

Media Release – International Menopause Society

Embargo until 00.01, 15 March 2013 (GMT)

Global Consensus Statement on Menopausal Hormone Therapy

An international meeting of organisations working in menopause and women's health has concluded Menopausal Hormone Therapy (MHT, sometimes called HRT) is the most effective treatment for symptoms of the menopause, and that benefits are likely to outweigh any risks for women going through the menopause. However it advises women to only take MHT after discussing her individual health circumstances with her doctor. This advice will be simultaneously published in the peer-reviewed journals *Climacteric* and *Maturitas* on 15th March, 2013.

The consensus meeting, which took place in Paris in November last year, brought together the major international and regional menopause societies, as well as other international organisations active in women's health (including endocrinology, reproduction, and osteoporosis), to produce a simple, understandable summary of the state of the science on MHT use.

The key conclusions are:

- MHT is the most effective treatment for symptoms related to the hormonal changes of menopause, such as hot flushes and sleep deprivation. MHT is also beneficial for bone health and may decrease mortality and cardiovascular disease
- Risks associated with MHT are acknowledged, but benefits derived from MHT will generally outweigh the risks for women under 60, or within 10 years of the menopause. The risks are generally small.
- Taking MHT is a decision which needs to be individualised, according to a women's symptoms, and her individual health status (such as age, time since menopause, family history, general health, has she had a hysterectomy or not, and other personal risk factors). This decision should be taken in consultation with a suitably qualified physician.

The President of the International Menopause Society, Tobie de Villiers (Cape Town, South Africa, tobie@iafrica.com) said:

"This is an important statement, because it shows that there is really pretty broad multi-disciplinary agreement on how MHT should be used, and what the risks and benefits are. The organisations which attended the meeting represent a very broad view of women's health, and so we believe that these core recommendations represent as good a summary of the state-of-the-science as you can get.

Of course there are some uncertainties, and there are also regional differences in how the menopause is experienced and in how MHT is used. But the main message which comes out of this meeting is that the decision to use MHT comes down to an individual woman, in consultation with her doctor. Used properly, MHT will give significantly more benefits than harm".

The full statement is given below.

ENDS

Notes for Editors

The Global Consensus Statement on Menopausal Hormone Therapy was developed at an international consensus meeting which took place in Paris on 9th and 10th November, 2012. The full article will be available to the press in advance of publication at the following URL:

https://www.sugarsync.com/pf/D8015915_67098536_6581146 (Click the “Download” button, under the message “Tom has sent you a link”).

For more information, please contact the IMS Press Officer, Tom Parkhill, on tom@parkhill.it or telephone +44 0131 208 3008.

IMS website, <http://www.imsociety.org/>

The consensus has been drawn up by the following societies:

- **The North American Menopause Society** (Margery Gass mgass@menopause.org)
- **Asia-Pacific Menopause Federation** (Chris Haines cjhaines@cuhk.edu.hk)
- **American Society for Reproductive Medicine** (Eleanor Nicoll enicoll@asrm-dc.org)
- **European Menopause and Andropause Society** (Margaret Rees margaret.rees@obs-gyn.ox.ac.uk)
- **The Endocrine Society** (Aaron Lohr alohr@endo-society.org)
- **The International Osteoporosis Foundation** (Laura Misteli, LMisteli@iofbonehealth.org)
- **The International Menopause Society** led and coordinated the meeting, see below.

Press contacts are indicated beside each Society in the above list.

This Statement is being simultaneously published in the journals *Climacteric* (on behalf of the International Menopause Society) and *Maturitas* (on behalf of the European Menopause and Andropause Society).

Reference: **Global Consensus Statement on Menopausal Hormone Therapy** (authors *T. J. de Villiers, M. L. S. Gass, C. J. Haines, J. E. Hall, R. A. Lobo, D. D. Pierroz and M. Rees*)

CLIMACTERIC, 2013;16:203–204. Available on 15 Mar at;

<http://informahealthcare.com/doi/abs/10.3109/13697137.2013.771520>

MATURITAS 2013; 74(4): 391-392 (available 15 March)

As the meeting took place in Paris, the French Breast Cancer Society (Société Française de Sénologie et Pathologie Mammaire) attended the meeting as an observer. They were not involved in the drafting of the statement, but agreed with the final conclusions.

FULL FINAL STATEMENT

The following Consensus Statement is endorsed by The American Society for Reproductive Medicine, The Asia Pacific Menopause Federation, The Endocrine Society, The European Menopause and Andropause Society, The International Menopause Society, The International Osteoporosis Foundation and The North American Menopause Society.

