NHS
Dumfries
& Galloway

Hormone Replacement Therapy

Information leaflet

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What is H.R.T.?

H.R.T. is hormone replacement therapy, which is designed to counteract the effects of reduced estrogen levels. It mainly consists of natural, low dose estrogen and can be taken as a daily tablet, a weekly or twice weekly patch, daily gel, vaginal tablet, vaginal cream, pessary or ring or a 6 monthly implant. Most people start with tablet form of HRT but non-tablet form can be used: -

a) If the woman prefers another option.

b) If there are specific medical problems for which non-tablet form is advisable.

c) If estrogen deficiency (menopausal) symptoms are not controlled with tablet therapy.

Hormones involved

1) Estrogen – should be given continuously

2) Progestogen – given in addition to estrogen to women who have **not** had a hysterectomy.

For women in whom the uterus (or womb) is present, a progestogen is added to reduce the risk of estrogen causing thickening of the endometrium (lining of the womb). Progestogen can be taken in tablet form, by patch, vaginal gel, or by using the progestogen-releasing intrauterine system – (Mirena coil). The duration and frequency of the progestogen determines the presence and pattern of bleeding. A progestogen is usually unnecessary in women who have had a hysterectomy, when estrogen alone is used.

Risks and Benefits of H.R.T.

Benefits of HRT

The two current licensed indications for prescribing HRT are:

1) Relief of menopausal symptoms

2) Prevention / treatment of osteoporosis

Symptom relief
Systemic HRT can be very effective in relieving menopausal symptoms and currently is the most effective treatment available, reducing symptoms by 70-80%. If HRT is taken for symptom relief after the age of 50, then it would be worthwhile considering stopping it every 2-3 years to determine whether or not treatment is still required. If symptoms return, HRT can be restarted after discussion of the risks and benefits. If HRT is commenced following an early menopause, (before the age of 45), then it should be continued at least until the age of 50 for both control of any symptoms and bone protection.

Osteoporosis
Systemic HRT has also been shown to be beneficial in the prevention and treatment for women who have or are at risk of osteoporosis. Many studies have shown HRT to improve and prevent loss of bone density and can reduce the risk of fracture.

It is particularly important for women with an early menopause who have an increased risk of osteoporosis, and for older ladies with osteoporosis who still have menopausal symptoms.

Risks of HRT

Risks associated with HRT include an increased risk of breast cancer, blood clot, and possibly cardiovascular disease. For many women the benefits outweigh the risks, but for some women, alternative treatments for either symptom control or bone protection may be recommended.

Breast cancer
Current opinion is that HRT taken for 5 years does not significantly increase the risk of breast cancer, but studies have shown a small increased risk after 5 years of HRT.

The type of HRT taken affects risk. Women taking estrogen only HRT **do not** appear to have an increased risk of breast cancer for up to 7 years of use after the age of 50.

Several studies have shown that estrogen combined with progestogen may have a greater risk than estrogen alone, however progestogen is still recommended for women who have a uterus, to reduce the risk of endometrial cancer.

Figures of increased risk are often quoted as: -

- **For women aged 50 - 70, breast cancer is thought to affect 45 per 1000**
- **If HRT is taken for more than 5 years, this figure increases to 47 per 1000**
- **HRT taken for 10 years, figure increases to 51 per 1000**
- **HRT taken for 15 years, figure increases to 57 per 1000**

The Women's Health Initiative (WHI) trial showed an overall risk of an extra 4 cases per 1000 women when combined HRT (estrogen + progestogen) was taken for 5 years after the age of 50.

If HRT is commenced at a young age because of a premature menopause, then the use of HRT up to the age of 50 does not increase the risk of breast cancer any more than in women who continue to have periods up to the age of 50. Additional risk only applies if HRT is taken for more than 5 years after age 50. By 5 years after stopping HRT, the risk returns to whatever is normal for each woman.

Other known risk factors for breast cancer include obesity, excess alcohol and smoking.

Clotting problems

HRT has been shown to cause a small increase in the risk of blood clots (e.g. deep vein thrombosis) of 1.5 extra per 10,000 women per year from a baseline of 3-4 per 10,000 women aged 50 to 59 per year. If there is a family history of blood clots, appropriate investigations may be carried out and fully discussed. For some women who have had a blood clot, it may be advisable to avoid HRT. If there is a reason for using HRT, a non-tablet preparation should be considered under the guidance of specialist advice.

