

**EMBARGOED UNTIL 12:01 A.M. EST
TUESDAY, OCTOBER 20, 2026**



**The
Menopause
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Leading the Conversation

Contact:

Eileen Petridis (epetridis@fallsandco.com)
(330) 714-8646

Combined Estrogen and Testosterone Therapy Increases Lumbar Spine Bone Mineral Density

*New study suggests synergistic effect of two hormones to offer enhanced skeletal benefits
beyond estrogen alone*

CLEVELAND, Ohio (October 20, 2026)—Bone mineral density significantly decreases during and after menopause due to dropping levels of estrogen. Historically, estrogen therapy has been prescribed to help protect bones, but a new study suggests that the addition of testosterone therapy may improve results compared with using estrogen alone. Results of the study will be presented at the 2026 Annual Meeting of The Menopause Society in San Diego October 20-24, 2026.

Research has shown that women can lose 10% to 20% of their bone density in the first five to seven years following menopause. This rapid thinning raises the risk of developing osteopenia (low bone mass) and osteoporosis (weak, brittle bones prone to fractures). There are multiple proven and effective methods to help protect bone health, including weight-bearing and resistance exercises, adequate daily intake of calcium and vitamin D, and hormone therapy.

Standard hormone therapy consists of using estrogen to significantly lower the risk of spine and hip fractures. But a new study suggests there may be a way to build on the foundation of estrogen therapy to get better results.

In the small study involving 51 women who were followed for an average of 4.1 years, participants received estrogen therapy for a mean duration of 3.5 years and estrogen and testosterone therapy for 3.1 years. Dual-energy X-ray absorptiometry (DEXA) scans were used to measure bone mineral density at baseline, after at least one year of estrogen therapy alone, and after at least one year of estrogen plus testosterone therapy.

Baseline T-scores at the lumbar spine, femoral neck and hip were compared, and it was found that estrogen therapy alone did not show significant increases in T-scores in any location. Estrogen plus testosterone therapy, in contrast, significantly increased the lumbar spine T-scores, although the T-scores at the femoral neck and hip remained stable across both therapy periods.

Based on these results, the researchers concluded that testosterone may exert a synergistic effect with estrogen on trabecular bone, especially at the spine, and may offer enhanced skeletal benefits beyond estrogen alone.

“Menopausal patients deserve treatment options that reflect the complexity of their health needs, including long-term bone health. We hope that our findings can encourage further research into how testosterone could be used safely and effectively as part of individualized menopausal care,” says Sona Davis, lead author from the Keck School of Medicine of the University of Southern California.

Details of the study will be discussed as part of the presentation entitled “Effect of Combined Estrogen and Testosterone Therapy on Bone Mineral Density in Postmenopausal Women.”

“Osteopenia and osteoporosis are major health concerns during and after menopause because they increase the risk of fractures that can significantly affect a woman's health, mobility, quality of life, and ability to live independently. Although more research is needed, studies that explore options that may help protect women’s bones during this vulnerable time are important,” says Dr. Stephanie Faubion, medical director for The Menopause Society.

For more information about menopause and healthy aging, visit www.menopause.org.

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women’s health and healthcare experiences. To learn more, visit menopause.org.