



Research Article

Hormone Replacement Therapy: Perspectives and Practices Among Female Dermatologists

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Abstract

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Background: Menopause, marked by hormonal changes, impacts women's health, including skin. Hormone Replacement Therapy (HRT) remains controversial following safety concerns from the Women's Health Initiative study. Recent research highlights HRT's benefits, such as reduced cardiovascular risks, fewer fractures and improved quality of life. However, the personal practices and recommendations of peri- and post-menopausal dermatologists regarding HRT remain understudied, despite their role in addressing hormone-related skin and hair issues.

Objective: This study aims to explore the perceptions, personal practices and patient recommendations regarding HRT among female peri and post-menopausal dermatologists worldwide.

Methods: An electronic questionnaire survey was conducted using internet-based platforms. The questionnaire was distributed to 250 female dermatologists globally. Data collected from complete questionnaires were analyzed statistically.

Results: Regarding the personal practices of peri and post-menopausal dermatologists regarding HRT for themselves, we observed that half of the clinicians are under HRT which is mainly medicinal based. The reasons for their HRT initiation are heterogeneous. The recommendations made by dermatologists to their female patients regarding HRT are mainly positives, but a minority have prescribed HRT for potential benefits beyond traditional indications.

Conclusion: This study offers insight into the perspectives and practices of female dermatologists who are themselves experiencing menopause and who provide care to menopausal patients. Understanding the stance of these healthcare professionals on HRT may shed light on the broader discussions surrounding the use of HRT for women's health and its potential impact on skin and hair-related concerns.

Keywords: Menopause; Progesterone; Estrogen; HRT Risks; Postmenopausal; Dermatologists

Introduction

Menopause is the permanent end of menstruation and is preceded by a transition phase called perimenopause, during which ovarian function changes and can last for several years. In Western societies, the average age for menopause is 51.5 years [1]. During menopause, declining estrogen levels increase the risk of osteoporosis, cardiovascular disease and cognitive decline. Additionally, women may experience symptoms such as hot flashes, night sweats and genitourinary issues, which include vaginal dryness, painful intercourse and recurrent urinary tract infections [2].

Hormone Replacement Therapy (HRT) can help alleviate these vasomotor symptoms, prevent bone loss, reduce the risk of fractures and address genitourinary concerns. Observational studies suggest that HRT may also lower the risks of cardiovascular

disease and dementia [3]. However, the Women's Health Initiative (WHI) study raised safety concerns, indicating an increased risk of heart failure and breast cancer associated with HRT.⁴ More recent data, including age-stratified analyses, randomized trials and meta-analyses, indicate that HRT can reduce the risk of coronary heart disease and mortality when initiated shortly after menopause, while also improving the quality of life [3]. The FDA has approved HRT for treating moderate to severe vasomotor symptoms, preventing osteoporosis and managing vulvovaginal symptoms through topical formulations [5].

Additionally, menopause significantly affects the skin and hair. Estrogens play a key role in enhancing collagen production, skin thickness and elasticity while reducing oxidative stress and inflammation, all of which help maintain a youthful appearance and support wound healing [6-10]. After menopause, women often experience increased skin laxity, reduced collagen levels, diminished hair growth on the scalp and increased facial hair [11-14]. There is also a connection between circulating estrogen levels and perceptions of attractiveness and age [6,15].

Despite these dermatological effects of menopause, it is unclear whether dermatologists discuss the broader benefits of HRT with their patients. This study aims to explore the personal views, practices and recommendations of peri- and postmenopausal female dermatologists worldwide regarding HRT.

Methodology

The study involved surveying a cohort of 250 female dermatologists worldwide. In each participating country, a designated female dermatologist served as the primary point of contact for data collection. This study received approval from Andreas Sygros Hospital in Athens, Greece (No. ΑΠ 175, 26/04/2023) and adhered to the principles outlined in the Declaration of Helsinki.

Study Design and Questionnaire Development

A comprehensive questionnaire comprising 17 questions was developed to collect data on demographic characteristics, prescribing practices, perceived benefits and any associated risks communicated by the dermatologists.

Data Collection Process

The questionnaire was distributed via email to all participating clinicians, accompanied by a detailed description of the study's objectives. Participation was entirely voluntary and respondents were required to provide written informed consent before completing the survey. To ensure the accuracy and reliability of responses, the primary point of contact in each country facilitated communication, clarified queries and ensured the timely submission of completed questionnaires. Data collection took place between February and May 2023. The responses were anonymized and securely stored to maintain participant confidentiality.

