

# IS HORMONE REPLACEMENT THERAPY WORTH THE RISKS?

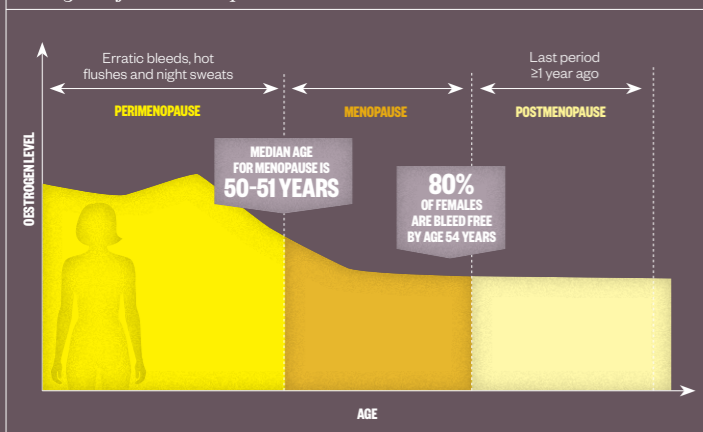
The risks and benefits of hormone replacement therapy (HRT) have long been the source of confusion and controversy. Here we summarise the latest evidence to assist pharmacists in supporting patients thinking about HRT.

JULIA ROBINSON, DAWN CONNELLY & RICH LEE

## THE MENOPAUSE

The menopause occurs when a female's oestrogen levels decline and menstruation ceases. Symptoms can start several years before a person's final menstrual period and can continue for up to 12 years. Premature menopause starts before the age of 40 years and early menopause starts before the age of 45 years.

### Stages of the menopause



### Types of HRT

**Oestrogen only:** for females without a womb or who are using a progestogen coil.

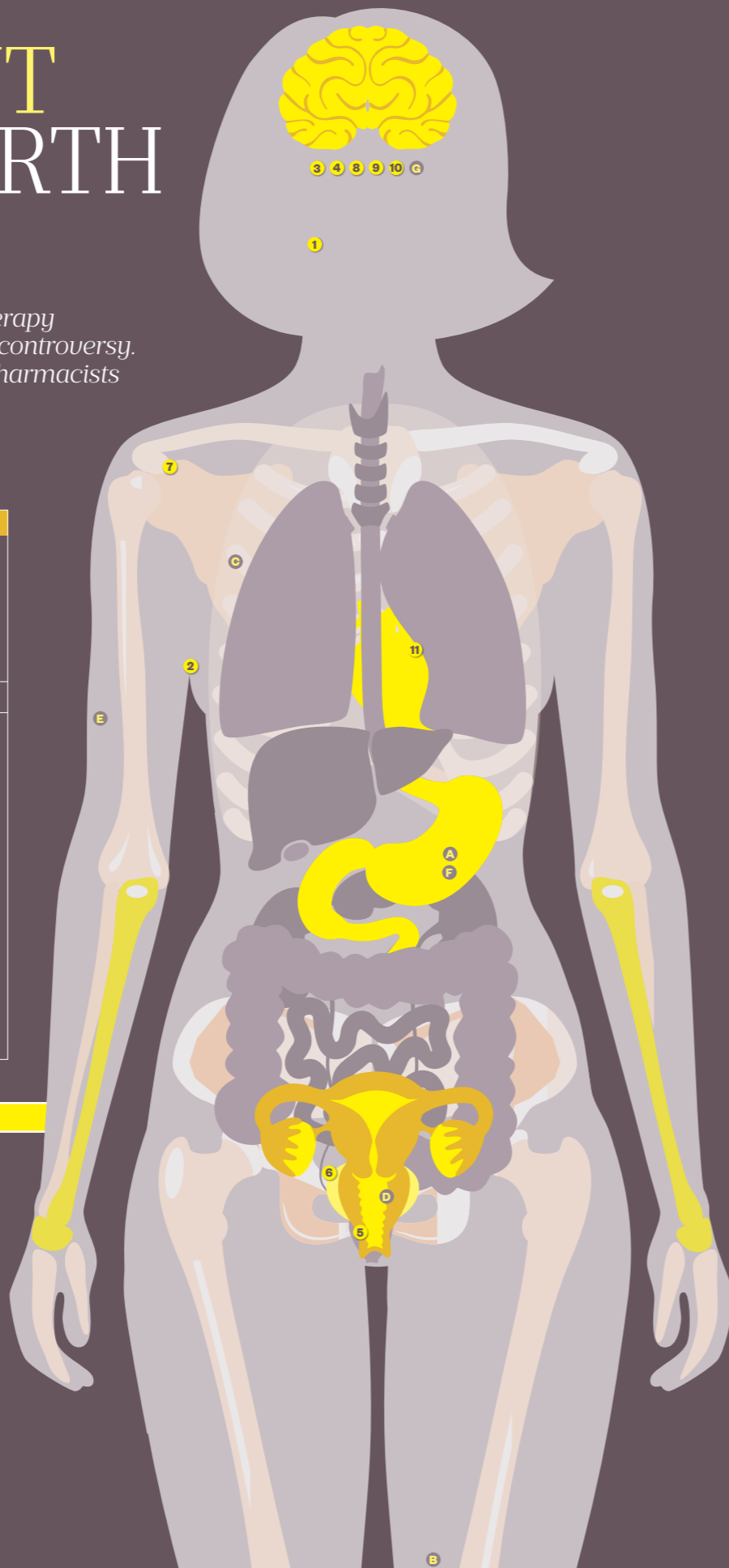
**Combined oestrogen and progestogen:** for females with a womb. Can be sequential (for people who still have periods) or continuous (for people who have stopped menstruating).

