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Hormonal replacement therapy (HRT) in postmenopause: a reappraisal.

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Hormone replacement therapy (HRT) is the most effective treatment currently available for vasomotor and urogenital symptoms and decreased libido. Because harmful effects were evidenced in some clinical trials, health authorities now consider that risk-benefit considerations do not favour the use of HRT for prevention of cardiovascular diseases and bone fractures in postmenopausal women. However, experimental and clinical studies indicate that adverse effects of HRT may largely depend on the estrogen and progesterone/progestin formulation, dosage, mode of administration, patient's age, associated diseases, and duration of treatment. All estrogen formulations and modes of administration have similar beneficial effects on vasomotor and urogenital symptoms and on bone structure. But cardiovascular and invasive breast cancer risks are higher with oral estrogen than with transdermal estradiol, and also higher with many progestin compounds than with micronized progesterone. The combination of transdermal estradiol+micronized progesterone appears to be effective and relatively safe if elementary precautions are taken, and seems to be presently the best choice for HRT in most postmenopausal women. In the author's - heterodox - opinion, HRT may also be a good therapeutic choice to prevent bone loss, since alternative medications, including raloxifene and bisphosphonates, may have dramatic harmful effects in some patients. It might also have beneficial effects on the development of coronary disease in young postmenopausal women. HRT requires careful adjustment to each individual patient and continuous monitoring of clinical evolution. In the future, this adjustment could benefit from genetic screening to maximize in each individual the ratio between positive and adverse effects.

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