Participant Inclusion Criteria

Participants included in the study were: - Female dermatologists currently practicing in their respective countries. - Individuals willing to provide written informed consent for participation. - Individuals available to complete the survey during the data collection period.

Statistical Analysis

The data were analyzed using SPSS. Descriptive statistics, including means, standard deviations and percentages, were calculated to summarize demographic characteristics and clinical practices. For inferential analysis, chi-square tests were employed to evaluate associations between menopausal status and recommendations for HRT. Logistic regression analysis was conducted to identify predictors of recommending HRT, including variables such as age, personal use of HRT and geographical region in the model. Significance was set at a p-value of <0.05.

Results

Personal Practices of Enrolled Dermatologists Regarding HRT

As presented in Table 1, within the cohort of 250 enrolled dermatologists, a substantial 66% of the female participants were aged over 50 years and a higher proportion, 65%, were in a post-menopausal state. Among this population, a notable minority of approximately 38% had opted for HRT as a therapeutic intervention, with the majority having a treatment duration of less than 5 years, which accounted for 55% of HRT users.

Fig. 1 provides an insightful visualization of the preferences among participants utilizing HRT, where a considerable majority (43%) favored pharmaceutical-based therapies. In contrast, only a mere 3% of participants used non-prescription strategies, such as herbal supplements or complementary treatments (Fig. 1). It is also worth noting that 36% of dermatologists using pharmaceutical-based HRT reported a topical combination of estradiol and progesterone as their chosen mode of administration. 36% opt for a topical estradiol, 14.4% for oral estrogen and progesterone, 5.8% for oral estrogen only (Fig. 1).

In Table 2, we provide insights into the motivations driving dermatologists to initiate HRT. We found that a substantial 73% of participants were primarily motivated by curative purposes, including addressing vasovagal symptoms (14.9%), managing sleep disturbances (12%) and enhancing skin health (11.5%). Conversely, the utilization of HRT for preventive reasons accounted for a smaller proportion, constituting only 11% of the dermatologists surveyed.

To gain deeper insights into the decision-making process of participants regarding hormonal treatment, we inquired about the reasons for not choosing HRT. As summarized in Table 3, a significant portion (19.3%) of participants expressed concerns and reservations regarding the potential risks associated with HRT. Additionally, 10.7% cited a lack of information and knowledge about this form of hormonal therapy as a key reason for not opting for HRT. It is notable that among those not currently using HRT, approximately 15% had previously undergone hormonal treatment but had decided to discontinue it for various reasons. Notably, about 20% of these discontinuations were attributed to factors such as concerns about breast cancer or experiencing adverse effects (as detailed in Table 3). These findings shed light on the multifaceted factors influencing dermatologists' decisions regarding HRT, emphasizing the significance of addressing concerns and knowledge gaps within the field.

Dermatologist's Recommendations to Their Female Patients Regarding HRT

In the second section of the questionnaire, we aimed to assess the knowledge of dermatologists regarding HRT and their practices in recommending it to patients. When queried about the potential association between HRT and breast cancer (Table 4), it is notable that approximately 78% of the dermatologists acknowledged the possibility of an increased risk. However, a closer examination of their responses reveals a complex perspective, with a substantial proportion of these dermatologists specifying certain conditions under which this risk might be applicable. About 39.4% of them attributed the elevated risk to specific patient populations, while 12.6% have pointed particular HRT products as potentially increasing the risk. Moreover, 5.1% of respondents linked the risk to a prolonged duration of HRT usage (Table 4). This nuanced understanding highlights the complex considerations made by dermatologists when discussing HRT-associated breast cancer risk with their patients.

Interestingly, when patients ask about the health benefits of HRT, a significant majority of dermatologist participants, constituting 60% of the respondents, expressed a perspective that emphasizes the benefits outweighing the risks. Only a minimal fraction, amounting to 0.4%, clearly advised against HRT use. This suggests a prominent preference among dermatologists to view HRT as a valuable treatment option for specific indications. However, despite this favorable stance, the actual frequency of HRT prescription by dermatologists remained relatively low, with only 7.8% of participants reporting its utilization in their clinical practice (Fig. 2). This contrast between dermatologists' favorable opinions regarding HRT's benefits and the relatively low prescription of HRT highlights the existence of barriers or reservations that may deter its more widespread use in the field of dermatology.

