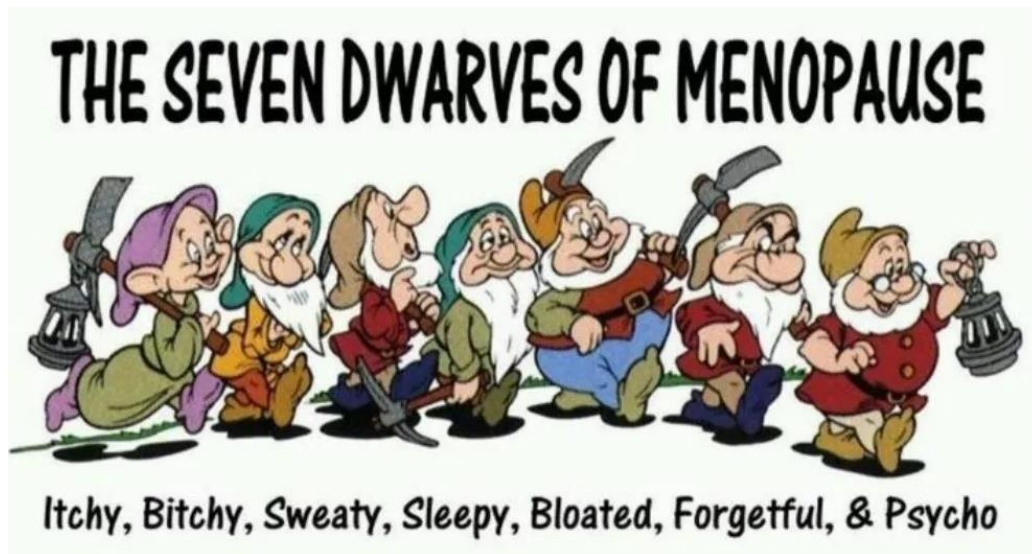


Menopause Education and Resources – Updated January 2025

The menopause is a natural part of ageing that usually occurs between 45 and 55 years as a result of woman's oestrogen levels declining. In the UK, the average age for a woman to reach the menopause is 51. The perimenopausal stage normally lasts for a few years leading up to this. You are thought to be “**post-menopausal**” when you have had a year since your last period.

If you are taking contraception or medication which affects your periods you may not know what stage you are at. This does not matter. We are more interested in what symptoms you are experiencing and how it is affecting you, and consider treatment based on this.

Symptoms



There are over 30 symptoms of the menopause. Symptoms may include some or all of the below and they can be intermittent.

- Hot flushes
- Night sweats
- Anxiety
- Mood changes / Irritability / Tearfulness
- Forgetfulness
- Poor sleep
- Brain fog
- Skin dryness/ crawling sensation
- Joint aches
- Poor or no libido
- Vaginal dryness
- Urine infections
- Urinary incontinence
- Hair loss

Lots of symptoms checkers are available which can be useful for tracking symptoms and responsiveness to treatment

[Menopause-symptoms-diary.pdf](#) (Rockmymenopause)

[Menopause Symptoms Questionnaire](#) (Balance website – also available in an app)

Who should consider HRT?

It is beneficial to start HRT when menopausal symptoms impact on your home, work, social or sex life and you deem that the benefits of HRT will outweigh the risks. The menopausal symptoms may start a few years before your periods actually stop, so it may be beneficial to start HRT at this time. You don't have to wait until your periods have stopped to start HRT.

If you have had a [Surgical Menopause](#) - i.e. your ovaries have been removed surgically, then you should replace the hormones that your body is no longer producing until the time a natural menopause would occur at the earliest -i.e. 51yrs. There are no increased risks related to HRT as you are replacing the hormones that your body would otherwise produce.

[Early Menopause](#) is when your periods stop before the age of 45.

[Primary Ovarian Insufficiency \(POI\)](#) also known as Premature Menopause, affects up to 1 in 100 women and this is when your periods stop before the age of 40. It means your ovaries are not working well and the lack of hormones cause many associated troublesome symptoms and health conditions if left untreated. It is important to replace the hormones that your body is no longer producing until the age of natural menopause at the earliest i.e. 51yrs old. There are no increased risks related to HRT before age of natural menopause, as you are replacing the hormones that your body would otherwise produce. [Daisy Network](#) is dedicated to providing information and support to women diagnosed with Premature Ovarian Insufficiency.

