



# HRT + YOU

All you need to know

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Queen's University, Belfast

# HRT + YOU

All you need to know

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# Foreword by Dr. Miriam Stoppard

As you approach your menopause, a whole new chapter of your life will be opening up before you. For many women the menopause can be a psychological, emotional and intellectual turning point but it definitely doesn't have to mean a decline. It can be a time for spiritual growth and positive change. As you go through it, you deserve to feel proud and confident about yourself and your life.

Every woman will have a different experience of the menopause and manage it in her own way, but I believe there's one thing every woman should do and that's get to know as much as she can about what's going on in her body. Facts dispel fear. Understanding what the menopause means for you in the short and long-term will help you plan your options. I believe women should be able to have the menopause they want, take responsibility for it themselves and "manage" their menopause. Only if you're aware of all the choices in front of you can you achieve that. For most women HRT can help with short-term symptoms and can be used to give protection against

osteoporosis, when other treatments have failed, or when the woman is unable to take other preventative drugs. This booklet gives you precisely that kind of information.

Armed with this knowledge, we can face our menopausal and post-menopausal years with confidence and take steps to protect ourselves against most of the effects of the menopause. As women of the twenty first century we can discard those old, negative myths about the “change” and grow into this new stage of our lives with greater certainty and self belief.



# Introduction - meeting the challenge of the menopause

The menopause is one of women's biggest health challenges. It is an event every woman wonders about and even worries about, and it has often been shrouded in mystery or misinformation, particularly in previous generations - our mother's or our grandmother's times.

It doesn't have to be like that. A great deal is known about the menopause: what it is, why it happens, how it affects women and how it can be managed. Most women find that, once they know all these things, they have the ability to tackle their menopausal symptoms in a more positive and determined way.

In this booklet, you will find all the information you need to enable you to take control of your menopause, rather than let it control you. It will provide you with the facts about HRT and will enable you to weigh up its benefits and risks in order to decide if it is something that is right for you. That way, you can be prepared and informed about what to expect, and be ready to manage things from a position of power and knowledge.



# What happens during the menopause

The menopause is the period in a woman's life when her ovaries stop producing eggs. This leads to a gradual decrease in levels of the hormones oestrogen and progesterone, which in turn leads to the gradual disappearance of her monthly periods. The fall in hormone levels can trigger a range of symptoms, although each woman's experience can be different.

The process of the menopause can take several years from the time when the ovaries stop producing eggs. A woman is said to be post-menopausal when she has had no regular menstrual period for one year. The average age at which women in the UK start the menopause is 51, and for most women it happens between the ages of 45 and 55.

During her life, a woman goes from having a regular supply of oestrogen and progesterone in her body (from puberty to the start of the menopause), to having fluctuating and gradually falling levels (during her menopause), until she is eventually left with only a small amount of oestrogen (post-menopause). It is little wonder that women can experience such a wide range of new symptoms when they reach the menopause.

## **Premature menopause**

Although most women will reach their menopause in their late forties or early fifties, for a minority of women it can happen later than that or considerably earlier. Premature menopause is one that occurs before the age of 40. Some women experience their menopause in their thirties or even their twenties, although this is uncommon.

## **Surgically induced menopause**

A woman becomes menopausal if she has a hysterectomy and at the same time both her ovaries are removed. When this happens, the natural process of gradual decline in hormone levels described above does not happen. Instead, the absence of the ovaries means that hormone levels fall at once and the woman can feel the symptoms of the onset of her menopause more suddenly than if she were to have a natural menopause.

## **How the menopause can affect you**

Women approaching the menopause want to know how they can tell if they have reached this crucial milestone. How do you know you are menopausal?

In fact, it may not always be easy to tell when exactly you have started your menopause. The fall in levels of oestrogen and progesterone triggers a whole range of symptoms, some of which are immediately apparent and some of which you may not notice at all. Below are the most common menopausal signs and symptoms that you can look out for.

### **Knowing you've reached the menopause - short-term effects**

#### ***Irregular periods***

The most common early sign is if you develop irregular or fluctuating periods. This can involve longer than normal cycles and skipped periods.

