Menopause and HRT – Patient information

What is the menopause?
The menopause is when your periods stop because your ovaries lose their reproductive function.
It can be a gradual process where less Oestrogen is produced, causing changes in the female body and symptoms that go with it.
As well as its function for reproductive health, Oestrogen also helps maintain bone health, heart health and brain function.

When does the menopause happen?
Usually between the ages of 45-55, the average age in the UK is 51.
It is defined as when a woman has stopped her periods for a year.
It also happens after a hysterectomy when the ovaries are removed at the same time.
It sometimes happens early and is called the Early perimenopause from ages 40-45, and if before the age of 40 is now called Premature Ovarian Insufficiency.

What are the symptoms of the menopause?
They are variable and can include the following.
Changes to periods to becoming less frequent and further apart and eventually stopping.
Hot flushes and night sweats (most common)
Disturbed sleep and insomnia
Low energy
Low mood/anxiety/mood swings
Low libido
Impaired memory and concentration (brain fog)
Headaches
Dry vulva/vagina, itching and discharge.
Achy joints and muscles
Palpitations
Urinary symptoms – urgency to pass urine and Urinary Tract Infections (UTIs)
Dry skin, dry hair

Bleeding in between periods, after sex or after the menopause (12 months of no bleeding) should always be reported to a healthcare professional.

How long will menopausal symptoms last?
The time around the menopause is called the perimenopause.
Menopausal symptoms may get better in 2-5 years. However, on average they can last for more than 7 years and for some women may last even longer. Not everyone will have symptoms, but 80-90% of women will, and 25% will describe them as severe.

How do I know if I am going through the menopause? How can it be diagnosed?
Usually just by the above symptoms and the change in your periods.
A blood test isn't helpful after the age of 45 as the hormone levels change from month to month.

What about my bones?
The fall in oestrogen affects the strength of bones, which increases the risk of osteoporosis (thinning of the bones).
This doesn't cause symptoms but makes it more likely to break a bone with a simple fall.

What are the options to help me through the menopause?
All women are different and respond differently to the decrease in Oestrogen produced by their bodies and in how they respond to treatments.
Treatment options therefore need to be individual, taking into account symptoms, past history, family history, diet, lifestyle as well as your preferences for treatment and concerns.

<u>Lifestyle factors</u>

- Healthy diet – low in saturated fat and salt, rich in calcium and Vitamin D. A Mediterranean diet has been found to help.
- Exercise – at least 2.5 hours a week of varied exercise (swimming, running and yoga)
- Stopping smoking
- Reduce alcohol and caffeine intake – alcohol and caffeine can make hot flushes and night sweats worse.

<u>Cognitive Behavioural Therapy (CBT)</u>

- CBT can help improve hot flushes, night sweats and other symptoms as well as anxiety/mood swings.

<u>Alternative Therapies</u>

- Acupuncture, aromatherapy, hypnosis may help for those who are unable to take HRT, but they don't tend to work as well.
- Herbal – herbal remedies are not regulated like medicines are, so the safety is uncertain. They can interact with other medication. If used choose a product with the MHRA "traditional herbal remedy" stamp. St John's Wort can help (you can't take this if you are on medicines for epilepsy or blood thinners), black cohosh and soy (isoflavones). None of these can be prescribed on the NHS>

<u>Compounded bioidentical HRT</u>

- This is not regulated or licensed in the UK so the safety of this is unknown.

<u>Other medication</u>
None of these drugs are really first choices in treating menopause symptoms but can help some women.

- Clonidine – for hot flushes/night sweats
- New style anti-anxiety or anti-depressants e.g. Sertraline, fluoxetine, venlafaxine

<u>HRT (Hormone Replacement Therapy)</u>
This is the most commonly used treatment and the most effective treatment for managing the menopause but is contra-indicated (can't be taken) for some women and not tolerated or avoided by others.

What is HRT?
HRT is medication given to replace the decreasing hormone levels and should result in relief of menopausal symptoms.

What are the benefits of HRT?
It is the most effective treatment to manage the symptoms of the menopause, helping to improve quality of life.
It has also been shown to significantly improve bone density and protect against osteoporosis and related fractures.
HRT given to women under the age of 60 or within 10 years of the menopause has been shown to significantly reduce the risk of heart disease.

What hormones are given?
OESTROGEN - Oestrogen is the main hormone used to control the menopausal symptoms and can be given on its own if you have had a hysterectomy.

PROGESTERONE - If you still have your uterus (womb) you also need to take a second hormone called progesterone to protect the lining of the womb from the oestrogen. This can be given so that you will still have a monthly bleed if you haven't yet stopped your periods or in a way that won't give a bleed if it has been more than 12 months since your last period.

TESTOSTERONE – Testosterone isn't used routinely. It can help with low libido but is not the first choice as low oestrogen levels are the cause. There are currently no licensed preparations for female use in the UK but can be prescribed by a specialist using gel preparations licensed for use in men.

How can I take the hormones?
Oestrogen can be given by tablet form (oral), or via the skin with patches, gel, or a spray (transdermal). It can also be given vaginally as a cream or tablets called pessaries.

Progesterone can also be given by tablet form, in combination with Oestrogen in a patch, or an IUS (intrauterine system e.g. Mirena). The IUS can also provide contraception at the same time.

Which way is the best way?
Oestrogen – the safest way is via the skin because it doesn't increase the risk of blood clots or strokes.
Progesterone – there is a natural micronized progesterone tablet (Utrogestan) which is plant derived and similar to the progesterone produced by the human ovaries (called bioidentical). This is also better than synthetic progestogens as it doesn't affect blood clots and there is a slightly lower risk of breast cancer. The Mirena IUS is also a really good way but must be changed every 4 years to give the protection (changed every 5 years when used for contraception).
Combined patch – this is a patch that contains both oestrogen and progesterone and is changed twice a week.

