last 2 quarters of 2002 was significantly lower than that predicted by the model (P < .001).

The number of new users of ERT increased steadily until the publication of the HERS study, after which it began to decrease. However, the decline in the number of new users accelerated in the third quarter of 2002, with the number of new users in this quarter being significantly less than that predicted by the model (P = .02).

Comment. In the 2 quarters following the publication of the WHI study, we found a large decline in both the prevalence of ERT use among elderly women and in the number of incident users of ERT.

Although our study was limited to women older than 65 years, our data include all elderly women in Ontario. This limitation is also balanced by the fact that women aged 65 years or older are postmenopausal and thus unlikely to be taking ERT for symptom relief. Unfortunately, we were unable to determine whether the decline in use of ERT was physician- or patient-initiated. Nonetheless, we found that a well-publicized large clinical study may be associated with changes in medication prescription and use.

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