### ***Hot flushes/night sweats***

Three out of four women have hot flushes during their menopause. They usually start as a feeling of pressure in the head, followed by a wave of heat passing over the body. If they happen at night, they are known as night sweats and can often leave your night clothes and bed clothes drenched.

### ***Vaginal dryness***

Most women experience vaginal dryness during the menopause. This is because the vaginal tissue becomes thinner and finer as a result of lower oestrogen levels.

### ***Aches and pains***

Your joints may start to feel stiffer or more painful when you reach the menopause. Again, this can be an effect of the lower levels of oestrogen in your body.

### ***Stress incontinence***

Lack of oestrogen causes the lining of the bladder to become thinner, which may make it harder to control the passing of urine. You may find you need to pass urine more frequently or may experience small 'leaks' when you cough or sneeze.

### ***Effects on mood/confidence/concentration***

Some women experience psychological changes, including irritability, tearfulness and mild depression. It is understandable to feel a wide range of emotions during this major time of change in your life.

### ***Loss of sex drive***

A loss of interest in sex can be caused by some of the physical symptoms of the menopause (e.g. vaginal dryness can make sex painful) and the emotional symptoms.

## **Looking further ahead - long-term effects of the menopause**

Even though it may be the short-term symptoms that give you most concern during the menopause, it is the long-term symptoms of oestrogen deficiency that can cause the more serious health problems. When a woman reaches the menopause, her risk of developing osteoporosis and heart disease increases as a result of the decrease in oestrogen levels.

## *Osteoporosis*

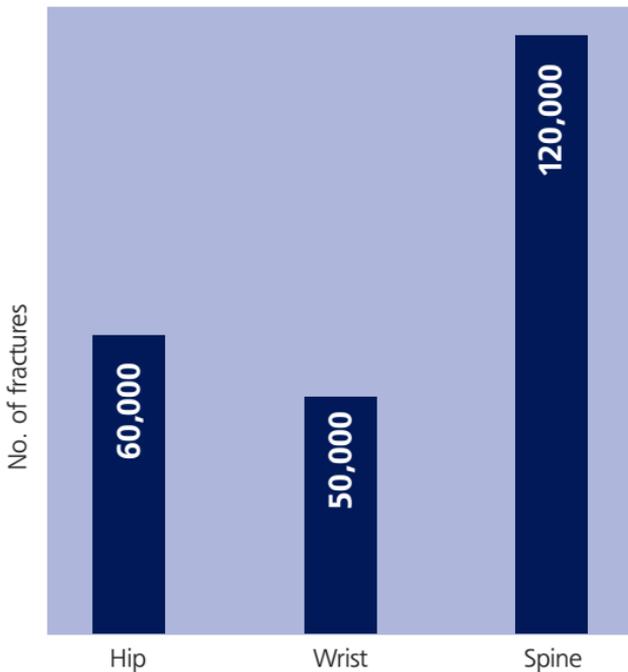
Osteoporosis is a condition of the bones, where a gradual thinning of the bone structure causes them to become brittle and fragile, leading to a stooping posture, backache and an increased risk of fractures.

### **Factors affecting your risk of osteoporosis**

- Long-term use of corticosteroid drugs
- Natural premature menopause or following the removal of ovaries at hysterectomy
- Genetic factors
- Diet low in calcium and other nutrients
- Lack of weight-bearing exercise
- Heavy alcohol consumption
- Smoking

In the UK over 230,000 fractures occur every year due to osteoporosis, mostly in post-menopausal women. Oestrogen is known to have a protective effect on bones and that is why, after the menopause when levels of oestrogen fall sharply, the risk of osteoporosis increases significantly.

