

Hormone replacement therapy: limited response in the UK to the new evidence

Following the publication of major trials and other studies of hormone replacement therapy,^{1,2} patients in the UK have been advised not to take the drug long-term and to limit short-term use.³ Response to the new evidence in terms of prescribing in the US has been published recently⁴ and we thought it important to assess changes in use in England. Prevalence of use in England increased steadily in the 25 years to 2001, rising 10-fold from 1980 to the mid 1990s;⁵ numbers of prescriptions continued to rise between 1998 and 2001 by over 1% per year, but fell in 2002,⁶ the year the major recent evidence was published.

We have now examined newly published government statistics on the numbers of prescriptions for hormone replacement therapy⁷ (British National Formulary 6.4.1.1 and 6.4.1.2) to analyse trends in prescriptions in England from 1998 to 2003. Prescriptions for 2003, the first full calendar year of data subsequent to the first of the recent trial publications,

are compared with those for 2001, the last full calendar year of data prior to these publications.

Prescriptions for HRT in England in the calendar year 2003 were 20.7% below their 2001 level as shown in the figure. Prescriptions for conjugated equine oestrogens combined with progestogen had fallen by 9% in England between 1998 and 2001 and by 2003 had fallen to 37.5% below the 2001 level. Prescriptions for oestradiol with progestogen increased by 7.5% per year from 1998 to 2001, but then reversed to give a 20.7% fall between 2001 and 2003.

The reported annual decrease in all HRT prescriptions in the US, based on January–July 2003 compared to January–December 2001 is considerably greater⁴ at 36.5% (the full year figures were not available at time of their publication).

About 36% of post-menopausal women in Britain were taking HRT in 1996–2002² (38–40% in the US⁴) and although use fell by some 21% after 2001, it is still probably unprecedented as a drug in widespread use by a predominantly well population. As was seen following the case control studies in the 1970s, it may take some years for a full response to the research evidence to be seen. The trial results suggest that the current reductions in use, if sustained, may make a contribution to

improving woman's health and life expectancy. It will be important to monitor future trends, including subsequent short and long-term health effects.

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Figure: Number (thousands) of HRT prescriptions in England 1998–2003.

