

## Hormone Replacement Therapy

This leaflet is designed to summarise the main points that would be covered in a discussion of the possible benefits and risks of HRT with your health professional.

### What is HRT?

Most menopause problems are due to the fall in levels of estrogen. HRT replaces the estrogen. However, giving estrogen alone can be harmful to the lining of the uterus (womb). Women who have not had a hysterectomy need a second hormone called a *progestogen* to balance the effects of estrogen. Progestogens are like the female sex hormone progesterone.

**Women who have had a hysterectomy can take estrogen only HRT.**

**Women who have NOT had a hysterectomy need combined estrogen and progestogen HRT.**

### HRT around the time of the menopause

Often women notice symptoms several months or years before their periods stop. This time is known as the **peri-menopause**.

You do not need to wait for periods to stop before taking HRT.

The best option for most women is **monthly cyclical HRT** – estrogen every day with progestogen added for 12-14 days each month. This gives a monthly period-like bleed.

Women with infrequent periods or who experience side effects from progestogens may prefer **long cycle HRT** - estrogen every day with progestogen added for 14 days every 3 months. This gives a bleed every 3 months.

### HRT after the menopause

One year after the menopause many women prefer to switch to **continuous combined HRT (no bleed HRT)** - estrogen and progestogen given every day.

*Tibolone* is a no bleed form of HRT. It is a drug with similar effects to both estrogen and progestogen and testosterone which can be helpful if loss of sexual desire is a problem.

### HRT delivery systems

Tablet taken daily by mouth  
Skin Patch Changed either twice or once a week

Estrogen and progestogen can be given by tablet / patch

Gel Rubbed into the skin.  
Spray onto inner forearm  
Implants Small pellets placed under the skin of the abdomen about every 6 months (however availability of implants is limited)

Only estrogen can be given by gel, spray or implant. Progestogen if needed is given by oral tablet, vaginal tablet/gel or intrauterine system (IUS)

## Benefits of HRT

### Short term

- Reduces **vasomotor symptoms** (e.g. hot flushes, night sweats)
- Improves **psychological symptoms** (e.g. low mood, anxiety), quality of life
- Improves **muscle and joint pains**
- Can improve **sexual problems** including interest, arousal and pain (*although androgen in the form of oral tibolone or transdermal testosterone may also be needed for desire, arousal or orgasm problems*)

### Long term

- Reduces **urogenital symptoms** (dryness, soreness of vagina, bladder)
- Stops bone loss, reduces **fracture risk**, maintains **muscle mass and strength**
- Reduced risk of **diabetes**
- Reduced risk of **bowel cancer** (combined HRT)
- There doesn't appear to be an increased risk of **coronary heart disease** (angina, heart attacks) in women using HRT at any age
- Indeed, there is likely to be a lower risk of **coronary heart disease** in women who start HRT aged under 60 or within 10 years of the menopause

## Risks of HRT in Perspective

### **Breast Cancer**

This not uncommon condition concerns women, however the slight increased risk on HRT needs to be taken into perspective with bigger risk factors e.g. being overweight and risk reducing factors e.g. regular exercise.

Five years combined HRT use between ages 50-59 increases the risk from about 26/1000 in non-HRT users to 40/1000 in HRT users.

Put another way, this means that 960/1000 women taking combined HRT for 5 years **will not** get breast cancer.

Combined HRT with certain types of progestogen in them e.g. dydrogesterone, micronized progesterone may have a lower risk.

Five years estrogen only HRT use between ages 50-59 increases the risk from about 26/1000 in non-HRT users to 30/1000 in HRT users.

Put another way, this means that 970/1000 women taking estrogen only HRT for 5 years **will not** get breast cancer.

The risk of breast cancer increases with age and longer-term use of HRT.

The small extra risk of breast cancer reduces over the next decade after stopping HRT.

Women with a family history (but no known BRCA gene) have an increased background risk but taking HRT does not have a significant effect on their background risk.

More than 2/3 women with breast cancer are cured.

HRT taken before the natural age of the menopause does not increase the risk of breast cancer.

All women should be aware of any changes that occur in their breasts and report them to their doctor.

### **Venous thrombosis (blood clot on leg or lungs)**

Each year less than 1/1,000 non HRT users aged 50-59 will develop deep vein thrombosis. The risk increases to 1/300 by age 80.

Combined oral HRT tablets double the risk and is most likely in the first year of use.

Combined oral HRT with certain types of progestogen in them e.g. dydrogesterone, micronized progesterone are thought to have a lower risk.

Oestrogen only HRT tablets have a much smaller effect on the risk of venous thrombosis.

Transdermal HRT (patches/gel) does not increase the risk of venous thrombosis.

Symptoms include painful swelling usually in the calf of one leg, rarely breathlessness, chest pain.

### **Stroke**

Five years oral HRT use between ages 50-59 increases the risk very slightly from about 4/1000 in non-HRT users to 5/1000.

Combined HRT with certain types of progestogen in them e.g. dydrogesterone, micronized progesterone may have a lower risk.

Transdermal (patch/gel) HRT does not increase the risk of stroke.

### **Endometrial (lining of womb) Cancer**

Over a 5 year period 3/1000 women not on HRT develop endometrial cancer.

There is a slight increased risk with 5 years use of cyclical combined HRT and Tibolone and a reduced risk with continuous combined (no bleed) HRT.

Symptoms include vaginal bleeding after the menopause or change in bleeding pattern before the menopause or if on HRT.

### **Ovarian cancer**

The background incidence in women aged 50-69 is about 1 per 2500.

Studies vary in conclusion but there may be a slight increased risk.

Symptoms are non-specific and include bloating, feeling generally unwell and loss of appetite.

### **Gall Bladder problems**

HRT increases the risk (as does pregnancy and the combined contraceptive pill).

Symptoms include upper abdominal discomfort or pain especially after fatty meals.

## Possible side effects of HRT

Side effects can include breast pain / tenderness, bloating, nausea, headaches, leg cramps, indigestion, mood swings, acne.

Side effects usually disappear after 2-3 months.

If they don't, your doctor might suggest trying a different HRT preparation.

### Bleeding

If bleeds on cyclical HRT are heavy, longer than usual, irregular, or painful, see your doctor to check out the cause and possibly try a different HRT.

Irregular bleeding or spotting can occur during the first 3-6 months with continuous combined 'no bleed' HRT. Tell your doctor if you get bleeding after this time.

### Weight

Studies repeatedly show that *HRT does not cause weight gain*.

## How long should you take HRT?

**Premature ovarian failure or early menopause under age 45:** - take at least until age of natural menopause (age 51) to avoid the increased risk of osteoporosis and heart disease.

**To relieve menopause symptoms:** - consider taking for up to 5 years but there is no arbitrary limit. Symptoms may return for a short while after stopping but settle in 50%. Consider restarting if persistent symptoms return.

**Prevention or treatment of osteoporosis:** - HRT is beneficial for women under age 60 particularly while menopausal symptoms are present but is not the first choice in women over 60 without menopausal symptoms.

## Don't Forget...

the importance of healthy eating, exercise, stopping smoking, limiting alcohol intake and managing stress (please see our other leaflets).