

**Harvard Medical School Department of  
Continuing Education and the Cardiovascular  
Division of the Department of Medicine,  
Brigham and Women's Hospital**



***Cardiology Rounds***  
**November 2004**

**Coronary Heart Disease in Women: Is there any role for  
menopausal hormone therapy in cardiac protection?**

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**Objectives:**

In this issue of *Cardiology Rounds*, Dr. Nanette Wenger, one of our nation's leading cardiologists, reviews the recent developments concerning menopausal hormone therapy and coronary heart disease in women. Her scholarly review of recent, randomized, placebo-controlled, clinical trials provides the reader with the rationale for understanding the recent changes in the American Heart Association (AHA) guidelines for cardiovascular disease prevention in women, as well as changes in the Food and Drug Administration (FDA) labeling of all estrogen and estrogen/progestin products.

**Test:**

1. In the United States, breast cancer is the leading cause of death in women.  
True       False
2. Oral estrogen preparations are associated with:
  - a) increases in triglycerides
  - b) reductions in low-density lipoprotein (LDL) cholesterol
  - c) decreases in plasma homocysteine
  - d) increases in high-sensitivity C-reactive protein (hsCRP)
  - e) all of the above
3. Earlier major observational studies, including meta-analyses of more than 30 epidemiologic studies, have shown a significant reduction in the risk of coronary heart disease events in women using estrogen preparations compared to those not receiving hormone therapy.  
True       False
4. The Women's Health Initiative (WHI) Estrogen/progestin Study of >16,000 women randomized to either 0.625 mg of conjugated equine estrogen plus 2.5 mg of medroxyprogesterone or placebo was terminated early as a consequence of an unfavorable global risk score and an increase in invasive breast cancer in those randomized to hormone replacement.  
True       False

5. The WHI Memory Study of >4000 women >65 years of age demonstrated a reduction in the risk of developing dementia, as well as improvement in the global cognitive score of those randomized to estrogen/progestin.

True  False

6. Unlike the combination of estrogen plus progestin, when estrogen was used alone in >10,000 women with prior hysterectomy in the WHI Estrogen Study, cardiovascular and stroke risk was significantly reduced.

True  False

7. The 2004 American Heart Association Guidelines for cardiovascular disease prevention in women designates menopausal hormone therapy as a Class III intervention, one that is lacking benefit and with potential for harm.

True  False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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