### *Annual fractures from osteoporosis*

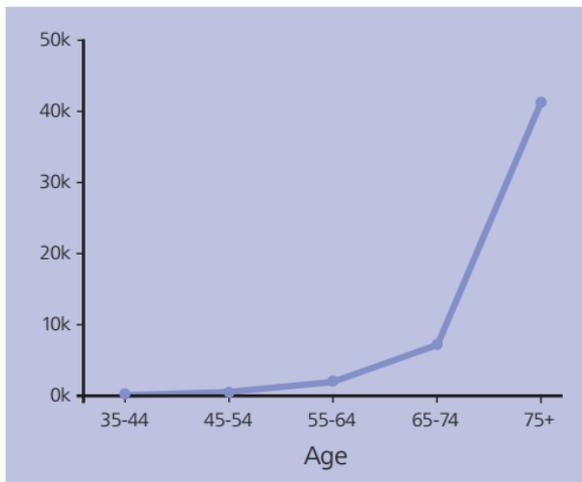


*Osteoporosis facts and figures v1.1 National Osteoporosis Society 7th February 2006*

## *Heart disease*

Cardiovascular disease - the disease of the heart and blood vessels - is the most common cause of death in Western women. Before the menopause, fewer women suffer from the condition than men, but the incidence accelerates from the menopause onwards, as shown in the graph below. As with osteoporosis, the role of oestrogen in protecting the heart and blood vessels is important; the body's own oestrogen prior to the menopause is thought to have a positive effect on cholesterol levels and general body fat distribution.

## *Female death rates from heart disease*



[www.heartstats.org](http://www.heartstats.org)

# The role of Hormone Replacement Therapy

Hormone Replacement Therapy (HRT) is something with which most women are familiar. We know it is available, but do we know exactly how it works and what its effects are?

## **HRT - what it is**

HRT is a treatment prescribed by doctors to provide women going through the menopause with the hormones that their bodies are no longer producing, namely oestrogen and progesterone. HRT is a well-established therapy, which has been available for over 50 years. It is important to point out that, although HRT contains the same sex hormones as the contraceptive pill, the two are entirely different.

### ***The contraceptive pill contains:***

Synthetic oestrogens of high potency

### ***HRT contains:***

Low doses of natural oestrogens

## The role of oestrogen

During a woman's fertile years, oestrogen is produced by the ovaries to stimulate the release of an egg every month. However, it also has many other functions within the body, because many organs contain oestrogen receptors that rely on oestrogen for stimulus. This is why women going through the menopause may experience a whole range of different symptoms.

### *Oestrogen deficiency may cause or impact on:*

- Reproductive system, including womb and ovaries
- Skin temperature control, leading to hot flushes
- Vaginal dryness, leading to pain during intercourse
- Mood changes, leading to irritability
- Bone thinning, leading to risk of osteoporosis
- Muscle strength, leading to weakness and back pain
- Night sweats and poor sleep patterns
- Joint pains

## The role of progesterone

The main function of progesterone during a woman's fertile years is to prepare the womb for a possible pregnancy each month. Although it does not have the wide-ranging role that oestrogen has on a woman's well-being, progesterone is important because it has a protective effect on the lining of the womb (the endometrium). This is why women who have not had a hysterectomy are put on HRT that contains both oestrogen and progestogen (progestogen is a general term for compounds with progesterone-like activity). Progestogen prevents overgrowth of the endometrium and, by doing so, protects against endometrial cancer. Women who have had a hysterectomy do not need this protection and can therefore take oestrogen on its own.

## **What HRT can do for menopausal women**

In the 50 years plus that HRT has been available, it has been extensively researched and studied. There is evidence that HRT can offer benefits to women going through the menopause in terms of symptom relief.

### ***Short-term effects***

The most noticeable effects of taking HRT are a reduction in menopausal symptoms, which can often respond quite rapidly to treatment. You may begin to feel improvements within a few weeks or months in the following main symptoms:

- Hot flushes
- Night sweats
- Vaginal dryness

### ***Long-term effects***

Perhaps even more importantly, HRT provides significant protection against osteoporosis, the risks of which increase as a result of the oestrogen deficiency that follows the menopause. However, HRT is only licensed for second-line use in the prevention of osteoporosis.

