Following American randomised controlled epidemiologic studies (HERS, WHI), regulatory authorities have advised that postmenopausal hormone therapy, using minimal effective dosages, is indicated for the first line treatment of climacteric symptoms during a limited, and problem-related period of time, and for second line prevention of osteoporosis when a non-hormonal treatment cannot be used. Observation of a discrete increase in cardiovascular and breast cancer risk in hormone users currently appears to partly justify this rather strict attitude. We report here results of studies concerning a new continuous combination regimen (Angeliq), associating a "half-dose" estrogen (estradiol 1 mg/d) with potentially less thrombogenic impact than a standard (2 mg) dose, and the new progestin drospirenone (2 mg/d). The latter demonstrates a high level of endometrial safety as well as unique antialdosterone properties (reduction of symptoms related to water retention; potential cardioprotective effects) and consistent antiandrogenic properties, useful for both metabolic and clinical issues. Accordingly, Angeliq constitutes a new therapeutic approach, in good agreement with updated guidelines related to hormone replacement therapy.