is not "replacement" of anything. And, according to at least one psychiatric survey, the 50s are the happiest decade of a woman's life!

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Jumping off the hormone bandwagon

"Evidence changes…."[1] This is the lesson learned from the Critical Appraisal article[1] on hormone replacement therapy (HRT). I have heard credible experts use the same line at several continuing medical education activities. No guilt. That is what the literature said then, but this is what it says now. Patients (women) will just have to adapt to today's version of reality.

But the literature had never justified the widespread prescription of ovarian hormones for primary prevention. If it had, the Women's Health Initiative (WHI) would never have made it past the ethics committee! The WHI came about because American women's groups, concerned about the call for quasiuniversal long-term use of HRT, lobbied for a randomized trial with a non-clinical, multiethnic sample population. The rest, as they say, is history.

I have rarely seen an issue politicize CME and clinical practice as HRT has. Some specialists laid a guilt trip on family physicians who did not jump on the hormone bandwagon, accusing them of depriving their patients of important health benefits. Comments about overmedicalization or sex bias were dismissed as unscientific. Some of these same experts are now equally dogmatic about avoiding hormones.

Guilt is not the issue; our credibility is. There should be room for a critical analysis that goes beyond statistics and looks at the larger issues determining clinical practice. Indeed, there are lots of lessons: no free lunch and the pharmaceutical industry's influence on continuing medical education to name a few.[2] Maybe we will be a bit more critical when the next magic pill comes along,[3] particularly for primary prevention.

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