### *Protection against osteoporosis*

Most women reach their peak bone density (i.e. the maximum bone density they will achieve in their lifetime) during the teenage years. The peak bone mass will remain constant until the menopause when it decreases as a result of low oestrogen levels. Without the protective effect of oestrogen, bone mass starts to fall at a faster rate and, if the process is not stopped or reversed, may eventually lead to the development of osteoporosis and even bone fractures.

Studies show that taking HRT for at least 5 years reduces the risk of bone fractures and prevents loss of bone density. However, if HRT is stopped, then bone loss begins to increase again. However, due to the increased risks of long term HRT, e.g. breast cancer, other bone sparing agents should be considered first. The woman should be fully informed of the risks.



*Normal bone*



*Osteoporotic bone*

***How oestrogen protects bones:***

Our bones are constantly undergoing a process of remodelling, with new bone formation and the loss of existing bone going hand in hand. Once women reach their peak bone mass, and especially after the menopause, they experience more bone loss than bone formation.

Oestrogen reduces bone loss and increases bone formation, helping the overall bone mass to remain higher than it would otherwise be.

## **Heart Disease and HRT**

The Women's Health Initiative (WHI) study in the USA has shown a small increase in risk of heart disease with HRT in older women.

HRT should not be prescribed for cardiovascular protection.

## **Vaginal atrophy**

Local oestrogen's such as tablets, creams and pessaries have shown to be a quick, effective and simple treatment for vaginal atrophy. Within two weeks of treatment the majority of patients have shown a significant improvement in symptoms

## ***Other long-term benefits of HRT***

Osteoporosis protection is a benefit of long-term HRT in appropriate patients.

In summary, it is clear that in the short-term the benefits of HRT for the relief of menopausal symptoms can outweigh risks. Where longer term use is being considered, the benefit to the woman must be balanced against her increased risks of taking HRT. It is important, when choosing an HRT preparation, that you and your doctor try to select the HRT that is most likely to suit you.



# Types of HRT

There are many different types of HRT preparations available, so it is possible for each woman, with her doctor, to choose the HRT that works best for her. This can often involve trying out more than one type, as not every woman will find that the first HRT she tries is the one that suits her best.

## **Main classes of HRT**

There are three major types of HRT, and the one a woman receives will depend on whether she has just begun her menopause, is post-menopausal, or whether she has had a natural or surgical menopause.

### ***1. Oestrogen only HRT***

This is recommended for women who have had their ovaries and womb removed by a hysterectomy. Because the role of progesterone is simply to protect the womb, this group of women do not need progesterone and are therefore usually prescribed oestrogen only HRT.

## ***2. Cyclical or continuous sequential HRT***

These are often referred to as sequential HRT and are recommended for women who have had a natural menopause, or who are approaching the menopause but are still having periods and menopausal symptoms (the so called perimenopause). Cyclical HRT contains oestrogen and a progestogen (a form of progesterone) and this will produce regular bleeding.

## ***3. Continuous combined or period-free HRT***

This is recommended for women who have not had a period for at least one year and are therefore post-menopausal. Period-free HRT contains similar hormones to cyclical HRT but, as the name suggests, it does not cause regular bleeding.



## The hormones in HRT

The hormones contained in HRT, oestrogen and progestogen, can be derived from different sources but they all serve the same function. The oestrogen in HRT may originate from plant sources (e.g estradiol) or from the urine of pregnant mares (conjugated equine oestrogen). It is different from the oestrogen found in the contraceptive pill, which is of synthetic origin and is more powerful than natural oestrogen. The progesterone in HRT is a synthetic version called progestogen, which is used because natural progesterone is poorly absorbed in tablet form. There are many varieties of progestogen, but they all have the same essential function in HRT, which is to protect the lining of the womb.

## The different forms of HRT

As well as containing various combinations of different oestrogen's with or without progestogen's, HRT is available in a range of forms, which are:

Tablets

Patches

Gels

Creams

Implants

Pessaries

Ring

### **Tablets**

HRT is most commonly prescribed in tablet form and there are many different brands available containing varying combinations of oestrogen alone or in combination with progestogen.

### **Patches**

Skin patches deliver the hormones directly to the bloodstream through the skin.

