

Hormone Replacement Therapy (HRT) – Information leaflet (Crown Street Surgery)

HRT is a treatment that is prescribed by your doctor that replaces some of the hormones lost during menopause and beyond. Specifically the Oestrogen and Progesterone hormones. It is used to relieve the symptoms that women experience during menopause. If early menopause has occurred then it is often recommended that HRT is taken until the individual has reached the natural age for menopause so as to maintain and protect heart and bone health during this time.

Recently, there has been a vast amount of media attention surrounding HRT, its uses and the risks and benefits of the treatment. The aim of this leaflet is to explain the key points surrounding HRT and inform the reader of any associated risks.

Menopause

To fully understand HRT, it is important to be aware of the menopause and its symptoms. Menopause is when a woman stops having her periods and it usually occurs between the ages of 45-55 years, although it can happen earlier or later. Specifically, it is defined as when a woman has not had periods for 12 consecutive months.

Perimenopause

Another aspect that is important to understand is perimenopause. Perimenopause is the period of time that leads up to “Menopause” where symptoms of menopause are often experienced but a woman still has periods. The duration of time that this lasts varies between people but can last anywhere from months to years. During this time your periods may change and become irregular. If you have noticed any new symptoms (as outlined below) then you should book an appointment to see your GP in this time so that you can seek help and have a discussion regarding your symptoms.

Symptoms of Menopause

Symptoms can start a few years before a woman’s last period and can vary greatly between individuals, however, some of the more common symptoms include:

- Hot Flashes
- Night sweats,
- Vaginal dryness
- Palpitations
- Changes in libido (Sex Drive)
- Memory and concentration problems
- Changes in mood (Low mood, anxiety)

Why does it occur?

Menopause occurs as a result of a reduction in the level of one of our bodily hormones, Oestrogen. Around the time of menopause the ovaries stop releasing eggs on a monthly basis. Because of this, Oestrogen levels decline and we start to experience some symptoms of the menopause.

However, some women will experience symptoms of menopause earlier (Premature menopause). This may be due to having surgery to remove the ovaries (oophorectomy) or to remove the uterus (hysterectomy), in addition to radiation and chemotherapy

What is HRT and why take it?

HRT consists of Oestrogen which aids with management of menopausal symptoms. However, in women who still have a womb (Uterus), Progestogen should also be given to reduce the risk of oestrogen thickening the lining of the womb (Endometrium). It should be noted that in women who have had their womb (uterus) removed, Progestogens are not required.

HRT can be taken through various forms and routes and the most appropriate method can be discussed with your doctor and tailored individually. It can be given as a patch, tablet, gel or implant. HRT can help alleviate symptoms of the menopause and can prevent and treat osteoporosis. For the majority of women going through menopause it is a matter of personal choice, however, in some women who are experiencing premature menopause for the reasons listed above it would be essential.

Benefits

The most significant reason to take HRT is the reduction and management of menopausal symptoms. People generally feel the effects quite soon and respond well to treatment. In addition to the improvement in menopausal symptoms, it also acts as a protection mechanism against osteoporosis.

It is important to note that given the various types and ways of taking HRT, it can take around 3 months of commitment to a particular method and dose to be able to see whether or not it was effective. If after this time period symptoms persist then a different dose and preparation can be given.

Regimen of HRT?

This usually depends on whether a woman is perimenopausal, postmenopausal, the route of administration and what your specific wishes.

Combined HRT (Oestrogen and Progestogen) can be prescribed as:

- 1) Monthly cyclical regimen – Oestrogen is taken daily and progestogen is given at the end of the cycle for between 10-14 days (Depending on the specific type of progestogen).
- 2) 3 Monthly cyclical regimen – Oestrogen is taken daily and progestogen is given for 14 days every 13 weeks.
- 3) Continuous combined regimen – Oestrogen and progestogen are both taken daily.

Oestrogen only HRT is usually also taken every day without a break

Who can take which regimen?

For Perimenopausal women a monthly or 3 monthly regimen may be used.

For postmenopausal women a monthly, 3-monthly cycle or continuous combined regimen can be used.

Contraindications to taking HRT?

You should discuss with your doctor if you have any of the following:

- History of blood clots (DVT, Stroke, PE)
- Current, past or suspected gynaecological or breast cancers
- Liver disease or abnormal liver tests
- Pregnancy
- Poorly controlled high blood pressure
- Thrombophilic disorder

Side effects

Side effects with HRT are not very common however in the first few weeks some people may develop:

- Breast tenderness or discomfort
- Leg cramps
- Feeling sick (nausea)
- Indigestion or bloating
- Vaginal bleeding
- Weight gain

Side effects usually pass in the first few weeks and you can do some things yourself to try and help with the side effects:

- Doing regular exercise and stretching to aid with the cramps
- Taking oestrogen with food which may help settle the feeling of indigestion, bloating and nausea
- Eating a lower fat diet with higher carbohydrates

If the side effects persist then you can have a discussion with your GP and it may be recommended that the way you take the Oestrogen is changed.

Risks?

Many studies in the past few years have been published and there is a lot of research going on around HRT. Through all of this, recent evidence shows that the risks of HRT are small and are generally outweighed by their benefits.

Breast cancer: There is little to no change in the risk of breast cancer on Oestrogen only HRT. Combined HRT can be associated with a very small increase in the risk of developing breast cancer however this increase is linked to how long HRT has been taken for and it falls after you stop HRT. Specifically, studies have shown that in women who do not take HRT in the ages of between 50-75 years, the risk of developing breast cancer is 45 in 1000. In women who take HRT it is 47 in 1000. This is an increase in 2 in 1000 over 5 years.

Owing to this small increase in risk, it is very important that all follow up appointments and breast cancer screening appointments are attended.

Blood Clots: There is no increased risk of blood clots with HRT patches or gels. HRT tablets can increase risks of blood clots however this risk is also small. In someone not taking HRT their risk is around 1 in

10,000 women per year. With women who take HRT it is 3 in 10,000 women per year. This is mainly for the initial few months and drops a bit after around a year on HRT.

Heart Disease and Strokes: In general, if HRT is commenced soon after menopause and when under 60 years, it can actually protect against cardiovascular disease. However, some studies have shown there is a slightly increased risk if taking HRT, of heart attack and stroke, particularly in women with pre-existing heart disease. Again the figures for this are quite small and in women taking HRT it equates to an extra 7 in 10,000 women per year having a heart attack and an extra 8 in 10,000 women per year having a stroke. This is very low and is only 0.1% higher than those women not on HRT.

Ovarian Cancer: If you have had your ovaries removed (oophorectomy) then you do not need to worry about ovarian cancer. Studies have shown however that there is a marginally raised risk for ovarian cancer in women taking oestrogen. However, oestrogen taken with progestogen are not at as much of an increased risk.

Alternatives

Lifestyle measures such as:

- Regular exercise to improve sleep and reduce hot flushes. It can also boost mood and keep bones strong.
- Having a healthy balanced diet to keep bones strong and maintain a healthy weight
- Give up smoking which will reduce menopausal symptoms and reduce the risk of heart disease, stroke and cancer
- If you experience vaginal dryness then you can purchase lubricants from the pharmacy

Other medications are available but do not have as great a benefit as HRT. Some types of herbal remedies have also been suggested, however there is not as strong of an evidence base as there is for the use of HRT.