



U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Menopausal Hormone Therapy for the Primary Prevention of Chronic Conditions

Benefits of menopausal hormone therapy to prevent chronic conditions do not outweigh harms in postmenopausal women

WASHINGTON, D.C. – May 16, 2017 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review on menopausal hormone therapy for the primary prevention of chronic conditions. Based on its review of the evidence, the Task Force recommends against the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. **This is a D recommendation.** The Task Force also recommends against the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had their uterus removed. **This is a D recommendation.**

Grade in this recommendation:

D: Not recommended.

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Menopause typically occurs around age 50. After a woman goes through menopause, her hormone levels change, which may have an impact on her risk for chronic conditions such as heart disease, osteoporosis, and fractures. Menopausal hormone therapy refers to the use of estrogen and progestin in women with an intact uterus, or estrogen alone in women who have had their uterus removed, taken during or after menopause.

“The benefits of using menopausal hormone therapy to prevent chronic conditions like heart disease and diabetes do not outweigh the harms in women who have gone through menopause,” says Task Force member Maureen G. Phipps, M.D., M.P.H.

This draft recommendation is consistent with the Task Force’s 2012 final recommendation statement.

“It’s important to note that this draft recommendation applies only to women who have gone through menopause and are considering hormone therapy to prevent chronic conditions,” says Task Force member Ann E. Kurth, Ph.D., C.N.M., M.S.N., M.P.H. “It does not apply to women who are considering hormone therapy to manage menopausal symptoms, such as hot flashes or night sweats.”

The draft recommendation also does not apply to women younger than age 50 who have experienced premature menopause or who have had their ovaries surgically removed prior to menopause.

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from May 16 to June 12 at www.uspreventiveservicestaskforce.org/tfcomment.htm. Also available is a fact sheet that explains the draft recommendation statement in plain language. All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based

recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Phipps is the department chair and Chace-Joukowsky professor of obstetrics and gynecology and assistant dean for teaching and research on women's health at the Warren Alpert Medical School of Brown University. She is also a professor of epidemiology in the School of Public Health at Brown University. In addition, she is the chief of obstetrics and gynecology at Women & Infants Hospital of Rhode Island and the executive chief of obstetrics and gynecology at Care New England.

Dr. Kurth is dean of the Yale School of Nursing and the Linda Koch Lorimer professor of nursing. Dr. Kurth is an elected member of the National Academy of Medicine (formerly the Institute of Medicine) and a fellow of the American Academy of Nursing and the New York Academy of Medicine. Dr. Kurth is a clinically trained epidemiologist and certified nurse-midwife who studies approaches to improving HIV and sexually transmitted infection prevention, screening, and care; reproductive health; and global health workforce/system strengthening efforts.

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