**Gel** An oestrogen gel can be applied directly onto the skin to deliver the hormone into the bloodstream.

**Local HRT** This includes creams, tablets and pessaries which are inserted into the vagina, where the oestrogen helps reduce vaginal dryness. Local HRT is not used to treat hot flushes or prevent osteoporosis.

**Implants** Small pellets of oestrogen are inserted under the skin using a local anaesthetic, and they last for about six months delivering the hormone into the bloodstream.

**Spray** A nasal spray containing oestrogen only.

## Guide to available HRT preparations

With so many different types of HRT preparations to choose from, the challenge of choosing the one that's right for you can seem a daunting prospect. However, don't forget that your doctor has a great deal of experience of HRT and will be able to guide you towards the group of products that are more likely to suit you. Here are some guidelines on the main advantages and disadvantages of the various types of HRT.

### TABLETS

<b>Advantages</b>	<ul style="list-style-type: none"><li>• Easy to take</li><li>• Easy to stop</li><li>• Discreet to carry</li><li>• Easy to adjust dose</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• Need to be taken every day</li></ul>

## PATCHES

<b>Advantages</b>	<ul style="list-style-type: none"><li>• No need to take tablets</li><li>• Easy to stop taking</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• May cause skin irritation</li><li>• May be visible</li><li>• May fall off</li><li>• Need to remember when to change</li></ul>

## IMPLANTS

<b>Advantages</b>	<ul style="list-style-type: none"><li>• Can forget about them once in place</li><li>• Long-lasting</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• Involves surgical procedure and local anaesthetic</li><li>• Not easy to reverse or stop</li><li>• Levels of hormones in blood can be too high at first</li></ul>

## GEL

<b>Advantages</b>	<ul style="list-style-type: none"><li>• Delivers oestrogen direct to bloodstream</li><li>• Easy to use and to stop</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• Can be messy</li><li>• Need to apply correct amount</li></ul>

## PESSARIES

<b>Advantages</b>	<ul style="list-style-type: none"><li>• Simple to use and simple to stop</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• Suitable only for vaginal dryness</li></ul>

## VAGINAL TABLETS

<b>Advantages</b>	<ul style="list-style-type: none"><li>• Simple to use and simple to stop</li><li>• No mess when applying to vagina</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• Suitable only for vaginal dryness</li></ul>

## VAGINAL CREAMS

<b>Advantages</b>	<ul style="list-style-type: none"><li>• Delivers oestrogen direct to vagina</li><li>• Easy to stop</li></ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"><li>• Can be messy to apply</li><li>• Suitable only for vaginal dryness</li></ul>

# How to take HRT

The first step to take when deciding whether to start on HRT is to make an appointment with your doctor to discuss your symptoms, what your options are and what your particular suitability for HRT is. Once you and your doctor have made the decision that you should go on HRT, the next step is to decide what type you should take.

## **What type of HRT should you take?**

As described in an earlier chapter, there are three main types of HRT: oestrogen only, cyclical and continuous combined HRT. Which one you take will depend on two main things:

- 1.** Whether you have had a hysterectomy or not
- 2.** What stage of the menopause you are at

If you have had a hysterectomy, your doctor is likely to recommend you take oestrogen only HRT, since you do not have a womb and therefore do not need to take progestogen to protect its lining.

If you still have a womb, your doctor will probably recommend you go onto combined oestrogen and progestogen HRT (also called opposed HRT, because the progestogen is seen as opposing the effect of the oestrogen in these preparations). In this case, you have a choice of taking cyclical HRT, which involves having regular periods, or period-free HRT, which as the name suggests does not involve having regular periods.

Although at first glance it would seem more attractive to go onto the period-free type of HRT, this is not a good idea if you are still going through the menopause and having irregular periods. Starting on a period-free treatment before you have stopped having natural periods could make it difficult to know when you become post-menopausal and might in a few cases hide evidence of abnormal bleeding that should be investigated. Therefore, for women who are in the perimenopause (i.e. women who are still having some natural periods), doctors are likely to suggest cyclical or sequential HRT which involves taking oestrogen and progestogen and it produces a regular bleed.

