



# LONG TERM HRT?

A guide for women

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# Introduction

Many women may have taken Hormone Replacement Therapy for 5 years or more and are considering whether to continue to take it in the long term. It is important to weigh up the pros and cons of long-term HRT carefully since there are risks with long-term use, as well as benefits. We now know a great deal about the benefits and risks of HRT based on large scientific studies that have been published in the last few years. This booklet is designed specifically to give the facts as we know them at the present time, and to allow women to make an informed choice whether to continue with HRT in the long term or to stop taking it. Women in this situation should talk things over with their General Practitioner or Practice Nurse. There may be a local Menopause Clinic that can give specialist advice.

It is important to remember that the number of years of taking HRT should only really be counted from around the age of 50, which is the time of the normal menopause. If a young woman has had an early menopause, using HRT before the age of 50 should be considered as replacing the hormones that the body would have produced naturally.

# Summary of long-term risks & benefits

Benefits of long-term HRT	Problems and risks of long-term HRT
Improved general well-being: Helps hot flushes and night sweats Improves sleep pattern	Side effects: Bleeding problems Bloating Breast tenderness No significant change in average body weight
Improvement in vaginal dryness and urinary symptoms	Increased risk of having a venous thrombosis
Prevention of bowel cancer	Increasing risk of breast cancer with increasing duration of use
HRT is no longer recommended for the prevention of osteoporosis as first line - other treatments should be tried first.	Slight increased risk of heart disease and stroke

# The benefits of HRT

## General well-being

The main reason for continuing to take HRT in the long term is that it will prevent or reduce hot flushes and night sweats. Sleep can be severely disturbed by flushes and sweats. Lack of sleep may affect concentration and memory. Women who take HRT may feel that they have more energy and are less tired. HRT may also help for depression and mood swings. Menopausal problems may return if HRT is stopped abruptly, although they generally will tend to settle down with time. If unpleasant symptoms persist, then this would be a reason to consider restarting HRT.

When a woman decides to stop HRT, it may be easier to gradually reduce the dose over 3 or 6 months to allow the body to adjust. If symptoms return when HRT is stopped then it can be restarted and a further attempt made to stop again after, for example, a further year. It is easier to stop HRT if you are on the lowest dose preparation.

Many 'natural' alternatives to HRT are available to buy, but unfortunately most do not really control symptoms as effectively as HRT. In many

cases, studies have shown they only work as well as a dummy pill! Having a healthy lifestyle is very important. Eating a good diet, keeping weight within the normal range and stopping smoking are all vitally important and are much more beneficial to well-being and future health than spending a lot of money on 'natural' alternatives to HRT.

### **Bladder and vaginal symptoms**

HRT prevents the thinning of the tissues in the lining of the vagina and bladder neck. This will keep the vagina lubricated and more comfortable during intercourse. HRT may also improve bladder function by reducing the need to pass urine as frequently during the day and at night. These symptoms may be very troublesome and can be a reason why some women would wish to continue with HRT in the long term. Vaginal oestrogen preparations prescribed by a doctor are an alternative to taking oral or patch forms of HRT for these local symptoms and are possibly more effective. Local oestrogens are available as creams, tablets or pessaries to insert into the vagina.

# Problems & risks associated with taking HRT

## Side-effects

HRT will not suit all women. Some women find that it causes bleeding difficulties, breast pain, fluid retention and other side-effects. These problems can often be improved by changing the HRT preparation. Some women need to try 3 or 4 different preparations before they find one that suits them. The HRT preparation with the lowest dose that a woman needs should be the one prescribed. Many women find that the 'period free' preparations are much more convenient although they can only be used by women who are one year after their last natural period or well through the menopause (aged over 54 years is a general guide to this for the average woman).

Many women are particularly concerned about weight gain as they grow older. HRT does not make you gain significantly more weight than you would have with time anyway. In fact, many women who take HRT are able to successfully lose weight because they feel better about themselves and are more motivated to diet successfully.

## Breast cancer

Breast cancer now affects around 1 in 9 women in the UK. Because it is such a common disease, many women will have a relative or friend who has developed breast cancer. Although many more women die of heart disease and stroke, breast cancer is the disease women fear most and it occurs at a relatively younger age than heart disease or stroke. It is the main reason why most women decide not to take HRT in the long term. Most experts now agree that using HRT seems to be associated with a small increase in risk of developing breast cancer. The relationship between HRT and breast cancer is complex and it is debated whether HRT causes breast cancer or accelerates its development. The longer a woman takes HRT, the greater the increase in risk of breast cancer. Women who have had breast cancer or have a strong family history should generally always avoid taking HRT and it is not licensed for use in these women.

Over the last few years, several large studies on HRT have been published (The Women's Health Initiative and the Million Women Study). These new HRT studies have told us that the extra risk of breast cancer with HRT varies depending on

the type of HRT a woman is taking. Oestrogen-only preparations have the least effect, followed by tibolone and the greatest effect is with combined oestrogen plus progestogen preparations. Any effect of HRT on risk of breast cancer wears off once HRT is stopped and, by 5 years, is at the same level as in women who have never taken HRT.

