

FAQs about HRT

When can I start HRT?

HRT can be initiated as soon as symptoms of perimenopause or menopause begin. There is no need to wait until your periods stop. Typically, women start on a low dose which may be adjusted as needed to manage symptoms. Younger women may require higher doses compared to older women.

What are the possible side effects of HRT?

Side effects are not common, and if they occur, they are usually mild and settle within a few months of taking HRT. Side effects can include irregular bleeding, breast tenderness, headache and fluid retention. Problematic side effects can be resolved by reducing the dose, changing the type, or giving HRT by a different route (for example changing from a tablet to a patch or gel).

Can I take HRT long-term?

HRT can be continued for as long as it is needed to control symptoms. There is no time limit to treatment. Generally, the benefits of HRT outweigh the risks up to the age of 60 years. In those over 60 years, balancing your individual risks and benefits in discussion with your GP or specialist will allow you to make an informed choice. Vaginal (topical) HRT can be safely used long-term.

What are the benefits of HRT?

Most women notice a vast improvement in their symptoms after starting HRT, sometimes immediately, or within days or weeks. Hot flushes, night sweats and sleep improve and many women find that they have more focus and energy. Anxiety and low mood

reduce or resolve. An increased interest in sex, as well as an improvement in both vaginal dryness and urinary symptoms, are also reported.

In the long term, the use of HRT has many health benefits.

Oestrogen promotes bone health, reducing the risk of osteoporosis (thinning of the bones) and fractures. It also prevents the build-up of atheroma (fatty deposits) within the lining of blood vessels which reduces the risk of angina, heart attack, and stroke. The anti-inflammatory effects of oestrogen are thought to reduce joint pains and the risk of osteoarthritis.

What are the short-term benefits of HRT?

HRT has been shown to improve:

- Hot flushes and night sweats
- Low mood and anxiety
- Memory, focus and concentration
- Joint pain
- Sexual drive (libido)
- Vaginal dryness
- Urinary symptoms (frequency, urgency, and urinary tract infection)
- Dry skin, hair and nails

What are the long-term benefits of HRT?

HRT has been shown to reduce the risk of:

- Osteoporosis
- Heart disease, heart problems, stroke, and vascular dementia
- Type 2 Diabetes
- Obesity

- Depression
- Colorectal cancer
- Osteoarthritis

What are the potential risks of HRT?

For the majority of women, the benefits of HRT outweigh the risks. There has been much media attention on the risk of breast cancer, cardiovascular disease, stroke and blood clots (venous thromboembolism VTE) associated with the use of HRT. These risks have often been overstated and need to be taken in context with the overall benefits of HRT.

Many of the original studies looking at the risks of HRT used older forms of HRT and were conducted in older women, with more risk factors. Recent evidence points to the benefits of HRT outweighing the risks for most women, particularly with the use of newer forms of HRT and in women under 60 years. At 60 years and over, many women continue to take a tailored HRT regime to improve their quality of life after discussing benefits and risks on an individual basis.

Women may understandably worry about the risk of breast cancer and ovarian cancer, but this is small and does not apply to all women or all types of HRT. It is also important to recognise that cardiovascular disease (which HRT protects against) is a far more common cause of disease and accounts for up to one-third of all deaths in the UK.

Specific risks of HRT

Breast cancer

- **Breast cancer and HRT:** For women considering hormone replacement therapy (HRT), understanding the risks associated with breast cancer is crucial. Here's what you need to know:
 - **Age and risk:** There is no increased risk in breast cancer in women taking HRT before the age of 50 years.
 - **Comparative risk:** The risk associated with oestrogen and progesterone HRT after the age of 51 is lower than the increased risk linked to consuming 2 units of alcohol per day or being overweight or obese (BMI over 30).
 - **Oestrogen-only HRT:** Oestrogen-only HRT may carry a very small increased risk of breast cancer. Some studies show no increased risk or, even a reduced risk.
- There may be a small increased risk of breast cancer with oestrogen and progesterone HRT. This risk is less than the increased risk associated with drinking 2 units of alcohol per day or of being overweight or obese (BMI over 30).

Understanding these risks and discussing them with your menopause specialist can help you make an informed decision about whether HRT is appropriate for managing menopausal symptoms.

Cardiovascular (heart) disease:

- Women taking HRT up to 10 years after menopause have a lower risk of cardiovascular (heart) disease compared to women not taking HRT.
- For women starting HRT more than 10 years after the

menopause there is no increased risk of cardiovascular disease.

Stroke:

- There is no increased risk of stroke in women using transdermal oestrogen (patch, gel or spray) at any age.
- There is no increased risk of stroke in women taking any form of HRT within 10 years of the menopause.

Blood clots (venous thromboembolism VTE):

- There is no increased risk of VTE with transdermal oestrogen (patch, gel or spray)
- There is an increased risk of VTE with oral oestrogen, the level of risk will depend on the individuals underlying risk of VTE, which increases with age, smoking and with being overweight or obese.

Ovarian cancer:

There may be a small risk, but this should be taken in context with the overall benefits