The past 10 years saw much confusion regarding the use of menopausal hormone therapy (MHT). New evidence challenged previously accepted clinical guidelines, especially on aspects of safety and disease prevention. This led to many women unnecessarily being denied the use of MHT. Detailed revised guidelines were published and regularly updated by the major regional menopause societies. The confusion was initially escalated by significant differences amongst published guidelines. In recent revisions, the differences have become much less. In view of this, The International Menopause Society took the initiative to arrange a round-table discussion, in November 2012, between representatives of the major regional menopause societies to reach consensus on core recommendations regarding MHT. The aim was to produce a short document in bullet-point style, only containing the points of consensus. It is acknowledged that, in view of the global variance of disease and regulatory restrictions, these core recommendations do not replace the more detailed and fully referenced recommendations prepared by individual national and regional societies. This document serves to emphasize international consensus regarding MHT and is aimed at empowering women and health-care practitioners in the appropriate use of MHT.

1. MHT is the most effective treatment for vasomotor symptoms associated with menopause at any age, but benefits are more likely to outweigh risks for symptomatic women before the age of 60 years or within 10 years after menopause.
2. MHT is effective and appropriate for the prevention of osteoporosis-related fractures in at-risk women before age 60 years or within 10 years after menopause.
3. Randomized clinical trials and observational data as well as meta-analyses provide evidence that standard-dose estrogen-alone MHT may decrease coronary heart disease and all-cause mortality in women younger than 60 years of age and within 10 years of menopause. Data on estrogen plus progestogen MHT in this population show a similar trend for mortality but in most randomized clinical trials no significant increase or decrease in coronary heart disease has been found.
4. Local low-dose estrogen therapy is preferred for women whose symptoms are limited to vaginal dryness or associated discomfort with intercourse.
5. Estrogen as a single systemic agent is appropriate in women after hysterectomy but additional progestogen is required in the presence of a uterus.
6. The option of MHT is an individual decision in terms of quality of life and health priorities as well as personal risk factors such as age, time since menopause and the risk of venous thromboembolism, stroke, ischemic heart disease and breast cancer.
7. The risk of venous thromboembolism and ischemic stroke increases with oral MHT but the absolute risk is rare below age 60 years. Observational studies point to a lower risk with transdermal therapy.
8. The risk of breast cancer in women over 50 years associated with MHT is a complex issue. The increased risk of breast cancer is primarily associated with the addition of a progestogen to estrogen therapy and related to the duration of use. The risk of breast cancer attributable to MHT is small and the risk decreases after treatment is stopped.
9. The dose and duration of MHT should be consistent with treatment goals and safety issues and should be individualized.
10. In women with premature ovarian insufficiency, systemic MHT is recommended at least until the average age of the natural menopause.
11. The use of custom-compounded bioidentical hormone therapy is not recommended.

12. Current safety data do not support the use of MHT in breast cancer survivors.

These core recommendations will be reviewed in the future as new evidence becomes available.

Authors/members of the Consensus Panel

The International Menopause Society: Tobie J. de Villiers, *President* (MediClinic Panorama and Department of Obstetrics and Gynecology, Stellenbosch University, Cape Town, South Africa); David F. Archer, *Treasurer* (Jones Institute, Eastern Virginia Medical School, Norfolk, VA, USA); Rodney J. Baber, *General Secretary* (Sydney Medical School, The University of Sydney, NSW, Australia); Mary Ann Lumsden, *Board member* (Reproductive & Maternal Medicine, School of Medicine, University of Glasgow, Glasgow, UK); Amos Pines, *Director of Education and Development* (Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel); The Asia Pacific Menopause Federation: Christopher J. Haines, *Honorary Secretary* (Department of Obstetrics and Gynecology, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, New Territories, Hong Kong SAR); The American Society for Reproductive Medicine: Rogerio A. Lobo, *Past President* (Department of Obstetrics and Gynecology, Columbia University, New York, NY, USA); The International Osteoporosis Foundation: Dominique D. Pierroz, *Science Manager* (University of Geneva, Switzerland); The European Menopause and Andropause Society: Margaret Rees, *President* (Reader Emeritus, University of Oxford, UK); Florence Tremollières, *Board member* (Centre de Menopause, Hopital Paule de Viguier, Toulouse, France); The Endocrine Society: Janet E. Hall, *Past President* (Department of Medicine, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA); The North American Menopause Society: Margery L. S. Gass, *Executive Director* (Department of Surgery, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University School of Medicine, Cleveland, OH, USA).

Source of funding: the meeting of the Consensus Panel was supported by the participating societies only.