

HRT

What is it?

Hormone replacement therapy (HRT) replaces hormones that your ovaries no longer produce after the menopause^{1,4}. The loss of oestrogen and progesterone causes symptoms, such as hot flushes and vaginal dryness^{1,4}. By reintroducing low doses of these hormones, HRT helps to relieve these symptoms^{1,4}.

If you've gone through the menopause, and have, or are at risk of osteoporosis, your GP may prescribe HRT for longer-term prevention if other treatments aren't suitable^{1,4}. You can take HRT in tablets or implants under the skin, patches, and as a nasal spray^{1,4}. To ease symptoms in the vaginal area, you can use a cream, pessary, or vaginal ring containing oestrogen⁴.

There are three main types of HRT⁴:

1. Oestrogen-only HRT is recommended for women who have had their ovaries and womb removed.
2. Cyclical or continuous sequential HRT is recommended for women who have had a natural menopause, or who are approaching the menopause but are still having periods and menopausal symptoms. Cyclical HRT contains oestrogen and a progestogen - a form of progesterone, and will produce regular bleeding.
3. Continuous combined or period-free HRT is recommended for women who are post-menopausal. It contains similar hormones to cyclical HRT but doesn't cause regular bleeding.

Oestrogen used in HRT is taken from plants or from the urine of pregnant horses, while the progesterone is a synthetic version of the hormone progestogen⁴. There is much evidence showing that HRT is the most effective treatment for relief of menopause symptoms^{1,4}. It can make a great difference to women who find their symptoms affect the quality of their life^{1,4}.

Benefits include²:

- Relief from hot flushes
- Improvement in sex drive
- Relief from vaginal dryness, urinary frequency or urgency and recurrent urinary tract infections.
- Protection from osteoporosis
- Reduced risk of cancer of the colon and rectum.

Risks

There has been a great deal of negative press about HRT after a US study was stopped in 2002 because it showed that older women taking HRT had an increased risk of heart attack, stroke and breast cancer^{1,2,3,4,5}.

Several more studies followed, including the UK Million Women Study showing an increased risk of endometrial (lining of the womb) cancer and ovarian cancer¹. They also showed that different types of HRT have differing effects on the risk of cancer¹.

If you take HRT, then you have a small increased risk of developing:

Breast cancer

- Combined HRT increases breast cancer risk more than the oestrogen only HRT⁵.
- Women taking combined HRT have double the breast cancer risk of women who don't take HRT⁵.
- The longer you take HRT, the more your breast cancer risk increases⁵. Your risk returns to normal within five years of stopping taking it⁵.
- For women not using HRT aged between 50 and 65, about 32 in every 1000 are expected to be diagnosed with breast cancer⁴. For women who use HRT (oestrogen and progestogen) aged between 50 and 65, an extra six in 1000 breast cancer cases will be diagnosed after five years on HRT, and an extra 19 in 1000 after ten years on HRT⁴.

Endometrial cancer

- Oestrogen only HRT can increase your risk of endometrial cancer⁵.
- Your doctor won't give you oestrogen only HRT unless you have had a hysterectomy⁵.
- Combined HRT doesn't increase the risk of endometrial cancer⁵.

Ovarian cancer

- The Million Women study showed that over five years there is one extra case of ovarian cancer in every 2500 women who take HRT, so the risk is only slightly increased.
- The longer HRT is taken, the more the risk increases. But when the HRT is stopped, the risk goes back down to normal over a few years⁵.

Deep vein thrombosis

For women not on HRT, it's estimated that the number of cases that will occur over five years is about three per 1000 women aged 50 to 59, and eight per 1000 women aged between 60 to 69. For healthy women, who use HRT for five years, the number of additional cases will be around four per 1000 aged 50 to 59, and around nine per 1000 women aged 60 to 69 years⁴.

Blood clots

The Women's Health Initiative (WHI) study in the USA showed that for every 10,000 women taking combined HRT, an extra eight developed a blood clot¹.

Heart disease

The WHI study showed that for every 10,000 women taking combined HRT, an extra seven developed heart disease¹.

Stroke

The WHI study showed that for every 10,000 women taking combined HRT, an extra eight developed heart disease¹. Although HRT does carry these small risks, experts believe its benefits outweigh any associated risk, if taken for no more than five years^{1,2,3,4}. Also, it's important to remember that the risk of developing one of these conditions increases with age and is also dependant on our family medical history and whether we smoke, drink or are overweight. Taking HRT is another factor to consider¹.

Side effects

Side effects usually improve over three months^{3,4}. However, if they do continue, speak to your GP^{3,4}. In some women, often switching to another method, such as changing from a tablet to a patch helps reduce side effects⁴.

Those associated with oestrogen include^{3,4}:

- Fluid retention.
- Bloating.
- Breast tenderness or swelling.
- Nausea.
- Leg cramps.
- Headaches.
- Indigestion.

Those associated with progestogen include²:

- Fluid retention.
- Breast tenderness.
- Headaches.
- Mood swings.
- Depression.
- Acne.
- Back pain.

A less common, longer-term side effect associated with HRT use is dementia³.

Talking to your doctor

You should ask your GP to explain the risks, side effects and benefits of taking different types of HRT⁴. It may also help to ask yourself how HRT will fit in with your lifestyle⁴. For example, are you likely to remember to take a pill every day or would it be more convenient to wear a patch or implant⁴? You may also want to consider whether you want to treat some of, or all of your symptoms⁴.

If you decide to choose HRT, then your GP will take into account your family medical history and your preferences⁴. You may also need to talk about using a non-hormonal contraception, such as a condom or diaphragm⁴. You can be fertile for up to two years after your last period if you're under 50, or for a year if you're over 50⁴.

Your GP should suggest starting a relatively low dose of hormones to begin with^{1,4}. If you feel your symptoms aren't being controlled then you can always move onto a higher dose⁴. However, you need to give the treatment at least three months to see if it works⁴. If it doesn't there are plenty of others to choose from⁴.

Once you've started on HRT, you should see your doctor at least once a year^{1,4}. At these check-ups, your GP will discuss the benefits and risks of continuing to take HRT⁴. You may also want to ask about what happens if you come off HRT⁴. Although there are no serious consequences from stopping HRT, halting treatment abruptly may cause menopausal symptoms to return⁴.

Your GP may want to refer you to a menopause specialist to make sure HRT is the best treatment if you have a history of serious conditions, such as breast and ovarian cancer, high blood pressure or heart disease or stroke^{3,4}:

More information:

Menopause Matters

www.menopausematters.co.uk

NHS Choices – Understanding Risk

<http://www.nhs.uk/Conditions/Hormone-replacement-therapy/Pages/Disadvantages.aspx?url=Pages/What-is-it.aspx>

Sources:

1. MHRA

<http://www.mhra.gov.uk/Safetyinformation/Safetywarningsalertsandrecalls/Safetywarningsandmessagesformedicines/CON2015727>

2. The British Menopause Society

<http://www.thebms.org.uk/statementpreview.php?id=1>

3. Clinical Knowledge Summaries

http://cks.library.nhs.uk/menopause/evidence/supporting_evidence/risks_of_hrt#-309427

4. Menopause Matters

<http://www.menopausematters.co.uk/pdf/HRTandYou.pdf>

5. Cancer Research UK

<http://www.cancerhelp.org.uk/>

A wide range of women's health resources are available at www.healthywomen.org.uk

Disclaimer: This article is for general information only and is not intended to replace a consultation with a healthcare professional, nor is it intended to provide specific medical advice and should not be used for the diagnosis or treatment of medical conditions.

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