When it is clear you have reached the post-menopausal stage, you can go onto period-free HRT which consists of combinations of oestrogen and progestogen taken continuously so that they do not produce a regular bleed. You can also start on period-free HRT straight away if you have not previously been on any HRT and are post-menopausal.

So you and your doctor have decided whether oestrogen only, cyclical or continuous combined HRT is the one for you. You're now ready to move on to the next choice.

### **What form of HRT should you take?**

You can choose from a range of different presentations and doses of HRT, including tablets, patches, implants and creams. How do you decide which is the one that will suit you best? Medical opinion now suggests you should take the lowest dose of hormones needed to control your symptoms.

The previous chapter provides you with a general guide to the advantages and disadvantages of some of the different forms of HRT available. It is a good idea to ask yourself some basic questions about your preferences and lifestyle before you reach a decision. Questions to ask yourself include:

***Am I the kind of person who likes to take the treatment involving the least fuss?***

*Would I find it simpler to take a tablet every day or would I be likely to forget?*

***Would I find it convenient to place a patch on my skin?***

*Do I want to take HRT for all my symptoms or do I just want something specific for vaginal dryness?*

By taking the time to think about what forms of HRT are more likely to fit in with your daily life and habits, you can help make the decision that bit easier. Remember, however, that the first HRT preparation you try might not be the one you will eventually remain on. It is perfectly normal to find that you and your doctor have to switch from one brand to another in order to find the one that suits you best. What is usually recommended is that you try out a

particular product for at least 2-3 months, to give it time to begin to work. However, every woman is different and you may know very quickly that the HRT you are on is not for you.

### **When should you start HRT?**

You can start taking HRT as soon as you begin to experience your first menopausal symptoms, for example hot flushes.

### **When should you stop taking HRT?**

If you are using HRT just to control your menopausal symptoms, then you will probably only need to stay on it short-term. If you need the added protection against osteoporosis and other treatments have been unsatisfactory, you should aim to stay on HRT for longer, but other treatments should be tried first. You need to be aware of the benefits versus the risks of longer term treatment.

## **What should you bear in mind when starting HRT?**

### ***Side effects***

You may experience some side effects when you start taking HRT, although they tend to disappear after the first few months of treatment.

The most common side effects are breast tenderness, irregular bleeding and feeling bloated. If you are at all worried about any side effect, you should speak to your doctor, but most side effects are mild and do not last longer than a few weeks or months.

### ***Contraception***

HRT does not have a contraceptive effect, therefore if you are still having periods you should continue to use an alternative, non-hormonal form of contraception.

# Weighing up HRT - it's your choice

Choosing whether to take HRT is a personal choice that you should make after discussion with your doctor. The information in this booklet is designed to give you the basic information you need in order to make an informed decision.

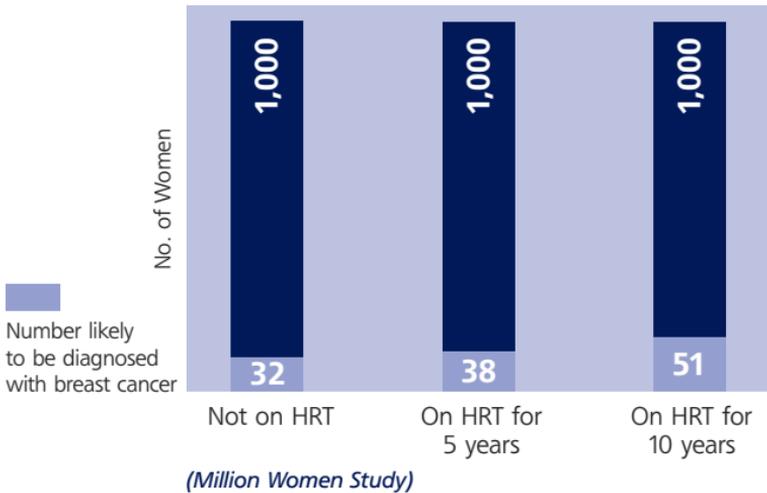
So what do you need to know before making that decision? You need to know what types of HRT are available for you to choose from, what benefits HRT can offer you and what risks HRT might involve. We have already described the different HRT types and explained what the benefits are in the short-term. For a complete picture, you now need to know the risks so that you can put them in context.

