

## ホルモン補充療法は死亡率が低いことと関連がある (Abstract 17-A-12199)

更年期障害の症状緩和のためのホルモン補充療法は動脈硬化を抑制し生存率を改善した

Using hormone replacement therapy to relieve menopause symptoms lowered atherosclerosis and improved survival

更年期障害の症状緩和のためのホルモン補充療法を行っている女性は、ホルモン補充療法を行っていない女性に比べ、死亡リスクが低く動脈硬化度が低かった、との単施設研究が American College of Cardiology's 66<sup>th</sup> Annual Scientific Session で発表された。ホルモン補充療法を行っている女性はこれを行っていない女性に比べ、死亡する確率が全体で30%低く、冠動脈石灰化スコアがゼロ(計測可能な最小値)である確率も20%高く、冠動脈石灰化スコアが399超(重度の動脈硬化を示唆)である確率が36%低かった。

### Full Text

Women using hormone replacement therapy to relieve the symptoms of menopause faced a lower risk of death and showed lower levels of atherosclerosis compared to women not using hormone therapy, according to a single-center study presented at the American College of Cardiology's 66<sup>th</sup> Annual Scientific Session.

Hormone replacement therapy has been controversial over the past few decades as studies have associated it with both health benefits — lowering the risk of osteoporosis and improving some measures of heart health, for example — and risks, including links to cancer and stroke. Fear over potential cancer and other risks has fueled a dramatic decrease in the number of women using hormone replacement therapy over the past 15 years. The new study bolsters evidence that the therapy, which involves the use of supplemental estrogen, sometimes along with progesterone or similar hormones, may help improve heart health and overall survival in some women.

"With proper screening and proper follow-up, from a cardiovascular standpoint I believe it is beneficial to take hormone replacement therapy," said Yoav Arnsen, MD, a postdoctoral scientist at Cedars-Sinai Medical Center, and the study's lead author. "Our results confirm and enhance previous work in terms of showing lower atherosclerosis. In addition, we've shown very clear survival benefits of using hormone replacement therapy."

The researchers retrospectively analyzed the health records of more than 4,200 women who received a coronary calcium scan at Cedars-Sinai Medical Center between 1998 and 2012. Having higher levels of calcium is a marker for the buildup of plaque, which increases the risk of having a myocardial infarction or stroke.

Forty-one percent of the women reported taking hormone replacement therapy at the time of their calcium scan. Use of hormone therapy was highest between 1998-2002 and gradually decreased during the study period from more than 60 percent of women in 1998 to 23 percent of women in 2012. Just over 6 percent of the women died during an average follow-up period of eight years.

Those using hormone replacement therapy were significantly older than those not on the therapy, with an average age of 60 years in the non-therapy group compared to an average age of 64 years in the group taking the therapy. To account for this difference in their analysis, the researchers performed statistical adjustments and also assessed outcomes for separate age groups, divided into five-year intervals.

After accounting for age, coronary calcium score and cardiovascular risk factors including diabetes, high blood pressure and high cholesterol, women using hormone replacement therapy were overall 30 percent less likely to die than those not on hormone therapy. Women using hormone replacement therapy were also 20 percent more likely to have a coronary calcium score of zero (the lowest possible score, indicating a low likelihood of myocardial infarction) and 36 percent less likely to have a coronary calcium score above 399 (indicative of severe atherosclerosis and high myocardial infarction risk).

"Hormone replacement therapy resulted in lower atherosclerosis and improved survival for all age groups and for all levels of coronary calcium," Arnsen said. "From this we do think it is beneficial, but we would need prospective or randomized studies to determine which groups might not benefit or even be harmed by this therapy."

Estrogen is thought to be protective of heart health through its beneficial effects on cholesterol and because it increases the flexibility of blood vessels and arteries, allowing them to accommodate blood flow. Studies show that pre-menopausal women, who produce high levels of estrogen, typically have the cardiovascular health of men 10 to 20 years younger than them, but rates of heart disease increase dramatically after menopause, when estrogen levels plummet. By replacing the natural estrogen lost during menopause, hormone replacement therapy could be one way for women to regain the cardiovascular benefits of estrogen, Arnsen said.

Women and their doctors weigh many factors when deciding whether or not to use hormone replacement therapy. This study involved a larger number of patients and a longer follow-up time than most other recent studies, and it offers new evidence on potential cardiovascular and survival benefits. It does not, however, offer definitive insights on which groups are likely to benefit most or weigh in on cancer-related or other potential risks. Women who have already had a heart attack, have known heart disease or have a history of blood clots are advised against taking hormone replacement therapy.

## ACC2017特集

[News01]

エボロクマブは心血管イベントを有意に低下させた関連付ける

[News02]

自己拡張型経カテーテルの大動脈弁置換術(TAVR)は中等度リスクの患者に適している

[News03]

NSAIDに加えてミソプロストールを服用することにより心血管系リスクが低下する

[News04]

手首装着型心拍計は胸部装着型よりも正確さに欠ける

[News05]

ホルモン補充療法は死亡率が低いことと関連がある

[News06]

MI後の睡眠時無呼吸スクリーニングに最適な時期が調査された

[News07]

運動歴は乳がん後の心疾患予防に役立つ

[News08]

うつ病はMIまたは狭心症後の死亡リスクを倍増させる

[News09]

MI直後にすべての閉塞動脈を治療することによる有益性

[News10]

リバーロキサバンはアスピリンに比べVTE再発を軽減する

[News11]

CTスキャンは大動脈弁置換術後の弁尖の動きの低下を可視化する

[News12]

BococizumabによるPCSK9阻害による結果は様々である

[News13]

TAVRは微小出血および神経学的障害と関連がある

[News14]

スタチン服用患者においてエボロクマブは認知機能に影響しない

[News15]

左心耳閉鎖術は脳卒中リスクを低下させる

[News16]

ペースメーカープログラムは意識消失発作を減少させる

[News17]

心房細動患者においてジゴキシンにより死亡リスクは上昇する

[News18]

新規抗凝固薬は心房細動に対するアブレーション中の大出血を軽減する

[News19]

血液検査により非心臓手術後の心損傷が検出できる

[News20]

ウェブベースのカウンセリングは血圧を低下させる