

STOPPING ESTROGEN TREATMENT (Sometimes called "HRT")

Dr. Jerilynn C. Prior, Scientific Director, Centre for Menstrual Cycle and Ovulation Research

In July 2002 the largest randomized placebo-controlled study of "Hormone Replacement Therapy" for healthy menopausal women was stopped early because it showed that estrogen plus very low dose medroxyprogesterone therapy caused serious harm. Women, when they learn of these results, suddenly stopped their hormone therapy. Many found themselves dealing with severe night sweats and hot flashes.

The Centre for Menstrual Cycle and Ovulation Research believes you can stop estrogen and avoid the hot flashes. Here's how.

SLOWLY DOES IT

Some women who abruptly stop estrogen therapy will have bad hot flashes that can be very hard to treat. Tapering the medication over time can prevent this.

Note: If you have osteoporosis, you should ask your doctor for a prescription for Etidronate as Didrocal®. This works like estrogen to prevent bone loss. Start taking Etidronate *before* you begin tapering estrogen treatment.

STEPS TO COMING OFF SLOWLY

A. Increase to a full dose of progesterone:

- 300 mg of oral micronized progesterone (Prometrium) per day, taken at night, OR
- 10 mg of medroxyprogesterone acetate (Provera) per day

You can try progesterone cream, but the appropriate dose is not yet known. The dose will be approximately 150-mg twice a day. I recommend oral micronized progesterone (Prometrium®) because it will help with hot flashes as well as aid sleep.

B. Gradually decrease the estrogen you are taking.

Ideally, switch to a transdermal (patch or gel form) of estrogen, which allows you to decrease more gradually. This is especially important if you have ever had hot flashes. However, this is slightly more expensive than the pill form. If you can't afford the patch or gel, see the pill schedule below. Decrease over about four months. You can cut the patch and decrease in, for example, 1/8 of a patch per two-week period. Be sure to save the pieces you cut off for use later.

1. Here is an example of how to decrease the estrogen using a patch, over 14 weeks.

Weeks 1-2	7/8 of a patch	Weeks 9-10	3/8 of a patch
Weeks 3-4	3/4 of a patch	Weeks 11-12	1/4 of a patch
Weeks 5-6	5/8 of a patch	Weeks 13-14	1/8 of a patch
Weeks 7-8	1/2 a patch	Week 15	off estrogen

2. Here is an example of how to decrease Conjugated Estrogen (Premarin (CEE) or CES) over 3 months:

Ask your health care provider for a three-month prescription of the lowest dose (0.3 mg, green tablet) of Conjugated Estrogen. Most women have been taking the standard (0.625 mg, burgundy) one.

Week 1: 0.625 on 6 days 0.3 on 1 day

Week 2: 0.625 on 5 days 0.3 on 2 days

Space out the pills. Rather than having all 0.625 mg pills in a row, then all 0.3 mg, space them out evenly. For example:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0.625	0.625	0.3	0.625	0.625	0.3	0.625

Week 3: 0.625 on 4 days 0.3 on 3 days	Week 9: 0.3 on 5 days
Week 4: 0.625 on 3 days, 0.3 on 4 days	Week 10: 0.3 on 4 days
Week 5: 0.625 on 2 days, 0.3 on 5 days	Week 11: 0.3 on 3 days
Week 6: 0.625 on 1 day, 0.3 on 6 days	Week 12: 0.3 on 1 day
Week 7: 0.3 on 7 days of the week	Week 13: Off estrogen
Week 8: 0.3 on 6 days	

3. Here's an example of how to taper and stop estrogen therapy in a gel form (Estrage®).

If you have been on a high dose of pill estrogen (more than 0.625 mg/day) you will need to start with two pumps of Estragel® each day. I would alternate one and two pumps a day for the first month. Then you will begin to taper lower than one pump a day. To do this you need to figure the length of gel in a full pump so you can gradually decrease by about 10% a week.

First, slowly push out one full pump of estradiol gel making an even crystal bead on a heavy piece of paper. You want to stretch out the gel as evenly and as far as you can. Then make an up and down dark pen mark at the beginning and the end of this line of gel—it will be about 6 cm or a little over two inches. That is 100% of a dose. Now take a ruler and divide that line into 10 parts. You will decrease from 100% to 90% and take this for two weeks before decreasing to 80%. Keep on this schedule until you are off of it entirely.

C. What to do if the hot flushes start again as you taper estrogen therapy

If you start getting increased hot flushes or night sweats as you are lowering your dose of estrogen, go back up to the level of estrogen at which hot flushes were totally gone. Maintain that dose for several weeks longer before again beginning to gradually reduce the dose.

D. What to do about the progesterone therapy when you are off estrogen

If you have successfully stopped estrogen and have no hot flushes, you may wish to stop progesterone also. Progesterone does not need to be tapered. If the hot flushes start then you need to continue progesterone which has been treating them. Try stopping progesterone once a year. Or you may decide that progesterone is also helping your bones ([link to ABCs of Osteoporosis Treatment](#)) and stimulating osteoblasts to build new bone. You may also find it helps your sleep and that you'd like to continue it. You can safely do that ([link to Progesterone Therapy for Menopausal Women](#)). Natural progesterone does *not* cause blood clots and, based on its scientific actions in tissues, it is more likely to prevent breast cancer and heart disease than to cause them.

This handout has been made available by the Centre for Menstrual Cycle and Ovulation Research at the University of British Columbia. Further copies of this handout and our guidelines for reproduction and distribution may be found on our web site at <http://www.cemcor.ubc.ca/>