Cardio–vascular disease

For many years it was thought, from the results of studies, that HRT significantly reduced the risk of heart disease and stroke. However further studies have shown a small increased risk of heart attack and stroke, though the risk is affected by age at which HRT is commenced, the type of HRT, and the presence of other risk factors. If HRT is commenced in women who already have furring of the blood vessels (atherosclerosis), there may be a small increased

risk of heart attack but using HRT in the early menopausal years for the control of symptoms is very unlikely to cause problems and may in fact be beneficial in terms of heart disease. It appears that there may be a "window of opportunity" whereby HRT started early may be protective of heart disease. However, at the moment HRT should not be taken **purely** for presumed benefit for the heart.

Endometrial cancer

Giving estrogen only HRT to women who still have a uterus can increase the risk of endometrial hyperplasia (thickening of the lining of the womb), and endometrial cancer. Daily estrogen combined with progestogen given for 10-14 days per month (sequential HRT) reduces this risk and estrogen combined with daily progestogen (continuous combined or period free HRT) eliminates this risk.

Balancing the risks and benefits

The risk/benefit balance of HRT varies between women and for each woman, from year to year depending on presence or not of symptoms, other medical history and number of years that HRT has been taken.

Generally though, if you become menopausal early (before age 45) or prematurely (before age 40), the benefits of taking HRT up to at least age 50 far outweigh the risks. If you are under 60 and having menopausal symptoms, the benefits also outweigh the risks.

Side effects

Bleeding

For women who are still having some periods when HRT is started, HRT is given in a way in which monthly bleeds will continue. In some cases, if the periods have been infrequent, the bleeding can be reduced to once every 3 months. Heavy or irregular bleeding in the first few months of treatment is quite common and usually settles. If not, the HRT can often be changed to help the problem.

For women who have not had a period for more than 1 year, or who are aged 54 or over, HRT can be given in a way that monthly bleeds do not resume. Irregular bleeding may occur in the first few months of treatment but should have stopped by 6 months. This type of HRT is known as **"period-free**" and in the appropriate situation, can offer the benefits of HRT without the nuisance of the monthly bleed, and is thought to be safer in its effect on the lining of the womb in the longer term.

Fluid Retention

This is very closely related to weight gain, but can be aggravated by HRT. Fluid retention can cause bloating (particularly at night), ankle swelling, facial swelling, headaches, leg discomfort and breast tenderness. If possible, losing weight can help, but sometimes the dose or type of HRT may need to be changed if the problem persists beyond the first few months of treatment.

Weight Gain

This is often greatly feared by patients. In fact, weight gain around the time of the menopause is very common. HRT does not generally cause significant further weight gain.

Pre-menstrual Syndrome

PMS type symptoms can occur with HRT when the progestogen is taken for part of each month (the preparations which cause a monthly bleed). These symptoms can often be helped by changing the preparation to one using a different progestogen, or by giving the progestogen by a different route. PMS can sometimes worsen in the few years before the menopause due to the changing hormone levels. Some types of HRT can help this.

Conclusion

HRT is neither necessary nor appropriate for every woman, but for many women, HRT can provide significant benefits both for relief of distressing symptoms and / or prevention / treatment of osteoporosis. The majority of women who take HRT do not have troublesome side effects but for those who do, adjustments can be made and many different treatment options are available.

It is very important for the type and duration of treatment to be individualized, taking into consideration symptoms, past history and family history, and balancing risks against benefits.

Useful Contact numbers / Addresses: -

Dumfries based Helpline - 01387 241121
Sister K Martin, Menopause Nurse Specialist
Thursday mornings 9am to 12 noon
(Gives advice / information about menopause, HRT, alternatives, and osteoporosis).
Website - www.menopausematters.co.uk

British Menopause Society
www.thebms.org.uk

Women's Health Concern Ltd. 4-6 Eton Place,
Marlow, Buckinghamshire. SL7 2QA
Nurse counselling service: 0845 123 2319
www.womens-health-concern.org

National Association for Premenstrual Syndrome (NAPS)
41 Old Road, East Peckham, Kent TN12 5AP
Telephone – 0870 777 2178 (Office)
0870 777 2177 (Helpline)
Website - www.pms.org.uk

The National Osteoporosis Society
Camerton, Bath BA2 0PS
Telephone – 0176 147 1771 (Office) 0845 450 0230 (Helpline)
Website - www.nos.org.uk

Daisy Network
PO Box 183, Rossendale, BB4 6WZ
www.daisynetwork.org.uk
(Daisy Network is a registered charity for women suffering premature menopause)

This information is also available on request in other formats by phoning 01387 241053.

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