There are a number of concerns expressed by women about HRT; the possibility of an increased risk of breast cancer and of deep vein thrombosis (blood clots in the legs), the possibility of gaining weight, and the possibility of an increased risk of stroke/cardiovascular disease, and the increased risk of ovarian cancer with oestrogen only products.

## Breast Cancer

Every woman is at risk of developing breast cancer and that risk becomes greater with age. For women not using HRT between the ages of 50 and 65 years, about 32 in every 1000 are expected to be diagnosed with breast cancer. For women who use HRT (oestrogen and progesterone) between the ages of 50 and 65 years, an extra 6 in 1000 breast cancer cases will be diagnosed after 5 years on HRT, and an extra 19 in 1000 after 10 years on HRT. All women over the age of 50 should have regular breast screening, whether or not they are taking HRT.

### Risk of breast cancer diagnosis



### *Venous Thromboembolism (VTE)*

As with breast cancer, all women have a very small risk of developing venous thromboembolism i.e deep vein thrombosis or pulmonary embolism, whether or not they take HRT.

For women not on HRT it is estimated that the number of cases of VTE that will occur over a 5 year period is about 3 per 1000 women aged 50-59 years, and 8 per 1000 women aged between 60-69 years.

In healthy women who use HRT for 5 years the number of additional cases of VTE over a 5 year period will be approximately 4 per 1000 aged 50-59 years, and approximately 9 per 1000 women aged 60-69 years.

### ***Stroke and cardiovascular disease (CVD)***

An increased risk of stroke and CVD was observed in the WHI trial in women taking continuous combined conjugated oestrogens and medroxyprogesterone acetate. It is uncertain whether this increased risk also extends to other HRT products. HRT should not be prescribed for the prevention of stroke or CVD.

### ***Weight gain***

Women may notice that, until the menopause, their bodies have tended to hold fat in specific areas such as the hips and thighs, and this happens under the influence of oestrogen. When they reach the menopause, there is an increased tendency to store fat around the waist and abdomen as a result of the fall in oestrogen. Taking HRT may return fat distribution to the hips and thighs. Overall, however, clinical studies show that weight levels do not change significantly in women on HRT.

### **Now you know the benefits and risks of HRT, you can:**

- 1.** Decide if it is right for you
- 2.** Select the type of HRT that is likely to suit you best

## Choosing the right HRT for you

What should you bear in mind when you and your doctor are deciding which HRT is right for you?

- **Aim to choose an HRT with a relatively low dose of hormones to begin with** - it is good medical practice to start with the lowest effective dose to minimise any side effects. If you need a higher dose for extra symptom control, you can always move on to a higher dose afterwards.
- **Persevere with your HRT** - give it a few months to see if it works well for you and, if it does not, try another product. There are over 60 HRT preparations available - one of them is likely to be right for you.
- **Always consult your doctor** about any doubts or problems you have regarding your HRT.

# The Menopause, HRT and you - conclusions

The menopause is a time of great change in a woman's life. All kinds of factors, both physical and emotional, combine to make it a time when women need a great deal of strength and determination and when the support of their loved ones is vital.

Knowing what exactly is happening during the menopause and what can be done about it is an important way to make life easier for women during this time. Having read this booklet, we hope you feel more confident about your knowledge and your ability to tackle the challenges of the menopause. Much of the fear of the menopause comes from not knowing what to expect.

The menopause can be an exciting and positive stage in a woman's life, but many women will need support in managing some of the effects of the loss of hormones that the menopause entails. HRT can help control short-term effects such as hot flashes, and it also plays an important long-term role in protecting against osteoporosis in appropriate patients. Most experts agree that the benefits of HRT outweigh the potential risks in the short-term; however, the decision about whether or not to take HRT is between you and your doctor.

# 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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# HRT + YOU

All you need to know



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