I still have a womb, does this mean I have to have periods?

If it has been 12 months or more since your last period HRT can be given in a way so that you don't have to have a monthly bleed. This is called continuous combined HRT.

If it is less than 12 months since your last period, HRT is given in a way that will mean a monthly bleed. This is done otherwise there is a risk of irregular bleeding and then it is hard to know if this bleeding is just another period or an abnormal bleed that needs investigating. This is called sequential combined HRT. After a year you can be swapped to the continuous combined HRT, so you won't have to have a monthly bleed.

What are the risks of taking HRT?

- Blood clots (Deep vein thrombosis DVT or Pulmonary Embolism PE) – any oral HRT increases the risk of blood clots while using HRT but not after stopping. Transdermal HRT does not increase the risk of blood clots.
- Coronary Heart Disease (CHD) and strokes – HRT doesn't increase the risk of CHD if started below the age of 60. The risk of stroke is slightly increased by oral HRT but the risk of a stroke in women <60 years old is low anyway. Recent or active heart attacks or angina means you can't have HRT.
- Breast cancer – the risk of developing breast cancer depends on a number of what we call "risk factors" anyway e.g. genetics, diet, exercise, alcohol intake, smoking and pregnancies/breast feeding.

  HRT doesn't affect the risk of dying from breast cancer.

  Oestrogen-only HRT (for those who no longer have a womb) is associated with little or no change in the risk of breast cancer.

  Oestrogen + progesterone HRT may be associated with an increase in the risk of breast cancer. For women not taking HRT we would expect 3 out of every 50 to develop breast cancer between the ages of 50 and 69. This would increase to 4 in every 50 in women taking Oestrogen and progesterone for 5 years.

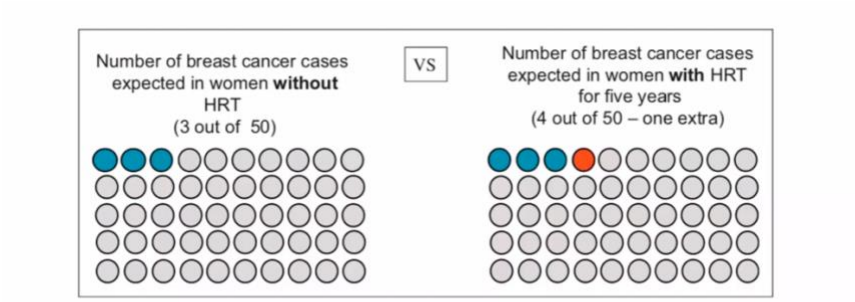

Figure 1. Icon arrays showing that for women not taking HRT, we expect 3 out of 50 to develop breast cancer between 50 and 69 years, compared to 4 women taking estrogen plus daily progestogen for five years. In other words, for one extra woman to develop breast cancer between 50 and 69 years, 50 women would need to take HRT. Of these, three would develop breast cancer anyway.

  Any increase in risk of HRT and breast cancer is related to how long you are on HRT and reduces after stopping HRT.

  Post-menopausal obesity or drinking 2 or more units of alcohol a day is associated with a greater risk of breast cancer than combined HRT.
- Diabetes – HRT doesn't affect the risk of developing diabetes or glucose control in a diabetic.
- Mortality (death) – Over 7 years there is no increased risk of death from any medical cause, and especially doesn't increase the risk of death from cancer or heart disease.

What about managing symptoms after breast cancer?
The decision to commence HRT should be taken with your breast cancer consultant and will depend on the type of breast cancer you had.
Non-hormonal options such as St John's Wort can be used but can interact with other medications.
The SSRI antidepressants such as fluoxetine and paroxetine can't be used if you are taking tamoxifen.

How long can I take HRT for?
Women with Premature Ovarian Insufficiency and early menopause should continue HRT up until at least the age of the natural menopause (51).
Some women choose to take HRT for a short period of time to get through until retirement when they feel they can manage their symptoms better, others prefer to continue for longer.
Ideally as with all medication it is good to aim to take the lowest dose that controls symptoms for the shortest time possible, but it can be taken for as long as the benefits of controlling symptoms and improvement of quality of life outweigh any risks. There are no actual limits.

I don't want to take HRT but would like something to help with vaginal dryness and my urinary symptoms, what can I do?
Vaginal tablets called pessaries can be used, or vaginal creams. These contain Oestrogen and can help with dryness, soreness and itching.
They can be used indefinitely.
They can be used alone or alongside HRT if the HRT isn't helping with these symptoms.
Vaginal lubricants and moisturisers can be used as well as the vaginal oestrogen.

How often should I have a review of my HRT?
We like to review things 3 months after starting HRT and once you are settled on whatever dose and method you are using, every year after that.

What about stopping HRT?
Stopping suddenly or gradually makes no difference to whether or not symptoms will come back.

What about the current situation with supply?
Sadly, there have been supply issues with HRT over the last 2 years. This is partly because more women are requesting HRT, as well as doctors changing to prescribing more topical HRT than oral HRT because of the reduced risk of blood clots.
Currently the government is working towards resolving this, but we will try and prescribe the HRT that we are able to order into the dispensary or provide a prescription for you to take elsewhere to obtain the right HRT for you.
A 3-month supply is the current limit, but this is also a helpful amount of HRT to give as it can take around 3 months to be sure that you are on the right dose of the right kind of HRT.

For further information please see;

www.balance-menopause.com
www.womens-health-concern.org

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References

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