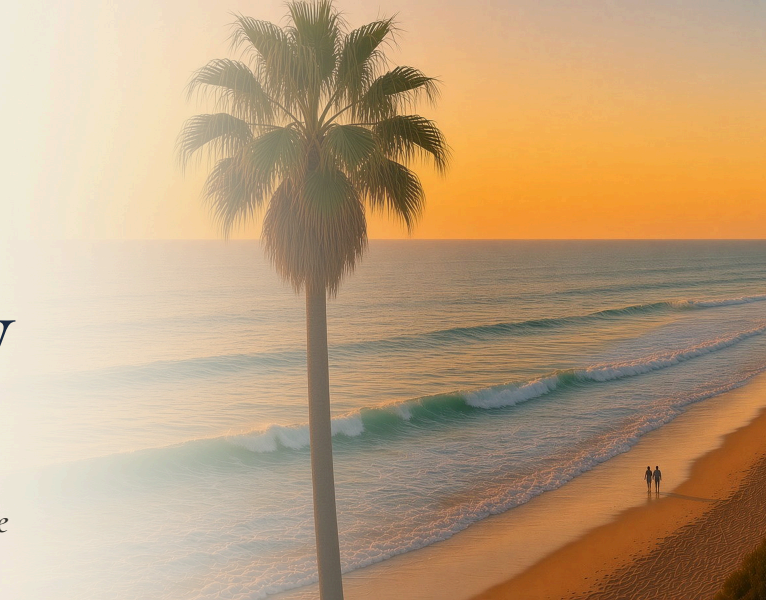
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Hormone Therapy and Your Heart

Timing, the route the hormone takes and your own risk picture all change what HRT means for your heart.

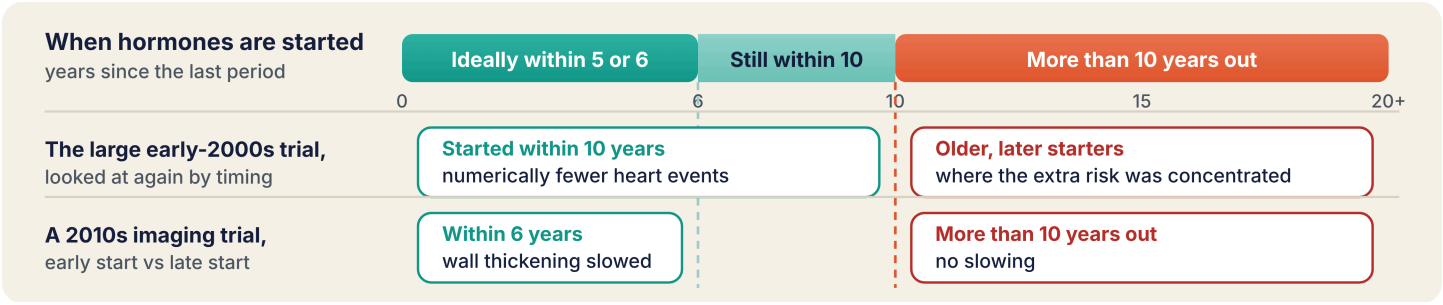
63
average starting age in the trial behind the scary headlines

10 years
starting within ten years of your last period, ideally within five or six