When should HRT be avoided?

Contraindications

- Current, past, or suspected breast cancer, Known or suspected oestrogen-sensitive cancer.
- Undiagnosed abnormal vaginal bleeding ,Untreated endometrial hyperplasia.
- Current venous thromboembolism (deep vein thrombosis or pulmonary embolism), unless the woman continues on anticoagulant treatment.
- Active or recent arterial thromboembolic disease (for example angina or myocardial infarction).
- Untreated hypertension.
- Active liver disease with abnormal liver function tests , Dubin-Johnson and Rotor syndromes (or monitor closely) .

Cautions for HRT use

- A personal or first degree relative with any history of venous thromboembolism (whether provoked or unprovoked)
- Migraines (transdermal preparation starting low dose is advised with dose gradually increased to control symptoms without exacerbating migraines)

What are the Benefits and Risks?

This advice has fluctuated over the years and has caused considerable confusion. More recently published findings show that although not entirely risk free, it remains that HRT is the most effective solution for the relief of menopausal symptoms, and it also works to prevent future diseases that can be triggered or exacerbated by low hormone levels.

Link to [Women's Health Concerns Fact Sheet on the Risks and Benefits of HRT.](#)

BENEFITS

- **Reduction of the symptoms of the Menopause with resultant improved quality of life.**
- **Reduction in Genitourinary Syndrome of the Menopause** [Link to info on GUSM](#) and link for [Vaginal Dryness](#) and link for [Liverpool general-care-of-the-vulval-skin](#)
- **Prevention of osteoporosis.**
- **Protection against heart disease** in certain age groups. The risk of heart disease increases with age, and it is the leading cause of death for women. HRT has been shown to reduce the risk of women developing heart disease by 30-50% if started within 10 years of menopause. Link to BHF [Menopause and your heart](#)
- **Possible reduction of the risk of developing type 2 diabetes, bowel cancer, dementia, and depression** suggested in some studies.

RISKS

Personal characteristics can play a bigger part than HRT in increasing the risk for many conditions such as Breast Cancer, Stroke and Venous Thromboembolic events, such as a Deep Vein Thrombosis or Pulmonary Embolus. These characteristics include Obesity, Smoking and Alcohol. It is important to manage these risks independently. Click on this infographic to see the [comparison of lifestyle risk factors versus Hormone Replacement Therapy \(HRT\) treatment and the risk of Breast Cancer](#)

- **Endometrial cancer** Unopposed oestrogen therapy increases the incidence of endometrial cancer and this risk is largely avoided by the use of combined oestrogen and progestogen therapy at an appropriate dose.
- **Breast Cancer** is more complex and many women worry about this in relation to HRT. Trials have also looked at the risk of getting breast cancer when taking different combinations of HRT. The results showed that ladies taking HRT for 5 yrs, had different risks of developing breast cancer, depending on the type of HRT they took. Interestingly it showed that those that took oestrogen only HRT (only applicable if you have no uterus, i.e. have had a hysterectomy) had a reduction in risk of being diagnosed or dying from breast cancer. In those that took a combination oestrogen and progesterone HRT, they had a slight increased risk of being diagnosed with breast cancer but no increased risk of dying from breast cancer. Of note, in these trials ladies were using synthetic progesterones rather than the newer body identical Utrogestan. Links to more detail regarding this [British Menopause Society info](#) and [chart](#).
- **Blood Clots** - older studies have suggested an increased clotting link with older forms of oral HRT, this risk is not evident if newer formulations of HRT are taken through the skin. The British menopause society states transdermal estradiol is unlikely to increase the risk of stroke above the woman's own baseline risk. Consideration should therefore be given to administering estradiol transdermally in women with risk factors or those over the age of 60
- **Ovarian Cancer.** there may be a slight increase in the risk of developing serous and endometrioid ovarian cancer associated with HRT use

