

HRT

RFQs

- What symptoms do you have and how are they affecting your quality of life?
- Have you had a hysterectomy?
- Do you have a family history of breast cancer or clots in the legs or lungs (deep vein thrombosis or pulmonary embolus)?
- Do you have recurrent urinary tract infections or stress incontinence?
- How is this affecting your relationships?

Provide

Options for HRT

Menopause 1 year since last period without hormones

FSH only if <45 or using progestogen. When FSH x2 >30 stay on contraception for 1 year if over 50, 2 years if under 50.

contraception - eg IUS (if amenorrhoea still or fitted after 45 can stay for 7 years)

Use progestogen if endometriosis (even after hysterectomy for 1 year +)

Sequential to treat menstrual irregularity and very heavy periods

Vaginal irritation/ sexual issues, frequent UTIs (50% reduction) and stress incontinence (20-90% improvement)

0.01% vaginal estriol safe to use lifelong (no evidence of risk in breast cancer or DVT)
consider estring for elderly in nursing homes with urinary symptoms (leave for 3 months)

Mood with flushes - HRT or CBT

All other forms protect against osteoporosis.

transdermal safest options, eg estradot 25, 2 squirts of 0.6% estradiol gel (sandrina)

Use Transdermal if patient prefers, poor symptom control with oral, bowel disorder - impaired oral absorption, FH DVT, BMI >30, high blood pressure, migraine, enzyme inducers, gallbladder disease, stroke. Hypertriglyceridaemia.

no increased risk of VTE,

Low dose unless premature ovarian failure (<40). Consider testosterone for bilateral oophorectomy.

Oestrogen only oral - increases VTE, (no increase of CVD) but small increase stroke (x1.5)

Combined oral no risk or small risk of CVD and small increase risk stroke (x1.5)

small risk breast cancer with combined patch, not with oestrogen only. Risk reverts after stopping.

Review after 3 months. Then annual review. Benefits outweigh risks until 60. Then no arbitrary age at which to stop
phytoestrogens same risks but unregulated
some evidence for black cohosh but probably placebo

Benefits of HRT

- Reduction of vasomotor symptoms. Relief of vaginal dryness and improved sexual function.
- Improved sleep, joint pain and quality of life. Improved bone mineral density and reduced fracture risk.
- HRT may improve psychological symptoms e.g. depression and anxiety.
- Other possible benefits include the reduction in risk of colonic cancer, dementia/Alzheimers, prevention of diabetes, macular degeneration and cataract formation, with improved dentition and skin healing - these are still controversial and not seen as indications.

Risks of HRT

Breast Cancer

Women under the age of 50 on HRT are at no extra risk of breast cancer than they would be if their ovaries were working normally.

There may be a small increase in breast cancer in women who use HRT long-term.

This is mostly confined to women on combined HRT (not in women on oestrogen alone).

There will be 3 extra cases of breast cancer per 1000 women who use combined HRT (aged 50-59) per 5 years of use.

Ovarian Cancer

Studies are conflicting. If there is a risk it is very small. If 2,500 women take HRT for 5 years, there would be 1 extra case of ovarian cancer.

Endometrial Cancer

Giving women HRT oestrogen alone, if they have a uterus, increases their risk of endometrial hyperplasia and cancer. The addition of progestogen greatly reduces this risk. Continuous combined HRT gives better endometrial protection than cyclical HRT. Women should be converted to a continuous combined ("no bleed") preparation within 5 years of starting HRT where possible.

Venous Thromboembolism

The background risk of VTE in middle-aged women is low (5 per 10,000 women years). Oral HRT may increase the risk 2-3 times, but the risk is still small. Patches appear to be safe.

Cardiovascular Disease

Final analysis of the WHI study showed no increased risk of ischaemic heart disease (IHD) in women on oestrogen-only HRT. In fact there was a reduced risk compared to placebo.

IHD risk was only increased in women who started HRT over the age of 60. There may be a "window of opportunity" where HRT is started i.e. it confers benefit not harm.

See: Berkshire West CCGs HRT formulary and treatment guidance

Safety net:

Combined HRT increases your risk of breast cancer in the medium to long term. 3 extra women will be diagnosed with breast cancer for each 1000 women using combined HRT for 5 years. You might prefer to use HRT to control your symptoms for a period of a few months or a year or so. The risks of doing that would be very small.

Oestrogen only HRT does not appear to increase your risk of breast cancer.

Oral HRT increases your risk of clots. 5 or 10 extra clots will happen if 10,000 women use oral HRT for 1 year. Patches appear to be safe. Also there is a tiny increased risk in strokes with oral HRT (x1.5 - with a very low background risk).

Vaginal oestrogen appears to be very safe.