

HRT Guide

Post NICE Guidance for Healthcare Professionals



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
<ul style="list-style-type: none">> 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. May be considered in women with urogenital atrophy in whom systemic oestrogen is contraindicated, after seeking specialist advice.	<ul style="list-style-type: none">> Vaginal tablet – estradiol – Vagifem 10> Creams – estriol – Ovestin (0,1%) and Gynest (0.01%)> Ring – estradiol – Estring – change 3 monthly <p>Tablets and creams 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. 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 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. Benefits reduce once treatment stops
- > Limited evidence suggest HRT may improve muscle mass and strength.

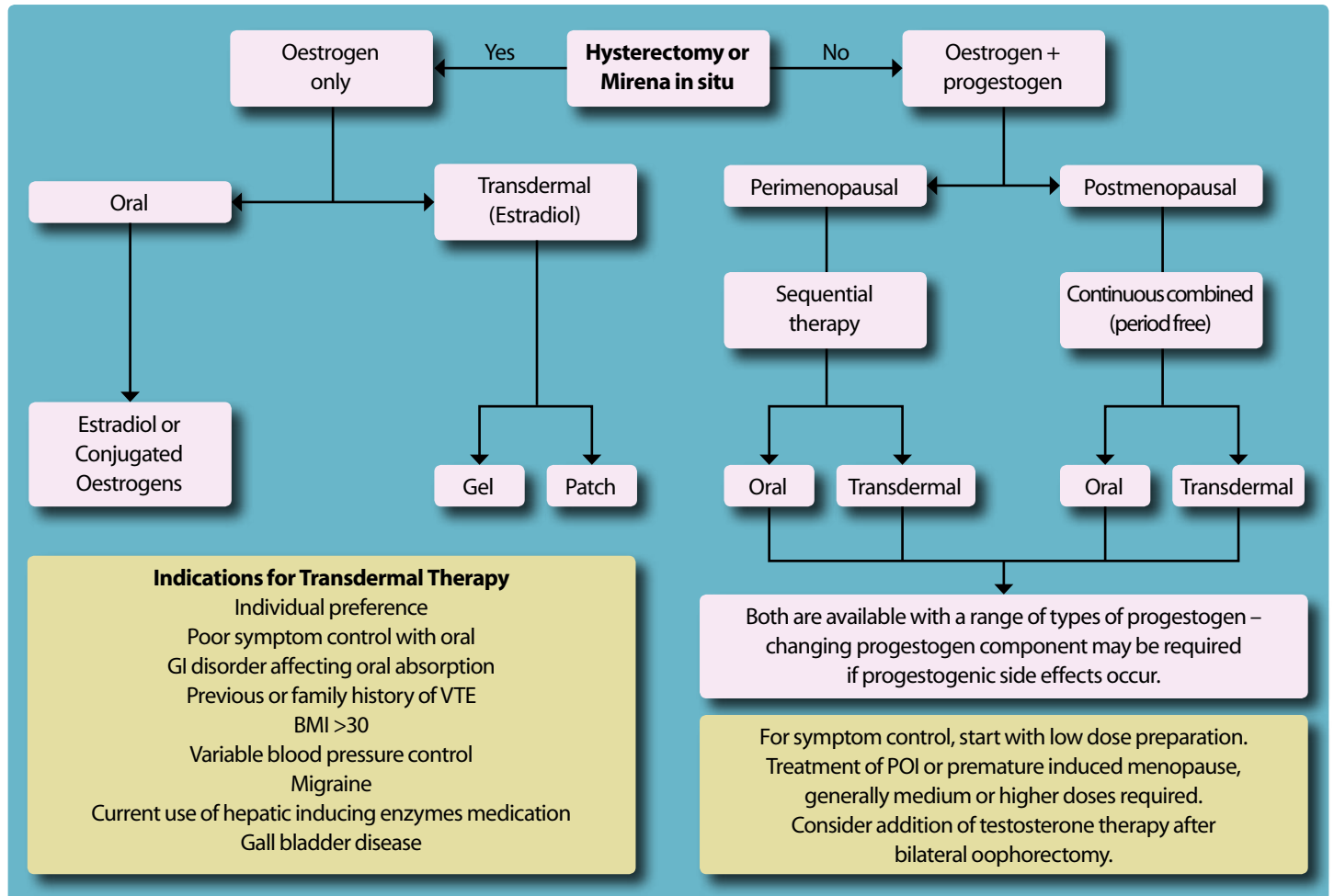
- > **CVD** risk not increased when starting in women under 60
- > **Breast cancer** combined HRT may be associated with an extra 5 breast cancers per 1,000 women after 7.5 years use over the age of 50. Risk associated with oestrogen alone is very much less. Mortality is not increased. Risk returns to baseline after stopping HRT, suggesting HRT acts as a promoter rather than an initiator.

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 with oral oestrogens, which is 1.7 per 1,000 women aged over 50 after 7.5 years' use, over the age of 50. Greatest risk is in the first 12 months. Risk with transdermal oestrogen is no greater than population risk

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

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.

Resources

- www.thebms.org.uk
- www.womens-health-concern.org
- www.menopausematters.co.uk
- www.managemymenopause.co.uk
- www.e-lfh.org.uk
- www.daisynetwork.org.uk

Authors: Dr Julie Ayres and Dr Heather Currie in collaboration with the Medical Advisory Council of the British Menopause Society.