

Hormone replacement therapy

You have probably heard about recent research into the long-term effects of hormone replacement therapy (HRT). This has changed how frequently hormone replacement treatment is recommended for women. Each woman's situation is different and a clear understanding of the risks and benefits is needed to make the right decisions about treatment. A plain language summary of the main issues is provided here. If it applies to you, then discuss it further with your GP.

What is HRT?

Menopause is the time when a woman stops having her normal monthly cycle of periods usually at around 45-55 years old. The ovaries have stopped producing female hormones as they used to, and this triggers many changes in the woman. Many women get no troubling symptoms at all, while others get symptoms that can be relieved by taking female hormones (progesterone and/or oestrogen). These can be taken as tablets, patches, creams or intrauterine devices (IUD).

Symptoms

The symptoms can start months or even a few years before the last period occurs. Periods often change, being lighter or heavier but usually longer apart. Hot flushes are a brief feeling of heat, mainly in the face and neck but can be all over. Sometimes they are accompanied by palpitations, sweating, headache, faint feeling, poor sleep. Hot flushes can be made worse by alcohol, hot foods and drinks, and stress. Hot flushes are not harmful. The normal moisture of the

vaginal area decreases. This can lead to uncomfortable intercourse and can be helped by using a lubricant. There is a wide range of emotional and mental health symptoms that can be related to menopause. These include, depression, anxiety, poor concentration, irritability, and loss of libido. These need to be assessed in their own right and your GP can help with this.

Long term (~5years) effects of HRT

In brief, the recent large studies showed that:

- HRT does not protect against cardiovascular disease as previously thought.
- HRT has a limited role in bone protection in high-risk women. There are other treatment options that may be better.
- HRT is still important for short-term relief of menopausal symptoms.

Cancers & other diseases

For HRT users the known changes to cancer risk and other diseases are summarised on this page. (Tables adapted from national Prescribing Service newsletter Feb 2004, based on WHI and MWS data.)

When to use HRT

It used to be thought that HRT could help prevent a number of chronic diseases, however, as described above, this has been shown to be not true. HRT is safe to use for 1-2 years and is

Cancer	Expected risk in non-HRT user	HRT - Oestrogen only	HRT - combined oestrogen and progesterone
Breast	30 per 10,000 person years	Small increase, better data expected 2005	8 extra cases per 10,000 person years
Colorectal (bowel)	10 per 10,000 person years	?	6 fewer cases per 10,000 person years
Endometrial (uterus) (In women with a uterus)	10 per 10,000 person years	~8 extra cases per 10,000 person years	No change in 5-10 years.

	Expected (placebo group)	On combined HRT	Additional cases per 10,000 women per year
Coronary heart disease (heart attacks)	33	39	6
Stroke	21	29	8
Dementia	22	45	23
Mild cognitive impairment (earliest signs of dementia)	-	-	No difference
Venous thromboembolism (dangerous clots in the veins)	16	34	18

very effective at controlling menopause symptoms such as hot flushes. Stop using HRT once the menopause symptoms have passed. Discuss this with your doctor each 6-12 months. HRT will also sometimes be recommended for some women with proven osteoporosis and high risk of fractures.

Stopping HRT

Reduce the dose slowly. If symptoms start while on a half dose, stay on that dose for a few weeks until the symptoms settle, then step down to a lower dose again or nil. It may be easier to do all this in the cooler months.

Alternatives to HRT

There is a lot of high quality information about the long term effects of HRT. Unfortunately this is not available for any of the many alternative treatment sometimes used for menopausal symptoms. There is no evidence that

alternative treatments are any safer than HRT, as the studies have not been done.

- Black cohosh (Remifemin) Evidence of benefit, other brands may contain differing quantities of the active ingredient.
- Phytoestrogens from foods appear to have no greater effect than placebo.
- Red clover (Promensil) also had an effect no greater than placebo in a controlled trial.
- Non drug methods such as staying in a cool place, avoiding stimulants such as caffeine, relaxation, meditation have some appeal and logic but have not been rigorously assessed.