



Benefits of HRT

Risks of HRT

Reduction of flushes (vasomotor symptoms).
 Improved sleep, joint pain and quality of life.
 Relief of vaginal dryness and improved sexual function.
 Vaginal oestrogen is an effective treatment for frequent UTIs in this age group (50% reduction) and stress incontinence (20-90% improvement after the menopause)
 (There is no evidence of an increased risk in breast cancer or DVT with vaginal oestrogen or with oestrogen only 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, or more, extra cases of breast cancer per 1000 women who use **combined HRT** (aged 50-59) per 5 years of use.
 Most evidence suggests that there is no additional risk of breast cancer for women taking oestrogen alone.

Improved bone mineral density and reduced fracture risk.



Clots: Patches appear to be safe.

Clots: Venous Thromboembolism
 The background risk of clots 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 and gels appear to be safe.

HRT may improve psychological symptoms e.g. depression and anxiety.



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.

Many comment that HRT helps them with their brain fog and aches and pains, making it potentially a useful option for women with fibromyalgia. Other unproven benefits include a possible reduction in risk of colonic cancer, dementia/Alzheimers, prevention of diabetes, macular degeneration and cataract formation, with improved dentition and skin healing - these are very controversial and are not seen as indications.

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.

Options for HRT - Notes for clinicians

Menopause means that you have not had a period for more than a year (without hormones)

Only check the FSH level if the patient is less than 45 or if they are using progestogen.

When FSH x2 is greater than 30: stay on contraception for 1 year if over 50, 2 years if under 50.

Continue to offer contraception - for example the intrauterine system (Mirena) (If amenorrhoea persists, or if it was fitted after 45: it can stay for 7 years)

Use a progestogen if there has been endometriosis (even after hysterectomy for 1 year +).

If the periods are irregular or very heavy sequential HRT can be tried to treat these problems too.

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

0.01% vaginal estriol is safe to use lifelong (no evidence of risk in breast cancer or DVT).

Consider using estring for elderly patients (eg in nursing homes) with urinary symptoms (replace every 3 months).

For Mood problems with flushes offer HRT or CBT

All other forms (not vaginal) protect against osteoporosis.

Transdermal products are the safest options, eg estradot 25 or 2 squirts of 0.06% estradiol gel (or sandrina)

Use Transdermal if the patient prefers, has poor symptom control with oral, or has a bowel disorder - and therefore impaired oral absorption, or if there is a family history of DVT, BMI >30, high blood pressure, migraine, enzyme inducing medications, gallbladder disease, stroke, or hypertriglyceridaemia.

There is no increased risk of clots (VTE) with transdermal.

Use low doses unless there has been premature ovarian failure (<40). Consider testosterone if has had a 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)

Review after 3 months. Then annual review. Benefits outweigh risks until 60. Then no arbitrary age at which to stop

(Phytoestrogens have the same risks but are unregulated!) There is some evidence for black cohosh but it is probably just a placebo.

See: Berkshire West CCGs HRT formulary and treatment guidance