2 to 7
years most women stay on HRT, with a risk review every year

THE TIMING HYPOTHESIS

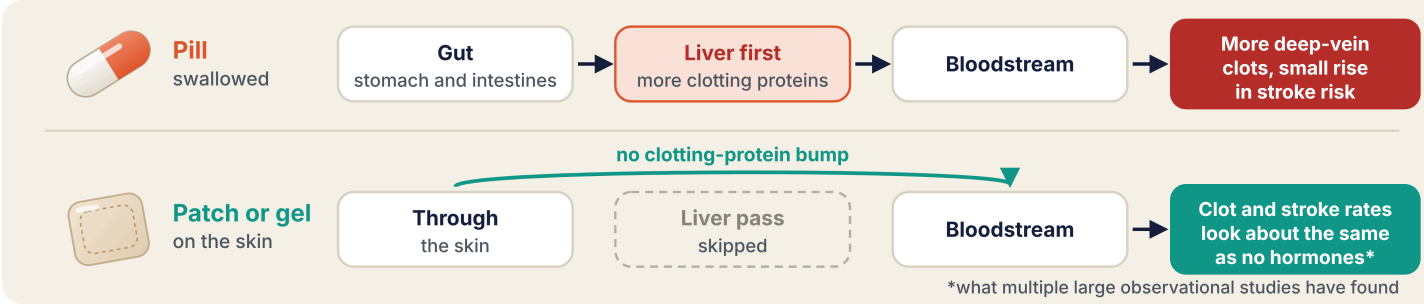
When you start changes the picture



That early-2000s trial of more than 16,000 women used an oral estrogen and a synthetic progestin, and many of the women were more than ten years past their last period. Estrogen seems to be good for healthy arteries and neutral or somewhat harmful for arteries that already have plaque. For a healthy woman in her early fifties with bothersome symptoms and no reason to avoid it, HRT is unlikely to raise cardiac risk in any meaningful way and may carry a small benefit.

PILL OR PATCH

The route changes clot risk



Any cardiovascular risk factor, such as high blood pressure, a family history of clots, migraine with aura, obesity or a smoking history, tips the choice strongly toward the patch.

Started for symptoms

HRT is a quality-of-life medication with a reasonable cardiac risk profile for the right woman. We don't start it to protect the heart. We start it for symptoms, and your cardiac picture is part of the safety check.

WHO IS A GOOD CANDIDATE, AND WHO SHOULD AVOID IT, IS ON THE BACK

SORTING OUT YOUR OWN PICTURE

Who is a good candidate, and who isn't

USUALLY A REASONABLE CANDIDATE

most of these apply

Timing	Within ten years of your last menstrual period, ideally within five or six.
Symptoms	Bothering you enough to affect sleep, work, mood or relationships.
Heart and health history	Blood pressure controlled. No known coronary disease, prior heart attack or stroke. No personal history of breast cancer, a high-risk breast cancer gene, deep vein clots or a lung clot, and no active liver disease. Not smoking, or working on quitting.
One or two risk factors	Mild high blood pressure, a sister with breast cancer or a modestly high LDL doesn't rule you out. Expect a patch where possible, the lowest dose that works and a recheck every year.

SYSTEMIC HRT IS NOT ADVISED

or is stopped if already started

Heart disease	Active coronary artery disease, an unstable angina pattern or a recent heart attack. If you have a cardiac event while on HRT, it is typically tapered off with your gynecologist.
Stroke or mini-stroke	A prior stroke or transient ischemic attack (TIA).
Breast cancer	A personal history, especially hormone-receptor-positive disease. Non-hormonal options for hot flashes work well enough for most women in this group.
Blood clots	Prior deep vein clots, a lung clot or a known clotting disorder rule out oral estrogen. A patch has been used cautiously in some of these women with a blood specialist involved, and most prescribers steer clear unless there's a strong reason and a careful risk discussion.
Well past 65, for prevention	No symptoms and hoping to protect the heart. The balance for a fresh start past that age tilts toward harm.
Sort out first	Active liver disease, undiagnosed vaginal bleeding or pregnancy.

GOOD TO KNOW

If you have a uterus	Estrogen alone makes the uterine lining grow, which over time can become cancer, so a progestin is added, most often micronized progesterone. After a hysterectomy, estrogen alone is used. Its data look more favorable, though stroke and clot risk with the pill were still raised.
Vaginal estrogen	A cream, tablet or ring at a dose so low that blood estrogen levels barely move. It has not been shown to raise heart attack, stroke or clot risk in any meaningful way.
Compounded "bioidentical"	FDA-approved estradiol and micronized progesterone are already bioidentical. Compounded versions vary in potency and carry no safety advantage.
Coming off	There's no fixed end date. When it's time, the dose is usually tapered over a few months to limit rebound hot flashes.
Call 911	Stroke signs (BE-FAST) or sudden chest pain or breathlessness. Same day for one swollen or painful leg.

BRING TO YOUR VISIT

Your symptoms and how often they happen, your recent blood pressure, lipid panel and glucose or A1c, any calcium score or stress test, and your family history. Expect a check-in at three months, then every year. A new clot, a new breast cancer, a heart attack or unexplained vaginal bleeding would change the plan.

READ THE FULL ARTICLE

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hrt-and-heart-disease

For education only, and not a substitute for advice from your own physician. Sources include the 2022 Menopause Society position statement, Rossouw et al. (JAMA 2007), Hodis et al. (NEJM 2016), Manson et al. (JAMA 2017), Canonico et al. (BMJ 2008), the 2022 USPSTF statement and the 2019 ACC/AHA prevention guideline.

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