

HORMONE HEALTH

Patch or Pill: Why the Route Changes the Risk

The same hormone through the skin and through the stomach are not the same treatment. Most women are never told this decision was even made.

Swipe

THE OLD ASSUMPTION

·It's Just Packaging·

A tablet or a patch looks like a formulation choice. It is not. It is the decision that shapes your risk profile more than almost anything else in the regimen.

THE MECHANISM

One Route Asks Your Liver a Question

Swallow a tablet and it passes through the liver first, changing how it produces clotting proteins. A patch delivers estradiol through the skin, largely bypassing that first pass.

THE EVIDENCE

51 Studies, One Clear Difference

A 2023 systematic review screened 1,369 papers and included 51 comparing the two routes. Bone, glucose, cholesterol, breast cancer, and cardiovascular risk: no clear difference. Blood clots: clearly different, higher with oral.

THE FAMOUS NUMBER

RR 2.03 Was Never About a Patch

The clot risk behind almost every frightening HRT headline comes from the Women's Health Initiative: 16,608 women on an oral drug, followed 5.6 years.

THE CATEGORY ERROR

Quoting an Oral Trial at a Woman Wearing a Patch

The WHI population's average age was in the sixties. Applying its findings unmodified to transdermal estradiol started at 51 is a category error.

THE GUIDELINE

2025: The Preference Is Explicit

The European Society of Endocrinology prefers low dose transdermal therapy when cardiovascular risk factors are present, and it's the preferred choice with well controlled diabetes.

THE BOTTOM LINE



Prudent Default, Not a Verdict on Everything

Bone protection works either way at adequate dose. If you have a uterus, you still need a progestogen regardless of route. The route decides clot risk, not everything else. Ask what your regimen was chosen for.