In response to the question regarding the medical specialty best suited to manage menopause-associated symptoms, the majority of respondents identified gynecologists as the primary healthcare professionals with expertise in this domain, with 87% acknowledging their role. Interestingly, 53% of dermatologists also recognized endocrinologists as being relevant in managing these symptoms. However, the role of family physicians and dermatologists in addressing menopausal symptoms was considered to a lesser extent, with 31% and 20% of participants, respectively (Fig. 3).

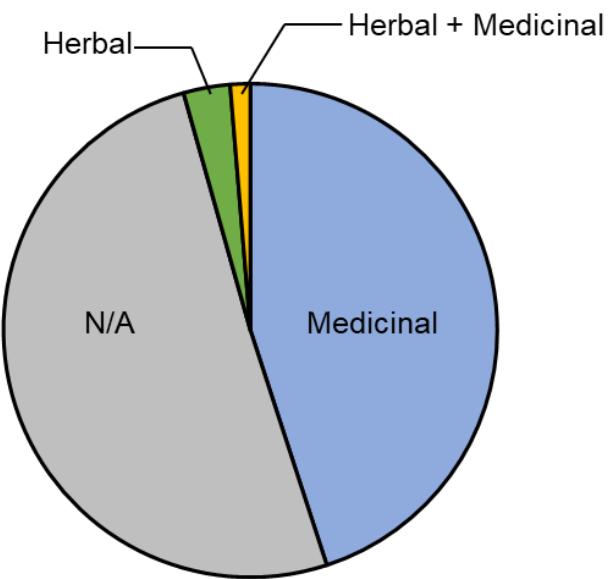
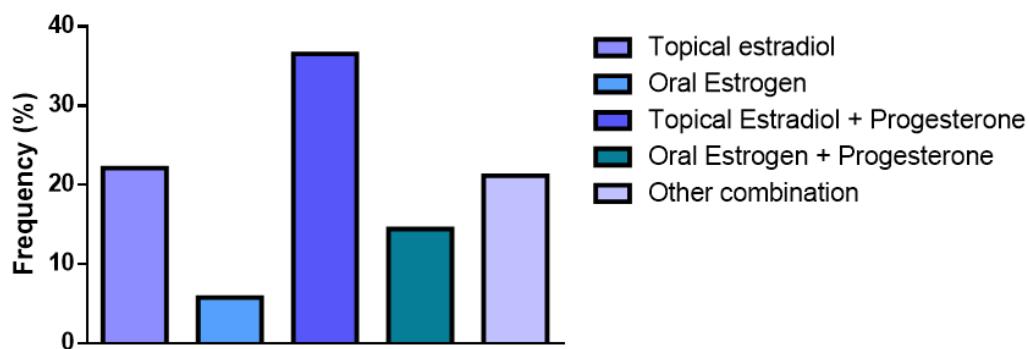
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Figure 1: Types and forms of medication used by the female dermatologist's population under HRT. (A) Categories of HRT used between medicinal and herbal strategies. (B) mode of administration of HRT in the population using pharmaceutical-based therapies, Type of Data are given as percentage of the whole population.

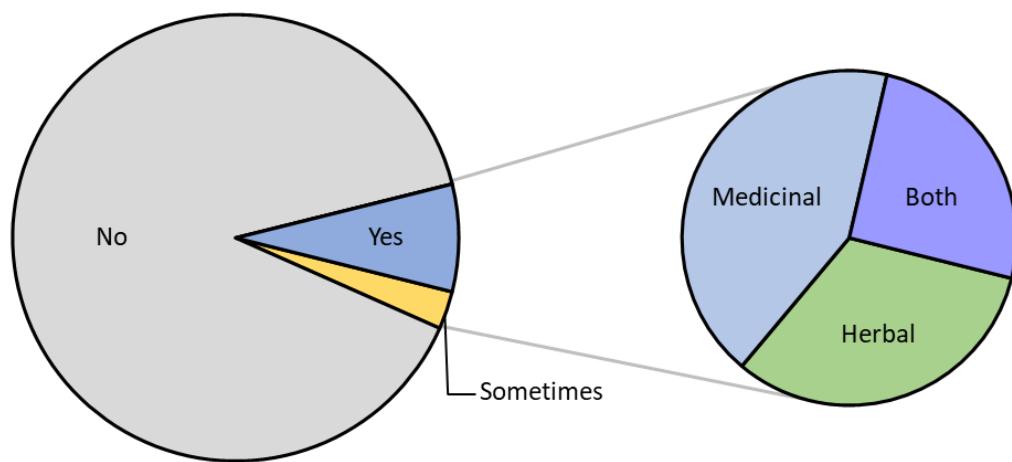


Figure 2: Frequency of HRT prescription by dermatologists and when it is the case, the type of HRT prescribed. Data are given as percentage of the whole population.

