still get hot flashes sometimes but not like I used to. When I feel one coming on, it really helps me to do relaxation breathing. I think that calming my body and mind has a big effect on making a hot flash go away."

— Mary Anne, age 60

"I have already had a terrible time with perimenopausal moodiness and some occasional hot flashes, and low-dose birth control pills have helped even out the hormone ups and downs. So if I still have symptoms in menopause, I'll talk with my doctor about HT."

— Jenessa, age 45

"I don't want to take estrogen or progestin, because of my family history of cancer. I used an antidepressant when my hot flashes were bad, and that helped me a lot. Now, I just take calcium and vitamin D supplements and get regular exercise to help protect my bones."

— Sondra, age 55

"A friend told me that they were having great results from cognitive-behavioral therapy, so I tried it for the hot flashes I was having. I think it's working quite well."

— Sam, age 49

3. What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to use hormone therapy

Reasons not to use hormone therapy

Other treatment hasn't helped me deal with my menopause symptoms.

I want to try other treatment before I try HT for my symptoms.

--	--	--	--	--	--	--

More important

Equally important

More important

The benefits of HT outweigh the risks for me.

I feel the risks from HT are too high for me.

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More important

Equally important

More important

I don't mind taking medicines to help me manage my symptoms.

I don't want to take medicines if I can avoid them.

--	--	--	--	--	--	--

More important

Equally important

More important

My other important reasons:

My other important reasons:

<input type="checkbox"/>						
More important		Equally important		More important		

4. Where are you leaning now?

Now that you've thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.

Using HT		NOT using HT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaning toward	Undecided	Leaning toward

5. What else do you need to make your decision?

Check the facts

1. Does taking HT raise your risk of health problems and disease?

- **Yes**
- No
- I'm not sure

You're right. HT may increase your risk of breast cancer, heart attack, stroke, blood clots, and dementia.

2. Can HT help you deal with menopause?

- **Yes**
- No
- I'm not sure

You're right. HT can help you deal with menopause symptoms such as hot flashes and sleep problems.

3. Are there other treatments that can help with menopause symptoms?

- **Yes**
- No
- I'm not sure

You're right. Instead of HT, you might try other prescription medicines, cognitive-behavioral therapy, or a vaginal estrogen to help deal with symptoms.

Decide what's next

1. Do you understand the options available to you?
 - Yes
 - No
2. Are you clear about which benefits and side effects matter most to you?
 - Yes
 - No
3. Do you have enough support and advice from others to make a choice?
 - Yes
 - No

Certainty

1. How sure do you feel right now about your decision?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure at all		Somewhat sure		Very sure

2. Check what you need to do before you make this decision.
 - I'm ready to take action.
 - I want to discuss the options with others.
 - I want to learn more about my options.

Use the following space to list questions, concerns, and next steps.

Credits

Credits

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Primary Medical Reviewer Carla J. Herman MD, MPH - Geriatric Medicine

Primary Medical Reviewer JoLynn Montgomery PA - Family Medicine

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