HORMONE REPLACEMENT THERAPY AND COGNITION IN MENOPAUSAL WOMEN

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Hormone Replacement → Therapy = oestrogens alone e.g. 17β-oestradiol, conjugated equine oestrogen
Or
Progestins alone e.g. micronised progesterone, medroxyprogesterone acetate
or
A combination of both

Introduction

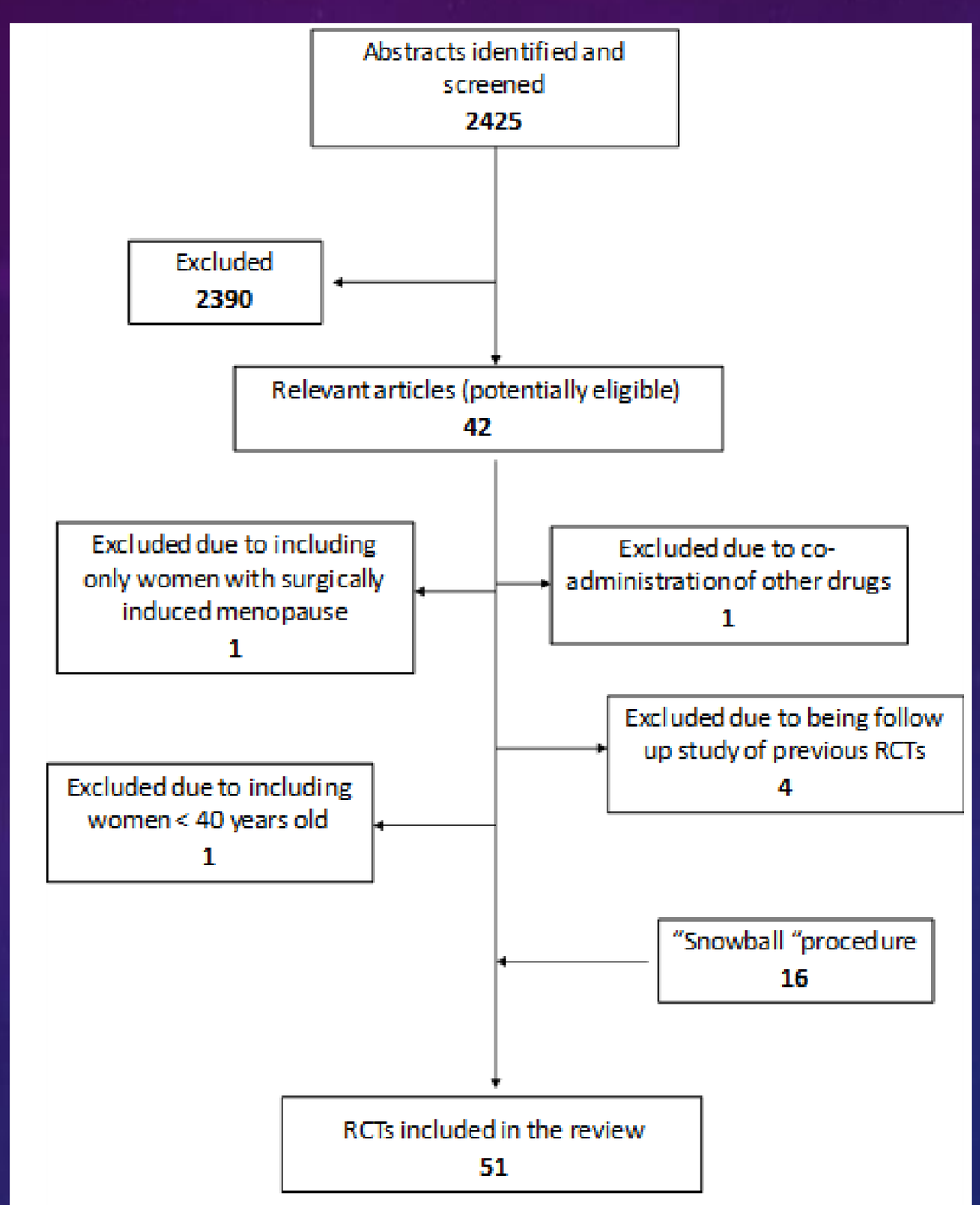
- Data from laboratory and epidemiological studies → beneficial effects of oestrogens and progesterone on cognition in menopausal women
- However methodological insufficiencies
- Systematic review of randomised controlled trials (RCT) to prove the effectiveness of Hormone Replacement Therapy (HRT) on cognitive measures after menopause.

Materials and methods

- ❑ Online search on Pubmed, Embase and PsycINFO databases
- ❑ 51 RCTs were collected

Main selection criteria were

1. Study type had to be a randomised controlled trial (RCT) in English
2. Subjects should be perimenopausal or menopausal women, aged 40 years or above 3. Hormone replacement therapy should be the intervention studied.
4. The end point had to be a measure of cognition e.g. memory, verbal fluency, or the diagnosis or deterioration of dementia of any aetiology or the diagnosis of cognitive impairment of any type



Other confounding factors: obesity, depression, publication bias, heterogeneity

Significant discrepancy noted between RCTs and non-RCTs

Results

- Only 6 of the included studies showed a positive effect of HRT on specific cognitive measures.
- 45 RCTs showed ineffectiveness or harmful impact
- Large trials like the Women's Health Initiative showed that HRT **increases** the risk for dementia and cognitive decline
- Cognitive decrements caused by HRT persist even after stopping it
- Socioeconomic background is an important confounding factor
- Timing of initiation of HRT plays a protagonistic role

CONCLUSION

HRT for the prevention or treatment of cognitive impairment in menopausal women is NOT RECOMMENDED

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