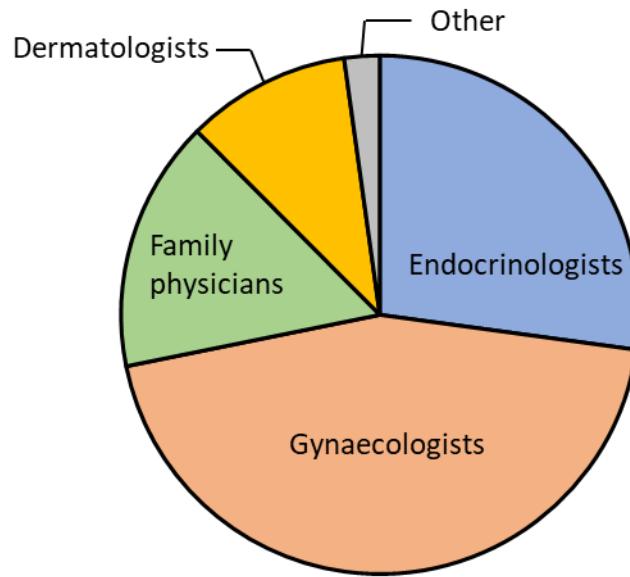


Figure 3: Frequency of dermatologist's perception about the medical specialist who should manage the menopause associated symptoms. Data are given as percentage of the whole population.

	Variable	Frequency	
Age	40-49	91	34%
	50-59	99	37%
	60-69	65	24%
	70-79	13	5%
Ethnicity	White Caucasian	195	72%
	Black or African American	2	1%
	Hispanic or Latino	10	4%
	Asian / Pacific Islander	51	19%
	Multiple ethnicity	5	2%
	Other	6	2%
Cycle	Peri-menopausal	51	21%
	Post-menopausal	158	65%
	Not sure	33	14%
HRT	Yes	103	38%
	No	165	62%
HRT duration (years)	1-5	57	55%

	6-10	15	14%
	11-15	18	17%
	16-20	8	8%
	>20	6	6%

Table 1: Female dermatologists' participating in the study characteristics and their relation to HRT.

Reasons	Frequency	
Treating vasovagal symptoms	61	14,9%
Treating genitourinary symptoms	25	6,1%
Treating sleeping problems	49	12,0%
Tense, moody, forgetful	35	8,6%
Good for bones	49	12,0%
Good for cardiovascular system	30	7,3%
Good for skin	47	11,5%
Prevent vasovagal symptoms	15	3,7%
Prevent genitourinary problems	16	3,9%
Prevent sleeping problems	14	3,4%
Prevent dementia	19	4,6%
Physician recommendation	21	5,1%
Use despite contraindication of the physician	8	2,0%
Other	20	4,9%

Table 2: Description of the answers of dermatologists under HRT to the question regarding their reasons to initiate a treatment.

If you are currently do not use HRT, did you use it in the past?			
No (85%)		Yes (15%)	
Absence of information	10,7%	No reason	14,3%
No symptoms	22,9%	No symptoms	21,4%
Minor symptoms	12,9%	Personal medical issues	7,1%
Afraid from the HRT risks	19,3%	Family/friend medical issues	3,6%
I am in risk	12,1%	Information about the risks	3,6%
Do not believe in HRT benefits	0,7%	HRT adverse effects	7,1%
Absence of scientific proof for skin benefits	0,7%	Breast cancer	14,3%
Recommendation of the physician	5%	No effect of HRT	14,3%
Other reason	15,7%	Other reason	14,3%

Table 3: Description of dermatologist's answers for the reasons of not using or using in the past but interrupting the use of HRT.

