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# HRT: Not Our Mothers' Experience

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When I was diagnosed with breast cancer at age 37 in 1985, one thing was made clear: There would be no hormone replacement therapy (HRT), drugs my mother relied on to quell the multiple symptoms of menopause and protect against osteoporosis.

But 10 years later when the hot flashes and mood swings hit, I still brought up the therapy that uses estrogen and progesterin with my obstetrician when news of a study indicated that for those of us a certain number of years out, HRT would be OK. No way, she said. Not enough evidence.

Indeed, shortly after that discussion came a flurry of studies indicating not only that women with a history of breast cancer are at greater risk for metastasis on HRT, but also that some women who had not had breast cancer are at higher risk to develop the disease. The Women's Health Initiative, which, among other things, researched the effect of combined estrogen-progesterin in more than 16,000 healthy postmenopausal women, showed that HRT actually increases the risk of heart attack, stroke and blood clots. There are still many areas of HRT, menopause and breast cancer under investigation, but for the most part, women with a history of breast cancer should not take HRT.

So relief from menopausal symptoms, which can be brought on by chemotherapy and other hormonal treatments for breast cancer, needs to be addressed through other routes, such as the antidepressant Effexor (venlafaxine), which has been shown to reduce hot flashes; exercise and calcium supplementation to reduce bone loss; vaginal lubricants for sexual issues; and time, since menopausal symptoms eventually lessen.