



Hormone replacement therapy (HRT)

Information for patients from Women's Health

There are some concerns which are often exaggerated by the media about the risks of HRT. We hope this leaflet will give each person the information to weigh up the benefits and risks of HRT for themselves.

What is the menopause?

The menopause is the time of your last period. It usually occurs in your early 50s but can be earlier or occasionally slightly later.

What are the symptoms of menopause?

The symptoms that many ladies experience at the time of menopause can start a few years before their last period. The menopause symptoms that are often, but not always encountered, include hot flushes, night sweats, vaginal dryness, and changes in hair, skin, mood, and libido (sex drive).

Why am I experiencing the menopause?

The reason that these symptoms occur is that oestrogen (a hormone released by the ovary which is responsible in part for the menstrual cycle) is not present in normal levels. This is because ovaries stop producing oestrogen at the time of the menopause when they stop releasing eggs on a monthly basis. Replacing the oestrogen in the form of HRT will relieve these symptoms in a large proportion of patients.

Some ladies are menopausal because of surgery, radiotherapy, or chemotherapy and they may benefit from HRT.



What is HRT?

HRT contains oestrogen which prevents the symptoms described on the previous page. In addition those ladies that still have a uterus (womb) need to have another hormone called a progestogen within their HRT.

Is HRT necessary for me?

For a small group of women, HRT would be essential (for example, those experiencing premature menopause). For the majority of women going through the menopause naturally, HRT is a matter of personal choice.

The reason that this second hormone (progestogen) is needed is to prevent the lining of your womb becoming very thickened, which can lead to abnormal cells developing. It is therefore very important that if you have not had a hysterectomy (removal of the womb) then you must have progestogen within your HRT. HRT has also been shown to reduce the likelihood of osteoporosis and bowel cancer.

Where does HRT come from?

The oestrogens which are used in HRT are taken from natural sources; some from wild yams and some from the urine of pregnant mares which are kept in very humane conditions. Please check with your doctor if you have a particular preference.

How is HRT given?

HRT is given by various routes. It can be given as a tablet, patch, gel, vaginal tablets, or as an implant. The first two routes are the most common.

Are there any alternatives to HRT?

Other preparations are available for treating the symptoms of the menopause but generally they are not as effective as HRT. Some herbal remedies have been suggested, but there is no strong evidence to support their use and some remedies can worsen symptoms. If you wish to consider these options, you should speak to your doctor first.

Some women may prefer dietary and lifestyle changes to help relieve the symptoms of the menopause.

What are the side effects of HRT?

Side effects from HRT are more common in the first few months of using it. The side effects often cause women to stop taking it before things have had a chance to settle down and for them to notice a significant improvement.

The side effects which can occur include

- **Breast tenderness and engorgement** which is best treated using a well fitted bra and simple painkillers; with time this tenderness should settle
- Some **nausea** (feeling sick and/or dizzy) may be experienced; this will usually settle with time
- Some ladies experience **bloating** particularly in the second half of their cycle. This can be a problem which continues and may need a change in the type of HRT prescribed.

Will I put on weight?

It is very common for ladies to be put off HRT because of the fear of putting on weight. There has been a lot of research which has shown that at the time of the menopause ladies do put on some weight. The patients who have been started on HRT do not put on any more weight than ladies not on HRT. The difference is that they have something to blame for their weight gain.

What are the risks of breast cancer?

Breast cancer risk causes a lot of anxiety in patients taking or about to take HRT. A large study showed that the risk of breast cancer in all ladies between the age of 50 and 70 is 45 in 1000. If HRT is taken for five years the risk of developing breast cancer increases to 47 in 1000 (an increase of two in 1000). There is an increase of six in 1000 if HRT is taken for ten years.

These risks are the risks of developing breast cancer. However, the risk of dying from the disease is no greater. This may be due to earlier detection as patients self examine their breasts or it may be that the oestrogen makes the tumours, when they occur, more treatable. Once HRT is stopped the risk of breast cancer may continue for up to 10 years before the risk returns to your background risk (this is the risk you have before you take any drugs that increase that risk).

You will need to have normal mammogram screenings, as any lady over the age of 50 will have. There is no need for additional breast screening if you are on HRT and under the age of 50.

What about the risk of blood clots in my legs or lungs (thrombosis)?

The risk of a blood clot developing in the legs of somebody not taking HRT is approximately one in 10,000 women per year. The risk of a clot developing in somebody on HRT is approximately three in 10,000 women per year. This is mainly in the first few months of taking the HRT but once established on the HRT (after one year) the risk is just above that for people not on HRT.

The risk of thrombosis is lower with the patches or gel type HRT compared with the tablet types.

What about the risks of coronary heart disease and stroke?

Studies have shown that women who take HRT may have increased risk of heart attack and stroke, particularly if they already have established heart disease. The studies showed that between the ages of 50 and 70 an extra seven in 10,000 women per year will have a heart attack if they are on HRT. For strokes, an extra eight in 10,000 women per year will be affected. These figures are in fact very small and work out to be less than 0.1% above the baseline rate for women who are not on HRT.

In general, if HRT is started soon after your menopause, HRT can actually protect you against coronary heart disease. Stroke risk is also less if you use the patches or gel type HRT.

What about the risk of ovarian cancer?

If you have already had your ovaries removed surgically you do not need to worry about ovarian cancer. The same large study in America also showed that women who had hysterectomies but kept their ovaries and then took oestrogen alone for HRT were at increased risk of ovarian cancer. The risk increased if they took the oestrogen for more than 10 years. Again, the figures are very small and work out to an extra four in 10,000 women per year. Preliminary observations suggest that women who take a combined oestrogen and progestogen HRT are not at an increased risk of ovarian cancer.

These figures frighten and confuse me, how can I make sense of them?

The actual extra numbers of women on HRT who experience these complications are in fact very, very small. The majority of women on HRT will not have these complications. Take, for example, the risk of heart attacks: for women who do not take HRT, the risk of a heart attack is 30 in 10,000 per year and for women who take HRT, the risk of a heart attack is 37 in 10,000 per year. However, more than 9960 women out of 10,000 do not suffer heart attacks whether they use HRT or not. It is important to keep these extra risks in perspective.

Further information

- **British Menopause Society** - provide factsheets for women.
Web: www.thebms.org.uk
- **The Daisy Network** - a national support group for women who have premature menopause.
Web: www.daisynetwork.org.uk

This leaflet has been produced with and for patients

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Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

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