What do you think about the link between the breast cancer and HRT?	
Increases the risk	21,6%
Increases the risk in specific population only	39,4%
Increases the risk for specific HRT products only	12,6%
Increase the risk only after 10 years	5,1%
No risks	11%
Other	10,2%
If your patients ask you about health benefits of HRT, what is your answer	
No idea	22,4%
Go for it	2,8%
Advise against	0,4%
The benefits outweigh the risks for women who are not in the risk group only	42,1%
Good for skin, bones, heart, brain and soul and in most cases the benefits outweigh the risks	18,1%
To be used for 10 years and then re-evaluate the risks/benefits balance	6,7%
Other	7,5%

Table 4: Description of dermatologist's answers about their knowledge on HRT and their recommendation to patients.

Discussion

The results of this study offer valuable insights into the personal practices and recommendations of female peri- and postmenopausal dermatologists regarding Hormone Replacement Therapy (HRT). Our findings regarding the utilization of HRT among dermatologists reflect a diverse range of practices. While a significant proportion of dermatologists do use HRT, a majority of them have treatment durations of less than 5 years, indicating that they may primarily turn to HRT for symptom management rather than long-term preventive measures. This aligns with the FDA-approved indications for HRT in managing vasomotor symptoms, bone health and vulvovaginal symptoms [16].

HRT has been a conventional medical approach for managing menopausal symptoms. It involves the administration of synthetic hormones to alleviate symptoms like hot flashes and mood swings. While HRT has shown efficacy in symptom relief, concerns have arisen regarding potential risks, including an increased risk of breast cancer and cardiovascular issues [4,17]. In contrast, herbal remedies, such as black cohosh and red clover, have gained popularity as natural alternatives to HRT. Some studies suggest that certain herbal supplements may offer relief from menopausal symptoms with a potentially lower risk profile [18,19]. However, the choice of herbal-based alternatives remained very low among the participants using HRT (3%), as more research is needed to establish their safety and efficacy conclusively.

Motivations for HRT use among dermatologists are intriguing, with many opting for treatment to address vasomotor symptoms, sleep disturbances and skin health. These motivations highlight the multifaceted impact of menopause on a woman's overall well-being, including her skin and the potential role of HRT in mitigating these effects [20]. However, it is worth noting that a significant portion of dermatologists expressed concerns about the risks associated with HRT or cited a lack of information (Table 3,4). This cautious approach taken by some dermatologists may explain their unwillingness to recommend or use HRT as a treatment option in their practice.

When it comes to the patients' support, dermatologists seem to drive their recommendation about HRT use cautiously. While a substantial percentage acknowledged the potential link between HRT and breast cancer, they often qualified this risk, indicating

that it might be specific to certain populations, HRT products or prolonged treatment periods. This complex perspective reflects the ongoing debate and evolving evidence regarding the safety profile of HRT. The most striking finding is that despite a generally positive view of HRT's benefits outweighing the risks among dermatologists, the actual prescription rate of HRT by dermatologists remains relatively low at 7.8%. This discrepancy between belief and practice suggests that dermatologists may not be fully integrating HRT into their clinical approach for menopausal symptom management, despite recognizing its potential advantages.

In terms of specialty management of menopause-associated symptoms, the majority of dermatologists in our study referred to gynecologists, indicating that they may perceive menopause primarily as a gynecological concern. However, given the broader impact of menopause on skin and hair, as well as the potential benefits of HRT in addressing these issues, there may be an opportunity for dermatologists to play a more active role in discussions and recommendations surrounding HRT.

Conclusion

In conclusion, while many participant dermatologists have personal experience with menopause and recognize the potential benefits of HRT, there is a need for more comprehensive integration of HRT discussions and recommendations into dermatological practice. As menopause affects various aspects of health, including the skin, dermatologists are well-positioned to engage in informed conversations with their patients about the potential benefits and risks of HRT, empowering women to make well-informed decisions regarding the management of their menopausal symptoms. Moreover, ongoing education and collaboration among medical specialties are essential to ensure that menopausal women receive comprehensive and personalized care that addresses the diverse range of symptoms and concerns associated with this life transition. Future research and initiatives may help bridge the gap between belief and practice regarding HRT among dermatologists, ultimately improving the quality of care for menopausal women seeking dermatological expertise.

Conflicts of Interest

The authors declare no conflict of interest in this paper.

Patient Consent

Informed consent is not necessary for this work.

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We confirm that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met and that each author believes that the manuscript represents honest work.

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