

Choosing hormone replacement therapy (HRT)

Benefits and risks of HRT

A guide for women

Choosing to take HRT is a personal decision. It is important that all your questions are answered, so that you feel that you have enough information to make an informed choice.

It is hoped this leaflet will answer some of the most common questions that women ask.

Please feel free to talk to your doctor, nurse or pharmacist in clinic about any of your concerns. You can also ring our menopause telephone advice line on 0208 869 3965 and speak to one of our menopause team.

What are the benefits of taking HRT?

Extensive research over many years has provided us with clear evidence that HRT can offer many important health benefits to women going through the menopause and beyond.

In the short-term, taking HRT

- Can quickly improve hot flushes and night sweats usually within four weeks.
- Can improve vaginal dryness and some bladder problems although it may take several months for improvements to be felt.
- May improve problems such as tiredness, depression, mood swings and reduced sex drive.
- May help improve memory and the ability to concentrate.
- Give an improved sense of wellbeing.
- May improve a woman's quality of life and her confidence.

In the long-term, HRT provides significant protection against osteoporosis - the thinning of the bones which happens as women get older.

Before the menopause a woman's oestrogen helps to keep her bones healthy and strong. This protection is reduced after the menopause when her ovaries stop producing oestrogen.

HRT can help slow down the loss of bone after the menopause and so protect against osteoporosis. There is strong data from randomised controlled trials or RCTs (the most reliable type of medical research) that HRT reduces the number of hip fractures in women by a third. This information comes from studies which looked at women with no extra risks for fractures and it is therefore likely that for women at high risk of fracture, the benefit from HRT would be even greater.

There is also some evidence that HRT helps prevent the loss of balance that occurs in older women and which can lead to falls. This may also help to prevent fractures by reducing falls.

Oestrogen alone HRT (used by hysterectomised women) has also been shown to reduce the risk of bowel cancer in recent randomised controlled studies (RCTs).

Other observational studies have strongly suggested that the incidence of Alzheimers disease is reduced in women taking HRT. This has not been supported by recent RCT data but the studies were done in a group of women who were largely over 60 years of age. The question of whether HRT given to a woman in her late 40s or early 50s can prevent the onset of Alzheimers has yet to be answered.

Will I get side effects?

Each individual woman will respond differently to the hormones in her HRT. As with all medicines side effects are possible but not inevitable.

The most common side effects experienced are

- tender breasts
- feeling bloated,
- nausea
- bleeding difficulties such as spotting.

Most side effects that occur are temporary and should disappear after a few weeks or months after you start your treatment. If you do notice side effects, it is certainly worth persevering with your treatment for a while, for at least three to four months. Side effects are likely to pass and you will then get the full benefits of HRT.

Do talk to your doctor, nurse or pharmacist before you decide to stop taking it.

There are many different types of HRT and if one kind does not work well for you there might be a more suitable alternative.

When you do decide to stop your HRT; it may be better to wean yourself off it gradually, by reducing the dose you take over time in a stepwise fashion. Stopping your HRT abruptly can cause severe rebound symptoms such as sweats and flushes. Again do ask for advice from your doctor nurse or pharmacist.

Will I put on weight if I take HRT?

Many women are anxious not to gain weight and avoid HRT as they have heard it causes weight gain. You can be reassured that research studies have found no evidence that a women's weight increases because she takes HRT. Many women successfully lose weight whilst on HRT by eating healthily and taking regular exercise. Some women are able to control their weight more easily on HRT as once this has removed their unpleasant menopausal symptoms, they feel more able to tackle any weight problems.

I've heard that HRT will increase my risk of having a stroke and can be dangerous for my heart. Is this true?

Overall the results from recent studies have shown a small increase in stroke in older HRT users. One of the most quoted studies, the American Women's Health Initiative Study (WHI) showed an increased risk in stroke in women taking HRT containing a particular type of oestrogen (conjugated) and a particular type of progestogen (medroxyprogesterone).

The study showed an increase in stroke for women taking both combined or oestrogen only HRT. Only two types of HRT were studied. The table below shows the extra numbers of stroke cases found in this study in 1000 women taking both types of HRT compared to women not taking HRT.

Estimated number of extra stroke cases per 1000 HRT users*

Age range (years)	Years of use	Oestrogen only HRT	Oestrogen + Progestogen HRT
50-59	5	1	1
60-69	5	3	3

It is therefore difficult to draw conclusions about small differences between the age groups, but broadly speaking the risk is less in younger women.

It is uncertain whether this increase risk extends to women who use other HRT products. What is certain however is that HRT should not be used to try to reduce the risk of strokes.

When looking at the impact of HRT on the risk of heart disease the same caution should be applied. The same American study (WHI) showed a small increase in the risk of heart disease with HRT in older women. Many of the women included in the study however already had pre-existing risks in their health for heart disease. For example 49% of the women studied were previous or current smokers, 30% were overweight and many had high blood pressure.

It is interesting to note that the study found neither a risk nor benefit of oestrogen only HRT, although there was a tendency for a reduction in heart problems in the younger women.

The table below shows the numbers of heart attacks and deaths due to coronary heart disease per 1000 women taking HRT found in the WHI study.

Estimated number of extra incidents of heart disease per 1000 HRT users

Age range (years)	Years of use	Oestrogen only HRT	Oestrogen + Progestogen HRT
50-59	5	Not significant	Not significant
60-69	5	Not significant	Not significant
70-79	5	Not significant	15

This is in contrast to earlier studies that had suggested that HRT may be protective against heart disease. What is clear from more recent studies such as this is that HRT should not be taken to protect the heart.

