

# Menopause Matters

## Menopause Matters HRT Guide

### 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 Estrogen

Indications	Options
<ul style="list-style-type: none"> <li>When vaginal and/or bladder symptoms of uro-genital atrophy predominate, vaginal estrogen alone can be used.</li> <li>Vaginal estrogen may also be required in addition for some women taking systemic HRT.</li> </ul>	<ul style="list-style-type: none"> <li>Vaginal tablet – estradiol – Vagifem 10 and Vagifem</li> <li>Pessary – estriol – Orthogynest</li> <li>Creams – estriol – Ovestin and Gynest</li> <li>Ring – estradiol – Estring – change 3 monthly</li> </ul> <p>Tablet, pessary and cream should be used nightly for 2 weeks and then twice weekly.</p> <p>Twice weekly maintenance dose can be continued long-term; symptoms frequently recur on cessation of therapy.</p> <p>Systemic absorption is minimal and progestogen is not required.</p>

## 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 Failure (POF)	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).

### 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:** 2-3 background risk, which is 1.7 per 1,000 women aged over 50. Greatest risk in 1st 12 months, probably less with non-oral (patch or gel).

- CHD:** Increased 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 HRT **started** in older women (> 60 years).

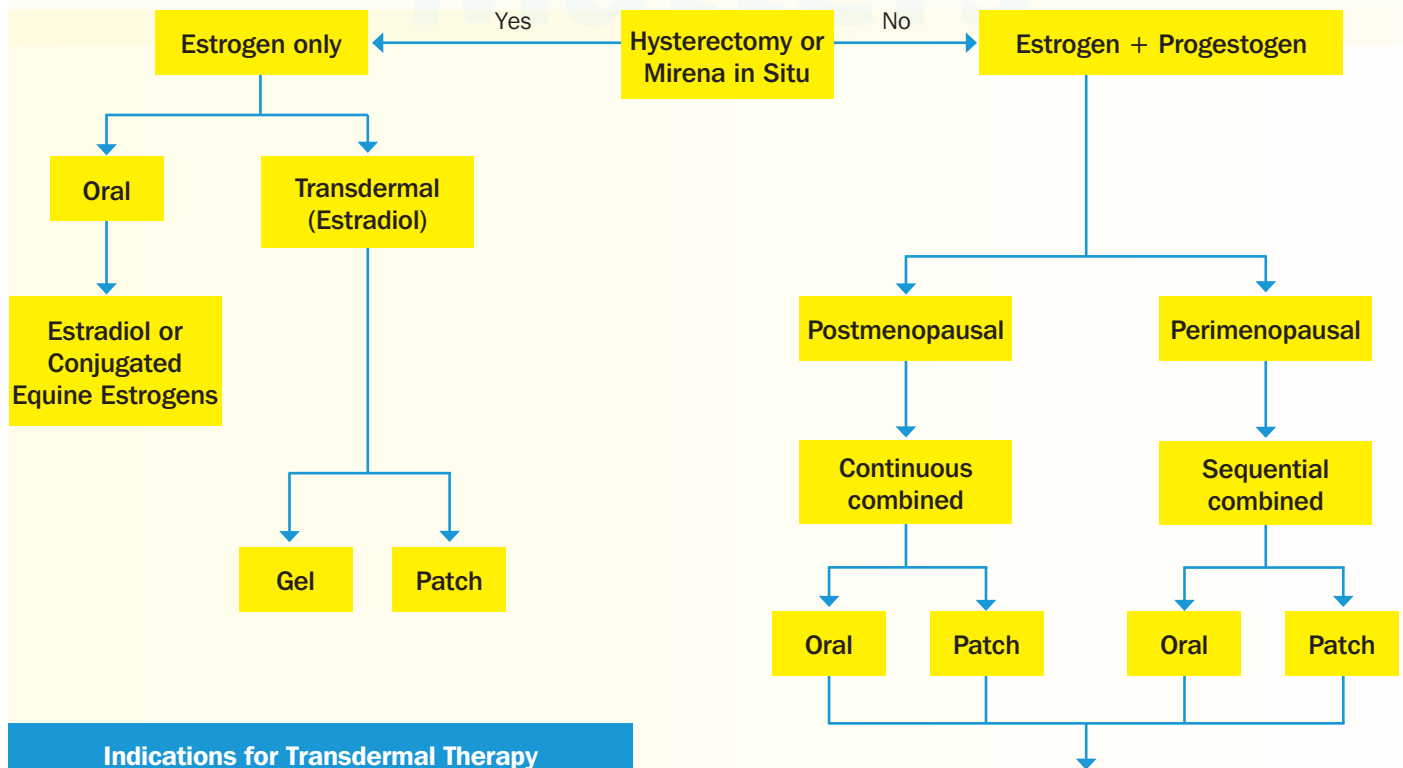
- Breast cancer:** Probably increased slightly after a minimum of 5 years' use of combined HRT, over the age of 50—additional 3-4 cases per 1,000 women. Risk associated with Oestrogen alone is very much less. Mortality is not increased.

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



# Menopause

## Systemic HRT Treatment



### Indications for Transdermal Therapy

- Individual preference
- Poor symptom control with oral
- GI disorder affecting oral absorption
- Previous or family history of VTE
- Variable blood pressure control
- Migraine
- Current use of hepatic enzyme-inducing medication
- Gall bladder disease

Changing progestogen component may be required if progestogenic side effects occur

For symptom control, start with low dose preparation. Treatment of POF or premature induced menopause, generally medium or higher doses required. Consider addition of testosterone therapy after bilateral oophorectomy.

### Review

Commenced on HRT or HRT changed—3 months

Established on HRT—at least annual

Each review should assess effectiveness and side effects of therapy; discuss any bleeding pattern; 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

Authors: Dr. Julie Ayres & Dr. Heather Currie

■ Bleeding problems:—

- **Sequential HRT** – if increase in heaviness or duration of bleeding, or if bleeding irregular.
- **Continuous combined** – if bleeding beyond 6 months of therapy, or if occurs after spell of amenorrhoea.

### Resources:

- Menopause Matters:** [www.menopausematters.co.uk](http://www.menopausematters.co.uk)  
**The BMS:** [www.thebms.org.uk](http://www.thebms.org.uk)  
**e-Learning for Healthcare:** [www.e-lfh.org.uk](http://www.e-lfh.org.uk)  
**The Daisy Network:** [www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)