

Systemic hormone therapy during menopause may up risk for depression

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Systemically administered hormone therapy (HT) during menopause is associated with a higher risk for depression, according to a study

published online Nov. 1 in *JAMA Network Open*.

Marie K. Wium-Andersen, M.D., Ph.D., from Bispebjerg and Frederiksberg Hospitals in Denmark, and colleagues examined whether use of HT during [menopause](#) was associated with a subsequent diagnosis of depression using data from 825,238 women in Denmark (followed from 45 years to a mean 56 years of age).

The researchers found that systemically administered HT was associated with a higher risk for a subsequent depression diagnosis (hazard ratio [HR] for women 48 to 50 years of age, 1.50; 95 percent confidence interval [CI], 1.24 to 1.81). Even higher risk was seen in the year after initiation for treatment with estrogen alone (HR, 2.03; 95 percent CI, 1.21 to 3.41) or estrogen combined with progestin (HR, 2.01; 95 percent CI, 1.26 to 3.21). Depression risk was not significantly elevated with locally administered HT (HR, 1.15; 95 percent CI, 0.70 to 1.87). However, when initiated after 54 years of age, locally administered HT was associated with a lower risk for depression (HR for women 54 to 60 years of age, 0.80; 95 percent CI, 0.70 to 0.91).

"These findings suggest that [women](#) undergoing menopause who initiate systemically administered HT should be aware of [depression](#) as a potential adverse effect, and locally administered HT should be recommended when needed," the authors write.

More information: Marie K. Wium-Andersen et al, Association of Hormone Therapy With Depression During Menopause in a Cohort of Danish Women, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.39491](#)

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