

Clinical Summary: Hormone Therapy for the Primary Prevention of Chronic Conditions in Postmenopausal Women

Population	Postmenopausal women	Postmenopausal women who have had a hysterectomy
Recommendation	Do not use combined estrogen and progestin for the primary prevention of chronic conditions.	Do not use estrogen alone for the primary prevention of chronic conditions.
	Grade: D	Grade: D
This recommendation statement applies to postmenopausal women who are considering hormone therapy for the primary prevention of chronic medical conditions. It does not apply to women who are considering hormone therapy for the management of menopausal symptoms, or to women who have had premature menopause (primary ovarian insufficiency) or surgical menopause.		

Risk Assessment	These recommendations apply to an average-risk population. Risk factors for a specific chronic condition or individual characteristics that affect the likelihood of experiencing a specific therapy-associated adverse event may cause a woman’s net balance of benefits and harms to differ from that of the average population.
Preventive Medication	Hormone therapy refers to the use of combined estrogen and progestin in women with an intact uterus, or estrogen alone in women who have had a hysterectomy, taken at or after the time of menopause. For this recommendation, the USPSTF considered evidence on systemic (ie, oral or transdermal) menopausal hormone therapy but not local formulations (ie, creams or rings), since they are not generally used for primary prevention. Several different formulations of menopausal hormone therapy are approved by the US Food and Drug Administration for use in the United States; the specific formulation used in the Women’s Health Initiative, the largest trial, was 0.625 mg/d of oral conjugated equine estrogens, with or without 2.5 mg/d of medroxyprogesterone acetate.
Other Relevant USPSTF Recommendations	The USPSTF recommends behavioral counseling interventions to promote a healthful diet and physical activity for the prevention of cardiovascular disease in women who are overweight or obese and have additional cardiovascular disease risk factors. The USPSTF recommends daily low-dose aspirin use to decrease the risk of colorectal cancer and cardiovascular disease in appropriate candidates. The USPSTF recommends offering medications such as tamoxifen and raloxifene to women at increased risk of breast cancer who do not have contraindications and are at low risk of adverse medication effects to decrease the risk of breast cancer.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.