- [Link to BMS Consensus statement including further specifics regarding risks](#)
- [HRT Myths and Facts Link](#)

Treatment of the menopause

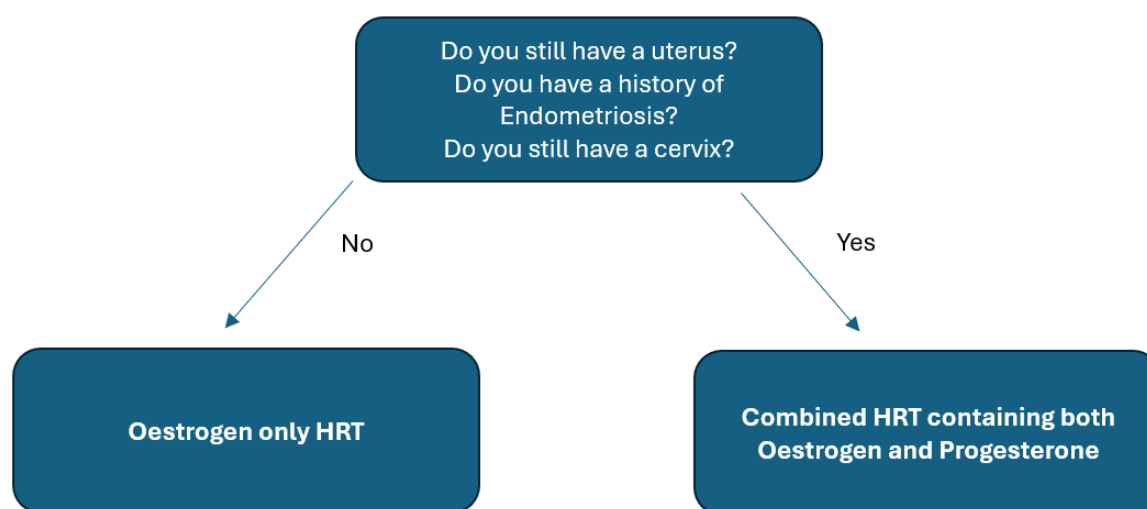
Many lifestyle factors can improve the symptoms of the menopause. A healthy diet is a good way to help with menopausal symptoms as well as addressing obesity and hence other risk factors. Sleep, physical exercise, mental wellbeing, with a healthy outlook on life, have a huge impact on how we feel. If you would like to have support with adopting a healthier lifestyle we can offer support via our social prescribers and healthy lives advisers.

Alternatives to HRT for menopause symptoms

- [Patient.info leaflet](#)
- [Womens health concern](#)
- [Menopause matters](#)
- [Rock My Menopause.](#)

Natural Alternatives to HRT This [Menopause Matters website](#) has a wealth of information on menopause, including information on natural alternatives to HRT. Most GPs are not trained in this area and are not able to prescribe these, so you may have to do your own research on these products. Please note natural does not mean safer!

I would like to consider HRT - what should I take?



The oestrogen is the active component of HRT that will help your menopausal symptoms, BUT if you take oestrogen alone, this may cause thickening of your uterus lining. If the oestrogen is used on its own without progesterone, this could increase your chance of endometrial cancer. Progesterone stops the lining of the womb thickening and hence prevents the chances of endometrial cancer. Hence it is very important if you still have a uterus or a cervix, or if you have a history of endometriosis, that you take both Oestrogen and Progesterone.

Cyclical or Continuous Regime?

Depending on your age and when your last period was, you will be advised to either take these hormones **cyclically**, ie continual oestrogen through the month and adding in the progesterone for 2 weeks out of every 4 weeks of the cycle. A monthly bleed is normal in these circumstances. If you are on cyclical patches,

you will have 2 different types of patches in the packet. It is important to put them on in the correct order for this reason.

If you are older or have not had periods for a long time, then you may be advised to take a **continuous** regime of oestrogen and progesterone, at the same dose daily which doesn't vary over the month. You should not have any bleeding with this combination, and you should speak to your doctor if you get bleeding 3-6 months after starting a new combination.

