



Drug FAQs for Members

FREQUENTLY ASKED QUESTIONS

Stopping Your Hormone Therapy (HT)

What is hormone therapy (HT)?

- Hormone therapy can include female hormones called estrogens and progesterones. HT is often prescribed for menopausal symptoms such as hot flashes and night sweats.
- The North American Menopause Society supports prudent use of HT for older women. In addition, it is recommended that HT be carefully reassessed between patient and physician every 1 to 2 years.

What are the risks (harm) and benefits associated with HT?

- Although HT can help prevent bone fractures, the risks from side effects may be greater than the benefits.
- Risks include stroke, blood clots in the legs and lungs, breast cancer, and gallbladder disease.
- The benefits of estrogen in protecting against problems with memory or thinking skills are controversial. However, continued therapy over time is not protective against dementia (e.g., Alzheimer's disease).



What if I have had a hysterectomy? Are the risks and benefits of HT the same?

- If you have had a hysterectomy (removal of uterus), the risk of breast cancer is lower than if you still had your uterus and needed to take progesterone. Therefore, your risks and benefits from estrogen may be different for you. Please speak with your doctor to find out your risk.
- For women who have had a hysterectomy, any potential benefits from taking estrogen, other than for menopausal symptom relief, may be outweighed by the risks.

Why should I stop using my HT?

- HT was previously the mainstay of treatment. However, nonhormonal alternatives such as cognitive behavioral therapy, lifestyle changes, dietary management, and alternative prescription therapies have become increasingly utilized because HT may not be the best option for all women, such as in older adults.
- Medicare warns against the use of estrogen hormone therapy (oral or patch) in women 65 years and older because of the higher risk of side effects.
- The Food and Drug Administration (FDA) also recommends that if estrogen hormone therapy is used, it should only be at the lowest dose for the shortest amount of time needed to relieve symptoms of menopause.

How should I stop my HT?

- Below are some possible ways to lower and stop your HT. There may be other ways to stop gradually. Please speak with your doctor about the best plan for you.
- **Taper for oral estrogen:**
 - Take ½ of your estrogen tablet daily instead of a whole tablet for 3 to 6 weeks, and then stop taking your estrogen tablets. You may notice symptoms such as hot flashes and night sweats as your doses are lowered, but they should lessen over time.
 - If needed (if the menopausal symptoms become hard to handle), you can take ½ tablet every other day for another 3 to 6 weeks and then stop your estrogen tablets.
 - Stay at the same dose of your Medroxyprogesterone or progesterone until estrogen is stopped.
- **Taper for patch:**
 - Ask your doctor about lowering the dose of your patch. For certain patches, cut in half perpendicular to the seam, avoid touching sticky side. Apply for 3 to 6 weeks. If tolerate, cut patch in fourth and apply for 3 to 6 weeks. If having hot flashes or sweats you can start by cutting less off the patch and gradually removing more once every 2 weeks.

Types of estrogens:

- Conjugated estrogens (Premarin)
- Esterified estrogen (Menest)
- Estradiol
- Estropipate
- (Ortho-Est)

Can vaginal creams or vaginal tablets help with my symptoms?

- If you mostly have vaginal symptoms associated with menopause, such as vaginal dryness, an estrogen vaginal cream (such as Estrace or Premarin vaginal cream), estradiol vaginal ring (Estring), or low dose estradiol vaginal tablets (Vagifem) may be a better choice for you than the oral tablets or patches.

What are non-hormonal therapies that can help?

- Vaginal lubricants and moisturizers (available over-the-counter) may help with vaginal dryness and vaginal estrogen creams may relieve soreness.
- Antidepressant medications such as Paroxetine (Paxil), Citalopram (Celexa) and Venlafaxine (Effexor) may help with some of the symptoms, such as hot flashes, night sweats, irritability, nervousness (anxiety), trouble sleeping (insomnia), and moodiness.
- Cognitive behavioral therapy and clinical hypnosis are mind-body therapies that have helped with some of the symptoms as well.

What resources are available to help me with my symptoms?

- For more information, please see our members webpage: kpdoc.org/hormonesformenopause

What if I tried to stop my HT but had to restart it because my symptoms returned?

- Menopausal symptoms usually lessen over time. To find out if you still need HT for relief of these symptoms, it is reasonable to try to stop the HT after every 6 months or one year.
- Please speak with your doctor about your situation at your next doctor's appointment, or contact your doctor sooner if you feel you are ready to stop HT.