

Task Force Issues Final 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. – November 1, 2022 – The U.S. Preventive Services Task Force (Task Force) today published a final 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.

Grades in this recommendation:

D: Not recommended.

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“For people who have already gone through menopause, using hormone therapy is not an effective way to prevent chronic conditions because the potential harms cancel out any potential benefit,” says Task Force chair Carol Mangione, M.D., M.S.P.H. “Fortunately, the Task Force has many other evidence-based recommendations on ways people can stay healthy as they age.”

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 maintain good health throughout the lifespan.

“Importantly, this recommendation is only for people who are considering hormone therapy to prevent chronic conditions after going through menopause,” says Task Force member James Stevermer, M.D., M.S.P.H. “Those who wish to manage symptoms of menopause with hormone therapy are encouraged to talk with their healthcare professional.”

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: <https://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from April 19, 2022, to May 16, 2022.

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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