SOUTHWESTERN NEWS

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COMBINED HORMONE THERAPY LOWERS CHOLESTEROL AND UTERINE-CANCER RISK

DALLAS — August 22, 1995 — When a low-fat, low-cholesterol diet fails to significantly reduce cholesterol levels in post-menopausal women, taking estrogen and progestogen instead of traditional cholesterol-lowering drugs can reduce the risk of heart disease just as effectively.

A study performed by Dr. Margo A. Denke at UT Southwestern Medical Center at Dallas indicated that combined hormone replacement therapy lowers low-density lipoproteins (LDL) or the "bad" cholesterol, and slightly increases high-density lipoproteins (HDL) or the "good" cholesterol.

The results of the study, supported by a National Heart, Lung and Blood Institute Clinical Investigation Award to Denke, were reported in the July issue of The American Journal of Medicine. Denke is an associate professor of internal medicine and a researcher in UT Southwestern's Center for Human Nutrition.

Menopause is often accompanied by a rise in cholesterol, which increases a woman's risk for heart disease. Heart disease, in turn, is the most common cause of death in women.

While estrogen is known to lower cholesterol and reduce the risk of osteoporosis after menopause, one study linked it with increased risks of breast cancer; however, another recent study has found no such risk.

Except for women who have a hysterectomy, estrogen therapy also increases the risk of uterine cancer, but combination therapy does not increase that risk.

"Estrogen therapy is controversial because some studies have associated it with a small increased risk in cancer," Denke said. "Combining estrogen with progestogen reduces the chance of uterine cancer. Breast cancer, however, is still an issue.

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"However, since breast cancer is much less common than heart disease, most women will benefit from hormone replacement therapy."

Denke recruited 32 post-menopausal women with moderately high cholesterol (LDL levels more than 130 milligrams per deciliter) for the study. They were taught the American Heart Association's low-fat, low-cholesterol Step-One Diet, which they followed for the remainder of the study. After three months, they supplemented the diet with daily placebo tablets for three months, followed by supplementation with conjugated estrogen plus a progestogen — medroxyprogesterone — for three months.

The overall cholesterol levels fell from 261 mg/dL to 250 mg/dL with the Step-One Diet, then to 233 mg/dL with the combined hormone therapy. LDL levels fell from 181 mg/dL to 173 mg/dL with diet alone, and then to 150 mg/dL with drug therapy.

An LDL cholesterol level less than 130 mg/dL is considered desirable. In a woman with no risk factors for heart disease, cholesterol-lowering drugs are not recommended unless the LDL is more than 190 mg/dL.

The combined hormone replacement therapy was associated with a high frequency of side effects, including breast tenderness and uterine bleeding, although most dissipated after an initial adjustment period.

"Estrogen/progestogen combination therapy may prove to be an alternative approach for managing high cholesterol in post-menopausal women who have not had a hysterectomy," Denke said.

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