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OPINION

Menopausal hormone therapy: the pendulum swings

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The history of Menopausal Hormone Therapy (MHT) has been described as a constantly swinging pendulum, oscillating between uncritical enthusiasm and paralyzing fear of its use [1]. In the 1960s, MHT was promoted as an "elixir" capable of keeping women "feminine forever," treated not as a drug but as a panacea for aging. However, this perception collapsed in 2002 with the publication of the initial results of the Women's Health Initiative (WHI) study [2], which suggested that risks such as cardiovascular disease, breast cancer, and stroke outweighed the benefits.

The resulting media panic led to a massive decline in prescriptions, leaving a generation of women without effective treatment for menopausal symptoms. Today, after 24 years of reanalysis and a historic regulatory shift in 2025, the pendulum is moving toward a point of equilibrium based on the "window of opportunity" and the personalization of treatment.

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Current evidence allows the controversy to be broken down into four critical axes:

First, re-evaluation of the WHI and the "window of opportunity": The primary criticism of the WHI was the average age of its participants (63 years), many of whom were more than a decade past menopause. Age-stratified reanalyses of the WHI demonstrated that, in the 50–59-year age group, MHT was associated with a 30% reduction in all-cause mortality (HR 0.70; 95% CI, 0.51–0.96), reinforcing the benefit of initiating treatment during the "window of opportunity" [3]. This is now the unanimous position of scientific societies and organizations dedicated to women's health during menopause [4].

Second, menopause is considered a multisystemic transition: The concept of menopause as a simple "estrogen deficiency state" should be abandoned. It is a complex biological and psychological transition that affects not only vasomotor symptoms and urogenital and sexual health but also sleep, mood, and cognition, as well as the need for cardiovascular and bone preventive measures. Therefore, the approach must address the woman's overall needs through an individualized treatment strategy. MHT addresses several of these aspects, although additional therapeutic or preventive interventions may be required to ensure an adequate quality of life.

Third, the need to take into account emerging risks and education: While regulated MHT is regaining its place, scientific societies warn against the use of unregulated bioidentical compounds (pellets or chips), whose safety is not supported by evidence [5].

Furthermore, an alarming educational gap has been identified, as several generations of gynecologists have not received formal training in menopause management. This has resulted in feelings of insecurity when managing menopausal health, creating the risk that symptomatic women may seek solutions in a market of "remedies" or information lacking a sound scientific basis.

Fourth, the 2025 regulatory milestone: November 10, 2025, marks a new movement of the pendulum with the removal of the boxed warning (black box warning) for MHT by the U.S. Food and Drug Administration (FDA). This change acknowledges that previous warnings, based on the initial interpretation of the WHI, do not apply to healthy symptomatic women who initiate therapy within the recommended timeframe, thereby facilitating access to systemic and vaginal therapies without unjustified barriers. Nevertheless, the need to maintain individualized clinical decision-making is emphasized. The removal of the regulatory warning does not exempt clinicians from conducting a comprehensive evaluation of personal and family history, comorbidities, and risk factors.

In conclusion, the MHT pendulum has ceased to swing between panacea and poison, coming to rest on individualized, evidence-based clinical practice. The removal of regulatory restrictions in 2025 validates the safety of MHT when initiated within the window of opportunity as a resource for symptom management and for the prevention of cardiovascular disease and bone loss [6]. However, MHT is not a "silver bullet" that provides an infallible solution to all the challenges of menopause; the future lies in a multidisciplinary approach that combines hormonal and non-hormonal therapies with rigorous research. The goal is to ensure that women experience menopause with scientific rigor and an improved quality of life, free from the historical fluctuations of the pendulum.

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