*The Women's Health Initiative Study has found that after 5 years of use, combined HRT is associated with an overall 26% increase in risk of breast cancer. The risk with oestrogen-only HRT is not significantly increased.*

*The Million Women Study has found that for women aged 50 who do not use HRT, about 32 in every thousand will develop breast cancer by the time they reach the age of 65 years.*

- *If women take oestrogen only between ages 50 - 65 for 5 years, the total number of cases would be between 33 and 34 in every thousand (i.e. an extra 1-2 cases). If they take it for ten years, there would be 37 in a thousand (i.e. an extra 5 cases).*

- *For women who take combined HRT between ages 50 - 65, the number of cases of breast cancer that would be diagnosed would be 38 in a thousand after 5 years of use (i.e. an extra 6 cases) and 51 in a thousand after 10 years of use (i.e. an extra 19 cases).*

It is vitally important that all women, whether they take HRT or not, check their breasts regularly and report any changes in their breasts to their GP. After the age of 50 years, women should have mammograms performed as part of the UK National Screening Programme. Although women will stop being automatically invited to the screening programme after the age of 70 years, they can opt to continue by telephoning to make further appointments if they wish.

## **Deep vein thrombosis and pulmonary embolus (venous thrombosis)**

Blood clots in veins have received a lot of publicity because of their possible association with long haul flights. It has been known for a long time that taking the contraceptive pill increases risk of venous thrombosis but now it is clear that HRT does the same. Overall the risk of any healthy woman having a venous thrombosis is very small. However, HRT does increase the risk of venous thrombosis 2 to 3 fold and therefore should only be prescribed very carefully in women who have had a venous thrombosis in the past or have a family history of the condition. The risk of venous thrombosis increases as all women get older. In most fit and active women, the increased risk of venous thrombosis when taking HRT is not a major problem.

It is estimated that around 3 out of every 1000 healthy women aged 50 - 59 years will experience a venous thrombosis over a 5 year period. There will be approximately 4 additional cases of venous thrombosis in 1000 women taking HRT, over and above the 3 events which would occur anyway. There would be around 9 extra venous thromboses per 1000 women aged 60-69 years using HRT.

Venous thrombotic events are more likely to occur in the first year of using HRT. Patches have been shown to have less effect on risk of venous thrombosis than oral forms of HRT and are preferred for use in women with risk factors for venous thrombosis.

# Other aspects of taking HRT in the long term

## **Osteoporosis**

Osteoporosis is an extremely common condition causing gradual thinning of bones that can lead to fractures in old age. Although we know that HRT prevents bone loss and fractures, the advice about using it has changed. When all the risks and benefits of HRT are taken into account, it is no longer thought that HRT should be used as a first line treatment to prevent osteoporosis. It should only be used for prevention of osteoporosis when other treatments are not suitable. Young women with a premature menopause may be advised to take HRT up to the age of normal menopause to prevent osteoporosis. Women who have been taking HRT solely to prevent osteoporosis should discuss with their doctor the possibility of changing to a different drug to help their bones. Other measures to reduce the risk of developing osteoporosis include regular exercise and a healthy diet with adequate calcium.

## **Heart disease and stroke**

Older research studies suggested that HRT might help prevent heart disease and strokes. Recent large studies have not confirmed this and, in fact, some have shown that HRT may slightly increase the risk of heart disease and stroke in older women. Women taking HRT just for protection against heart disease and stroke should be advised to stop it.

## **Bowel cancer**

Recent studies have shown that HRT protects against bowel cancer. Why this should be the case is not understood and women should not take HRT for this reason alone until more research has been done.

## **Other conditions**

In the past, it has been suggested that HRT might reduce the risk of certain types of eye and dental diseases. This has not been proven and much more research is needed before we know if HRT does protect against these diseases or not.

# A personal decision - HRT in the long term, or not?

How long a woman decides to continue with HRT is a personal decision based on all the factors mentioned previously. No two women are the same, so what is appropriate for a relative or friend may not apply to another woman. It is not a 'miracle cure' for all the problems of growing older and it is important to have realistic expectations about it. Many women find that HRT will help them improve quality of life but only if they are experiencing unpleasant menopausal symptoms.

If menopausal symptoms are very severe, some women may decide to continue with HRT whilst they are working and plan to stop HRT when they retire. This may be a good strategy as life after retirement should be less stressful and women may find it easier to cope with a return of menopausal symptoms. If a woman is unsure whether to continue with HRT in the long term or not, she should seek professional help. A GP or practice nurse may well be able to help a woman reach a decision and will be supportive of a woman's choice. Women on HRT should generally be reviewed to assess their risk profile and have a discussion with their doctor every year about whether to continue with HRT or not.

# Useful information

***[www.menopause-info.co.uk](http://www.menopause-info.co.uk)***

***National Osteoporosis Society***

Camerton

Bath

BA2 0PJ

Medical enquiries: 0845 450 0230

*[www.nos.org.uk](http://www.nos.org.uk)*

***Women's Health Concern***

Women's Health Concern Ltd

Whitehall House

41 Whitehall

London

SW1A 2BY

Helpline: 0845 123 2319

*[www.womens-health-concern.org](http://www.womens-health-concern.org)*

*[www.counselling@womens-health-concern.org](mailto:www.counselling@womens-health-concern.org)*

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