Why Many Doctors Are Not Comfortable Prescribing Hormones to Women Over Age 65

> After menopause, the ovaries produce extremely low levels of estradiol and progesterone — certainly not enough to protect the body from the effects of hormone deficiency. Both of these hormones play important roles in nearly every aspect of a woman's health.

The goals of hormone replacement therapy should extend beyond treating symptoms such as hot flashes and night sweats. When appropriately prescribed, hormone therapy can help restore a healthier quality of life and promote independence as women age.

WHAT ESTRADIOL AND PROGESTERONE SUPPORT

As a reminder, estradiol and progesterone help support many tissues and functions, including:

- Brain function and memory
- Bone strength
- Muscle mass and physical function
- Sleep quality
- Sexual health
- Skin integrity
- Cardiovascular and blood vessel function
- Bladder and pelvic health
- Gastrointestinal function
- Overall vitality and quality of life

In addition, estradiol and progesterone interact with other hormone systems, including insulin, thyroid hormone, cortisol, growth hormone, and other regulatory hormones.

WHERE THE HESITATION COMES FROM

Unfortunately, many women are still told that hormone replacement therapy is not advisable after age 65. Much of this belief stems from interpretations of the Women's Health Initiative (WHI), one of the most influential medical studies ever conducted.

Briefly, the Women's Health Initiative enrolled approximately 28,000 women. Nearly 70% of participants were over age 60:

- About 45% were ages 60–69
- About 22–23% were ages 70–79

The hormones used in the study were taken orally. Any estrogen taken by mouth increases the risk of blood clots. The synthetic progestin used in the study was associated with an increased risk of breast cancer, whereas natural progesterone is believed to have a different safety profile and may even have breast-protective properties. In the combined estrogen-plus-synthetic progestin group (the Prempro arm), breast cancer risk also increased with longer duration of use.

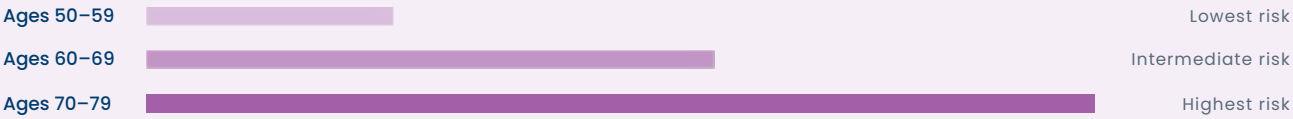
THE TIMING HYPOTHESIS

Several years after publication of the WHI results, researchers observed that women who began hormone therapy closer to menopause appeared to have fewer cardiovascular risks than women who initiated treatment more than 10 years after menopause. This observation became known as the **“Timing Hypothesis”** or **“Window of Opportunity”** theory.

The greatest cardiovascular and clotting risks were generally observed in women who:

- Were over age 60
- Were more than 10 years beyond menopause
- Were in the 70–79 age group

PATTERN OF BLOOD CLOT & CARDIOVASCULAR RISK IN THE WHI



WHAT THE HEADLINE MESSAGE MISSED

The message that emerged from the WHI was overly broad. It did not adequately distinguish between:

USED IN THE WHI	NOT STUDIED IN THE WHI
Oral estrogen	Topical or transdermal estradiol
Conjugated equine estrogens	Bioidentical estradiol
Synthetic progestins	Natural progesterone

Most importantly, as women age, their natural risk of blood clots, stroke, heart disease, and other chronic conditions increases. Arteries that have gone many years without ovarian hormone exposure may respond differently to the insult of oral estrogen and synthetic progestins than younger, healthier blood vessels in women who are closer to menopause.

Several years after the study, menopausal hormone therapy gradually returned to clinical practice, with the recommendation that it generally be prescribed to younger, newly menopausal women and, in many cases, for approximately five years.

NOVEMBER 2025 — FDA UPDATE

The FDA initiated the removal of broad boxed-warning language that linked menopausal hormone therapy broadly to cardiovascular disease, breast cancer, and probable dementia. The FDA also acknowledged that the original WHI findings should not be generalized to every form of hormone therapy or to every group of women. The warning regarding endometrial cancer remains important for women with a uterus who use systemic estrogen without adequate progesterone.

THE BOTTOM LINE

Women function best when estradiol and progesterone are maintained within healthy physiologic ranges.

The concerns about stroke, blood clots, cardiovascular events, and breast cancer are valid when discussing the specific hormone regimens used in the WHI, which included oral conjugated equine estrogens and the synthetic progestin medroxyprogesterone acetate (Provera). These findings cannot be directly extrapolated to topical estradiol and natural progesterone, which were not studied in the WHI.

Physicians with extensive experience in menopausal hormone therapy recognize that, when appropriately prescribed and carefully monitored, hormone replacement therapy can help preserve function, independence, vitality, and quality of life, supporting healthier and more dignified aging.

Although starting hormone therapy closer to menopause may offer certain advantages, being more than 10 years beyond menopause does not automatically preclude benefit. Many women who initiate estradiol and progesterone therapy later in life report improvements in quality of life, sleep, sexual health, physical function, and other symptoms associated with hormone deficiency.

Have questions about hormone therapy after 65?

Speak with Dr. Selma Rashid and our team about whether hormone replacement therapy is appropriate for you.

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