



ALL ABOUT HORMONE REPLACEMENT THERAPY

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What is HRT?

Hormone replacement therapy (HRT) essentially replaces the hormones a woman is no longer producing in abundance. This is the most effective treatment for menopause and perimenopausal symptoms.

HRT includes the hormones oestrogen and in some cases, progestogen and testosterone. These are hormones produced by the ovaries, loss of these hormones has wide-reaching effects from hot flushes and sweats to joints pains, loss of libido (sex drive) and vaginal dryness.

What are the benefits of HRT?

Most women notice an improvement in their wellbeing after a relatively short period of time (2-3 months), but it can take longer for things to return to normal.

In addition to improving symptoms, HRT also reduces the risk of some chronic health issues including cardiovascular (heart disease), diabetes and osteoporosis (fragile bones which can break more easily). In addition, women who take HRT have a lower risk of bowel cancer. In the majority of women who start HRT before the age of 60, the risks of HRT are outweighed by the benefits.

When should I start taking HRT?

This is a personal choice, however there is significant benefit for other long term health issues (heart disease/osteoporosis) if HRT is started within 12 months of the onset of menopausal symptoms. This is usually some time before periods stop. It is therefore really important to consult your doctor if you have any symptoms rather than waiting until your periods have stopped. There

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is no arbitrary time limit to using HRT, providing there is benefit, there is no specific cut-off and women are increasingly choosing to take HRT beyond the age of 60.

How is HRT given?

Oestrogen can be replaced either through the skin as a patch, gel or spray, or in a tablet or implant. Most of these formulations contain oestrogen in a form identical to the oestrogen which women naturally produce. Most products use oestrogen derived from plants. Oestrogen is the key hormone that improves the majority of menopausal and perimenopausal symptoms.

Progestogen is needed alongside oestrogen if women have a uterus (womb) as taking oestrogen without progestogen can lead to thickening of the womb lining and an increased risk of womb lining (endometrial) cancer. Women with a uterus should therefore use combined HRT (oestrogen + progestogen). There are various ways in which you can take progestogen.

- Combined with oestrogen in a patch
- Combined with oestrogen in a tablet
- As a separate oral tablet/capsule
- A hormone device containing progestogen (Mirena) - up to 5 years at a time

The safest way to take progestogen is as a capsule containing micronized progesterone (Utrogestan), this is usually taken orally but some women use the same preparation vaginally.

Testosterone is another key female hormone, although we produce much smaller amounts than men, it has important roles in libido, sexual arousal, metabolism, muscle and bone strength, mood and cognitive function. Some women find that, despite oestrogen being used, symptoms such as low libido, reduced orgasm, fatigue, low mood, 'brain fog' and muscle fatigue are still an issue. In these women, testosterone therapy (in addition to oestrogen) can provide further benefit.

Testosterone is available as a gel or cream which is rubbed into the skin. While there are no specific products licensed for female use in the UK, it is widely used and safe when prescribed by your menopause specialist who will carefully monitor the dose during your treatment.

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WHAT ARE THE RISKS OF HRT?

Breast cancer

Using oestrogen and progestogen (combined HRT) is associated with a small increased risk of developing breast cancer. This is much lower than the risk of breast cancer associated with obesity or other lifestyle choices (smoking/alcohol). In addition, the use of micronized progesterone as part of combined HRT, does not increase breast cancer risk in the short term and there is a lower risk in women using this form of progestogen in the longer term.

Blood clots

Oestrogen given in an oral (tablet) form increases the risk of blood clotting, however using oestrogen through the skin does not increase this risk. Therefore, in women with a previously history of blood clots or other conditions which increase the risk of blood clots or strokes, using an oestrogen preparation through the skin (gel/patch/spray) is preferred

What are the side effects?

Side effects are not common but include nausea, tender breasts and bleeding. Usually, these resolve after a few months, so it is important to allow time for your body to adjust to using the hormones and keep going! If side effects do not settle or worsen, please discuss these with your menopause specialist or GP as some simple adjustments to your dose or regimen can often resolve these fairly easily.

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