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Hormone Therapy and Your Heart: Why Timing Matters

WHAT YOU NEED TO KNOW

Heart disease is the leading cause of death in women, and risk rises through the menopause transition. A 2026 review of major trials and national health data found that the cardiovascular effects of hormone therapy depend heavily on four things: when it's started, which hormone is used, how it's delivered, and your own baseline heart health. Started within about ten years of menopause, the profile looks favorable. Started well beyond that, risks including stroke and blood clots rise.

KEY FINDINGS

- ✓ Starting within 10 years of menopause is linked to better heart outcomes
- ✓ Starting well after that window is linked to higher stroke and clot risk
- ✓ Patches and gels bypass the liver; pills do not, which affects clot risk
- ✓ In a study of over 900,000 women, patches showed no significant rise in heart risk
- ✓ Hormone therapy is not a heart medication and shouldn't be used as one

WHAT THIS MEANS FOR YOU

Much of the fear around hormone therapy comes from trials published in the early 2000s that tested one pill formulation in women mostly well past menopause. That doesn't describe every situation. If you've been avoiding the conversation because of what you read years ago, it may be worth reopening — not because hormone therapy is risk-free, but because the risk depends on details specific to you. If you have thrombotic risk factors, ask specifically about patches or gels rather than pills.

TALK TO YOUR PROVIDER IF...

- ✓ You have a personal or family history of blood clots, stroke or heart disease
- ✓ You smoke, or have high blood pressure, diabetes or extra weight
- ✓ You went through menopause before age 45, or had surgical menopause
- ✓ You're currently taking oral hormone therapy and have risk factors

QUESTIONS TO ASK YOUR DOCTOR

- ☐ Given my history, would a patch or gel be safer than a pill for me?
- ☐ How long has it been since my menopause, and does that affect my options?
- ☐ What's my cardiovascular risk, and does it account for my menopause history?
- ☐ How often should we revisit this decision?

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This handout is provided for general education and is not medical advice. It summarizes findings from published research and does not account for your individual medical history, medications or circumstances. Do not start, stop or change any treatment based on this material. Always consult your own healthcare provider about decisions regarding your care.

RESEARCH SOURCE CITATION

TITLE	Hormone replacement therapy and cardiovascular risk in postmenopausal women
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