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Junk medicine: HRT scares

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Women are more concerned about breast cancer or than heart disease and stroke. Yet cardiovascular disease is the greater danger.

When the Women's Health Initiative (WHI), a large trial of hormone replacement therapy (HRT), was abandoned in 2002, it triggered one of the great health scares of recent times. The study of 16,000 women found that those taking a combination of oestrogen and progesterone had a significantly higher risk of developing breast cancer, heart disease and stroke. An estimated 340,000 British women gave up HRT.

Over the past 10 days scientists have suggested two contrasting ways in which this mass flight may have directly affected women's health. First came the good news. The effect on breast cancer found by the WHI is widely thought to be genuine, and US researchers reported last week that new diagnoses fell suddenly in 2003, after rising for two decades. The HRT scare, they said, could have been responsible. While it caused great anguish in the short term, it may well have saved some women's lives.

But as a prominent menopause expert pointed out this week, that does not mean that HRT is always the wrong option for managing the change of life, or even that the WHI had a net benefit for older women's health. That is because its findings for cardiovascular disease — a much bigger killer than breast cancer — are looking increasingly shaky. If she is right, the scare starts to look much less benign.

The link to heart disease and stroke revealed by the WHI always surprised scientists, as it had previously been thought that oestrogen replacement should improve cardiovascular health. Professor Virginia Miller, of the Mayo Clinic, presented a possible explanation on Thursday: the average age of women who took part in the WHI was 63, yet the average age at menopause is 53.

This is important because any cardiovascular benefits of HRT are thought to derive from the protective effect of oestrogen on blood vessels. Before the menopause, women have a much lower risk than men of heart disease, stroke and hypertension, but this equalises rapidly as their oestrogen levels fall. The theory is that giving HRT in early menopause should maintain this hormonal protection. Give it too late, however, and there would be no effect, or a negative one.

The WHI data, therefore, should not have been used to draw conclusions about cardiovascular

effects on younger menopausal women. Other studies suggest a significant benefit for this group, so long as they start early. Professor Miller is conducting detailed research into women with an average age of 51, which should provide a firmer answer.

Despite the headlines that followed the WHI, the book on HRT's health effects should not be closed. That is, in part, because of the drugs' proven effectiveness against symptoms of menopause such as hot flushes. But it is also because the cardiovascular benefits that scientists suspect are genuine will probably outweigh any extra breast cancer risk.

Ask women whether they are more concerned about breast cancer or heart disease and stroke, and most will opt for the former. It is a higher-profile disease and its potential to mangle, as well as to kill, makes it particularly frightening. Yet cardiovascular disease is by far the greater danger. Last year it caused 32 per cent of deaths among British women. That is seven times higher than the toll from breast cancer, which accounted for 4.5 per cent of female deaths.

The arithmetic is not even close. If HRT protects against cardiovascular disease, while raising the risk of breast cancer, most women would still benefit from taking it. It is important to be cautious: a positive effect is not yet firmly proven, and Professor Miller's results will be instructive. The choice may be different for women with a family history of breast cancer, and must be made by each individual in consultation with her doctor. HRT, though, must not be written off. The balance of risk and benefit is not as simple as the WHI made it seem.

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