Pills or transdermal application (ie Patches, Gel, or spray)?

There are slightly higher risks associated with blood clots if you take your HRT in a **pill** form. If you opt for a transdermal method, there is no increased blood clot risk. In view of this we would generally advise trying a transdermal (through the skin preparation in the first instance, and it is your choice as to which of these methods is most acceptable. **Patches** you change twice a week. You can swim and shower with these on. But - dosing is less flexible and some people get an allergy to the glue or find they don't stick well.

Gels you need to rub on daily, rub onto both inner mid thighs or outer arm and shoulder. Leave for 5 mins to dry before covering with clothes. If you shower or swim within a few hrs of application this may dilute the dose.

Sprays are another daily option, and dry more quickly than gels, but are perhaps absorbed more variably.

What progesterone should I use?

- Mirena coil – This can be useful to also help manage heavy periods, can be used for contraception also and offers the best protection for the endometrium but requires a procedure to fit.
- Utrogestan tablets – Takes either continuously or cyclically, may help with sleep, bioidentical, so perhaps better tolerated, and some evidence to suggest less overall breast cancer risk.
- Progestogen in patches – Means the progesterone cannot be forgotten, but use a synthetic progestogen

What Side effects might I expect?

Common Side effects of HRT - These are common in the first 3 months of starting HRT and tend to improve with time.

- Breast tenderness
- Change in skin/acne
- Bloating, mood swings

Bleeding on HRT - Common in first 3 – 6 months of any new HRT regime. It typically does not indicate anything abnormal and usually settles with time. Ensure you are taking you HRT regularly and not missing doses. If it persists for more than 3-6 months, it needs to be investigated, so please discuss with a doctor. We can tweak your hormone combination to improve things and we may need to investigate to ensure nothing else is causing the bleeding at this point such as a polyp or endometrial cancer for example.

Link to [BMS guidance on management of unscheduled bleeding](#)

How long should you continue with HRT? - People's menopausal symptoms vary greatly from none at all to lifelong debilitating symptoms. Menopausal symptoms tend to naturally improve with time however the minority will get lifelong flushing and debilitating symptoms. Symptoms are often worse during the perimenopausal years and tend to subside as your body gets used to lower oestrogen levels. As you get older you may need a lower dose of HRT or it may be appropriate to stop all together. HRT should be continued for as long as the benefits of symptom control and improved quality of life outweigh the risks. This balance is directly related to your own personal health and should be assessed on an individual level, typically on an annual basis or if you have a change in your health. The ongoing benefits from HRT with respect to heart disease, bones and brain etc will only continue while you continue to take HRT.

Stopping HRT - You may want to stop HRT and see how your body responds. You can either stop abruptly (expect some initial symptoms) or gradually reduce over time. There are no long-term differences in the outcome between stopping abruptly versus gradually decreasing your dose. If you do stop abruptly, it is normal to have some initial symptoms due to the relative lack of oestrogen, but this should settle over time – over a few weeks to a couple of months, so please do expect this.

Please ensure that you participate in regular [breast and cervical screening programmes](#).

Once started on HRT, we would suggest a follow up with your GP in 3 months' time with an up-to-date blood pressure reading. Once things are stabilised, an annual review, including and up to date blood pressure, is appropriate.

If you get new bleeding once established on HRT for more than 6 months, please discuss this with your doctor, as this usually needs investigating.

USEFUL WEBSITES and RESOURCES

[Women's Health Concern](#) is the patients arm of the British Menopause Society (BMS) and is a good source of reliable information on women's health including a comprehensive [fact sheets and other helpful resources page](#).

[The British Menopause Society](#) (BMS) educates and informs healthcare professionals on menopause and post reproductive health. [BMS tools for clinicians](#) has a useful range of resources that summarise the NICE Guideline, provide guidance on HRT prescribing and other treatment options.

[Menopause Matters website](#) has wealth of information on menopause, including information on natural alternatives to HRT.

Links to HRT Pre payment certificate.

[NHS Hormone Replacement Therapy Prescription Prepayment Certificate \(HRT PPC\) | NHSBSA](#)