In 2007, data from the same American studies confirmed that those women below 60 years and less than ten years after menopause have a lower risk of coronary disease, a lower risk of death from any cause and no increased risk of stroke, with HRT use. This is reassuring for symptomatic women in their fifties who need HRT, Further studies are needed to investigate the effect of different types of HRT.

Will taking HRT increase my risk of getting breast cancer?

Most women are aware that breast cancer is a common disease in this country. Each year about two in every 1000 women aged between 50 and 70 will develop breast cancer. Women are rightly concerned to know what effect taking HRT will have on their own risk of getting breast cancer.

Media coverage of clinical studies looking at HRT and its influence on breast cancer risk over the past few years has increased concern amongst women about this issue since much of the coverage has been sensational and biased.

What causes further confusion, is the differing results from different studies.

The two main studies reported are The American Women's Health Initiative Study and The British Million Women Study. Although large studies, they had different designs and came to differing conclusions about the risk of breast cancer and different types of HRT use. It is also important to understand that the WHI study was a randomised controlled trial, the most vigorous type of medical research design, whereas the Million Women Study as an observational study which often introduces bias.

The Million women study for example found that all types of HRT was linked to an increase in breast cancer and that HRTs containing both oestrogen and progestogen carried a higher risk compared to HRTs containing oestrogen alone. This contrasts to The Women's Health Initiative Study which found that there was no increased risk of breast cancer for women using oestrogen only products.

It must be noted, however, that it is vital for women who have not had a hysterectomy and therefore have a womb, to take an HRT that contains progestogen. Progestogen acts to keep the lining of the womb healthy and gives protection against womb cancer.

So what are women to understand from these studies? Most experts now agree that taking HRT after the average age of menopause (50-51 years) does seem to be associated with a small increased risk of breast cancer which is also influenced by how long the treatment is taken for. What the studies do show is that any increased risk does not start to appear until after the woman has taken HRT for 4-5 years. The risks can again be shown by looking at the extra numbers of breast cancers cases diagnosed in women taking HRT compared to those numbers diagnosed in women not taking HRT in the Women's Health Initiative Study.

The studies also show that whatever type of HRT is taken the increased risk of breast cancer falls after you stop taking it and returns to the same level as a woman who has never taken HRT, five years after stopping it.

It has also been shown that the increased risk of breast cancer is not found in women who take HRT for a menopause which happens early i.e. before the age of 50.

What these figures mean to each individual woman will be very personal. However, it is also important to weigh the increased risk of breast cancer against the other health benefits of HRT.

Whether a woman takes HRT or not, she can also look after her own health by being "breast aware". This means being aware of any changes in her breasts and seeing a doctor if she is concerned. For women aged 50 and over it is also important to attend for a mammogram (breast X-Ray) every three years as part of the NHS Breast Cancer Screening Programme.

Is there any risk of womb cancer if I take HRT?

Cancer of the lining of the womb (endometrial cancer) is much rarer than breast cancer in this country with fewer than 1 in 1000 women in the UK over the age of 50 developing it. For a woman who has a womb (and have not had a hysterectomy) research has clearly shown that taking oestrogen alone HRT will increase her risk of developing womb cancer. For this reason, women who have not had a hysterectomy are therefore usually prescribed a combined preparation of oestrogen and progestogen. This has been shown to reduce the risk of both harmless and cancerous growth of the lining of the womb (endometrium).

If you are on HRT, your doctor and nurse will monitor your bleeding pattern with you. If you have unusually heavy, painful or unexpected bleeding on HRT it is important to tell your doctor.

Does taking HRT increase my risk of getting a blood clot (thrombosis)?

Studies show that the overall risk of any woman developing a blood clot in the veins of her legs is very small.

For women over the age of 50, who do not take HRT, only 1 woman in every 10,000 will develop a blood clot. Recent evidence does suggest that taking HRT seems to increase this risk two fold. The absolute rate of increase is 1.5 extra blood clots per 10,000 women per year (British Menopause Society Consensus Statement 2004).

The risk of blood clots in women taking HRT is far less than the risk for a healthy woman during a pregnancy when the risk is 6 per 10,000 women.

In most fit and active women the increased risk of taking HRT is not a problem, but if a woman has a history herself of blood clots or a family history of the condition then care will be taken in prescribing the treatment. It is also important that other risks for blood clots are also taken into account such as obesity and smoking.

How long should I take HRT for?

How long you stay on HRT will be a personal decision. Your decision to continue should be reviewed regularly, at least every year, with your doctor, nurse or pharmacist. At this review, you should examine your ongoing health status and any risks you might have which may influence your decision to continue. You should weigh up your own particular balance of risks against benefits when deciding whether to continue your HRT or not.

If you have any further questions relating to the information in this leaflet please do not hesitate to talk to our staff or use our Menopause Telephone Advice Line on : 0208 869 3965.

Is there an alternative to HRT?

Not all women will want or need HRT at the time of the menopause. You may wish to discuss the use of alternatives with your doctor, or see our leaflet 'Coping with your menopause without HRT'.

**Tables based on Medicines and Healthcare Products Regulatory Agency (MHRA) Update on HRT 2007*

Websites:

www.menopausematters.co.uk
www.daisynetwork.org.uk
www.womens-health-concern.org

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Reference: 132007
Issue date: October 2010
Review date: October 2010