HRT – Guide

The specialist authority for menopause & post reproductive health

Introduction:
The safety of HRT largely depends on age. Healthy women younger than 60 years should not be concerned about the safety profile of HRT.

For most women, the potential benefits of HRT given for a clear indication are many and the risks are few when initiated within a few years of menopause.

For the different types of systemic HRT currently available and treatment options please refer to the algorithm overleaf.

Vaginal Oestrogen

Indications	Options
• When vaginal and/or bladder symptoms of urogenital atrophy predominate, vaginal oestrogen alone can be used. • Vaginal oestrogen may also be required in addition for some women taking systemic HRT.	• Estradiol – Vaginal tablet: Vagifem 10, Ring: Estring (changed 3 monthly) • Estriol - Ovestin (0.1%) and Gynest (0.01%) creams, Imvaggis pessary 0.03mg, Blissel 50 micrograms vaginal gel • Tablets and creams should be used nightly for 2 weeks (3 weeks for pessary and gel) and then twice weekly. Twice weekly maintenance doses can be continued long-term; symptoms frequently recur on cessation of therapy. Systemic absorption is minimal and progestogen is not required.

Systemic HRT

Indications	Duration of Treatment
Symptom control	For as long as it is felt that benefits of symptom control and improvement in quality of life outweigh any risks, there are NO arbitrary limits.
Treatment of Premature Ovarian Insufficiency (POI)	At least until average age of menopause (51 in UK)
Prevention and treatment of Osteoporosis	Therapy for several years may be required, followed by consideration of use of other bone-protective therapy

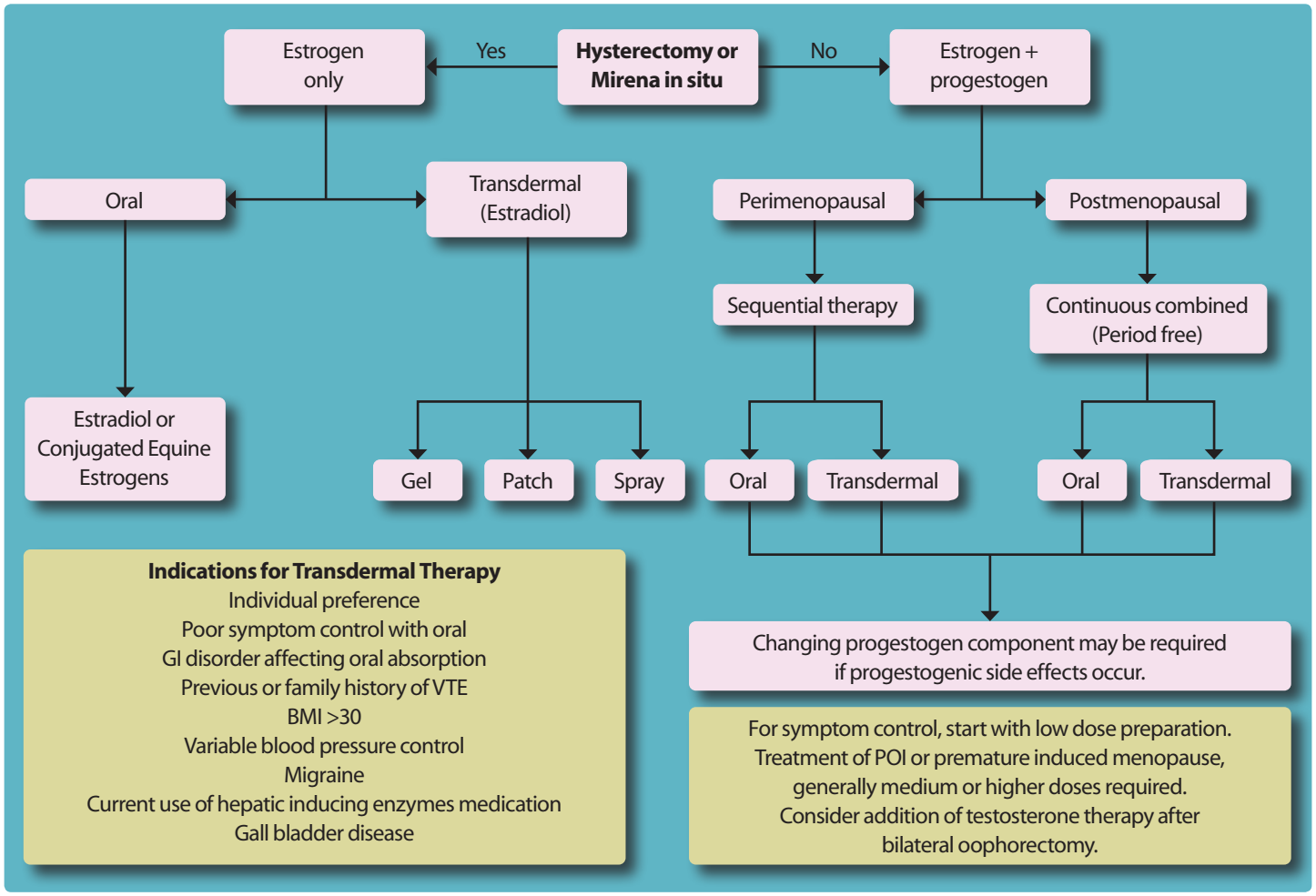
Proven benefits:
- Control of menopausal symptoms.
- Maintenance of BMD (bone mineral density) and reduced risk osteoporotic fractures.

Additional Potential Benefits:
- Reduced risk coronary heart disease and reduced risk Alzheimers disease when estrogen started early.
- Reduced risk colorectal cancer.
- Reduced risk Type 2 DM (diabetes mellitus).

NB postmenopausal obesity or 2 or more units alcohol per day associated with greater breast cancer risk than 5 years combined HRT.

Known risks:
- **Endometrial cancer** (if oestrogen only given when uterus present). Reduced by addition of progestogen. Continuous progestogen provides better long-term protection than cyclical.
- DVT/PE: Background risk is 1.7 per 1,000 women aged over 50. Greatest risk in 1st 12 months. No increase in risk of VTE with transdermal.
- CHD: Possible increase when combined HRT started in older women(>60), or with pre-existing CHD. 1st 10 years after menopause = Cardiovascular 'window of opportunity'.
- Stroke: Increased when oral HRT started in older women (> 60 years).
- Breast cancer: Probably increased slightly after a minimum of 5 years' use of combined HRT, over the age of 50— additional 3-4 cases per 1,000 women. Risk associated with Oestrogen alone is very much less. Mortality is not increased.

Systemic HRT Treatment



Review

- Commenced on HRT or HRT changed — three months
- Established on HRT — at least annually
- Each review should assess effectiveness and side effects of therapy; discuss any bleeding pattern; review type and dose, help assess ongoing risk/benefit balance.

When to refer to secondary care

- Persistent side effects
- Poor symptom control
- Complex medical history
- Past history hormone dependent cancer
- Bleeding problems —
  - **Sequential HRT** — if increase in heaviness or duration of bleeding, or if bleeding irregular
  - **Continuous combined** — if bleeding beyond six months of therapy, or if occurs after spell of amenorrhoea.

Summary

The safety of HRT largely depends on age. Women younger than 60 years should not be concerned about the safety profile of HRT. For most women, the potential benefits of HRT given for a clear indication are many and the risks are few when initiated within a few years of menopause.

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