

Task Force Issues Draft Recommendation Statement on Hormone Therapy for Preventing Chronic Conditions in Postmenopausal People

Hormone therapy should not be used by people who have gone through menopause to prevent chronic health problems

WASHINGTON, D.C. – April 19, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on hormone therapy for the primary prevention of chronic conditions in postmenopausal people. Based on its review of the evidence, the Task Force recommends against the use of hormone therapy, either estrogen alone or a combination of estrogen and progestin, to prevent chronic health problems in people who have gone through menopause. **These are D recommendations.**

Hormone therapy refers to the use of medication that contains female hormones, which naturally become lower after menopause. As people get older, they are more at risk for many chronic conditions such as heart disease, osteoporosis, cancer, and diabetes. There is some uncertainty about how much menopause—which typically occurs around age 50—contributes to this risk.

Grade in this recommendation:

D: Not recommended.

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“Although we all want to find ways to stay healthy as we age, evidence continues to show that people who have already gone through menopause should not use hormone therapy to prevent chronic conditions,” says Task Force chair Carol Mangione, M.D., M.S.P.H. “When used for this purpose, the harms of hormone therapy, such as an increase in the risk of blood clots and stroke, cancel out the potential benefits.”

While hormone therapy may reduce the risk of some conditions, it also can lead to serious harms. Using estrogen hormone therapy after menopause can increase a person’s risk of stroke, blood clots, gallbladder disease, and urinary incontinence. Combined estrogen and progestin can also increase the risk of these conditions, as well as invasive breast cancer and dementia. The Task Force has several other recommendations on effective ways people can reduce their risk of chronic disease through preventive services without experiencing these harms. Patients and healthcare professionals should work together, using evidence-based recommendations as guidance, to determine how best to keep patients healthy as they age.

“It is important to emphasize that this recommendation focuses only on the use of hormone therapy by people who have already gone through menopause and are considering hormone therapy to prevent chronic conditions,” says Task Force member James Stevermer, M.D., M.S.P.H. “People who are considering hormone therapy to manage symptoms of menopause are encouraged to talk with their healthcare professional.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from April 19, 2022, to May 16, 2022, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research; holds the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine; and is a distinguished professor of medicine and public health at the University of California, Los Angeles (UCLA) and the executive vice chair for Health Equity and Health Services Research in the UCLA Department of Medicine.

Dr. Stevermer is the vice chair for clinical affairs and a professor of family and community medicine at the University of Missouri (MU). He is the medical director of MU Health Care Family Medicine–Callaway Physicians, where he practices and teaches rural primary care. His scholarly activities focus on dissemination and evidence-based medicine.

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