All HRT should be prescribed at the lowest dose for the shortest time needed to relieve symptoms.

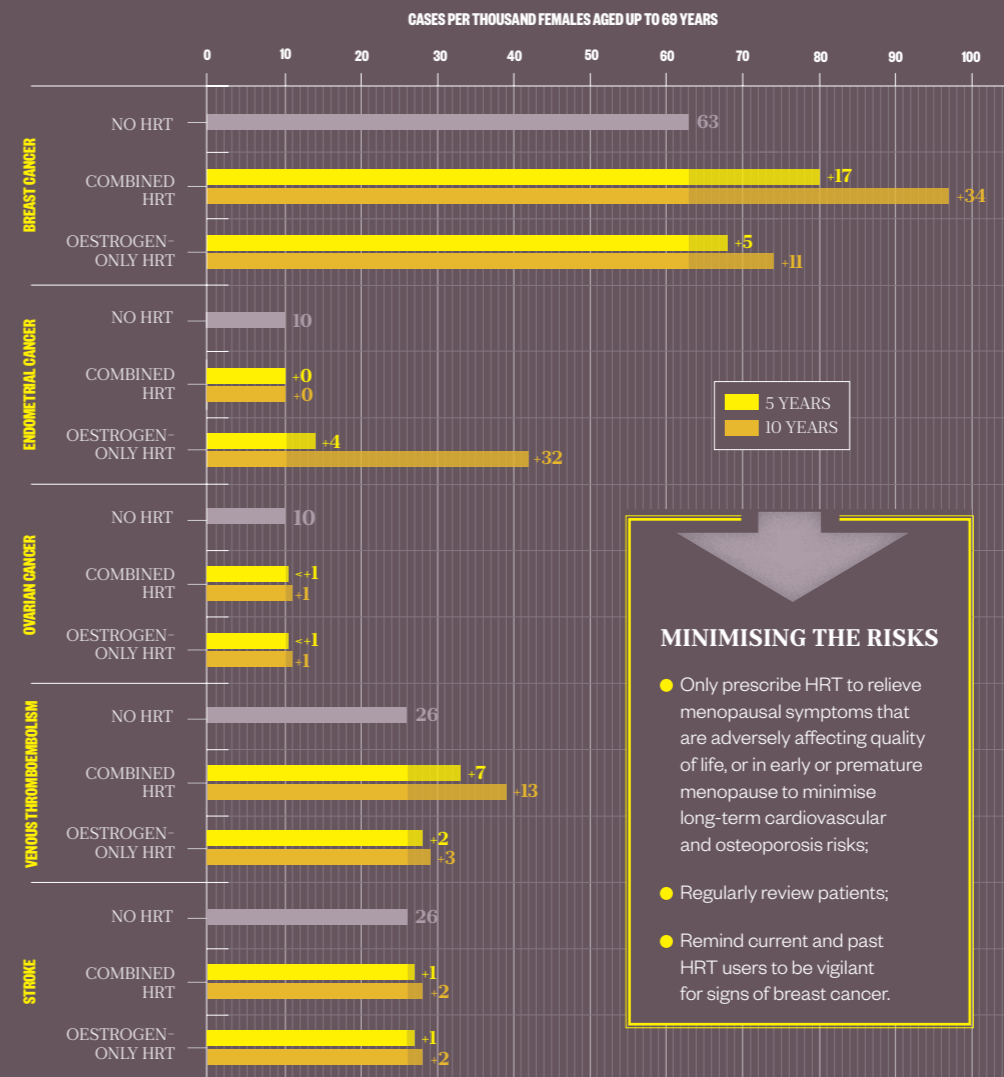
### BENEFITS OF HRT

HRT can relieve the following menopausal symptoms:

- 1 Hot flushes
- 2 Night sweats
- 3 Low mood and anxiety
- 4 Low libido
- 5 Vaginal dryness, pain, itching or discomfort during sex
- 6 Recurrent urinary tract infections
- 7 Joint aches and pains
- 8 Insomnia
- 9 Headaches
- 10 Problems with memory and concentration
- 11 Palpitations



## RISKS OF HRT



### MINIMISING THE RISKS

- Only prescribe HRT to relieve menopausal symptoms that are adversely affecting quality of life, or in early or premature menopause to minimise long-term cardiovascular and osteoporosis risks;
- Regularly review patients;
- Remind current and past HRT users to be vigilant for signs of breast cancer.



### POSSIBLE SIDE EFFECTS

- A Nausea
- B Leg cramps
- C Breast tenderness
- D Vaginal bleeding
- E Skin irritation
- F Abdominal pain and bloating
- G Headaches

Side effects usually disappear within six to eight weeks. If side effects do not improve, a change in the type or dose of HRT may be necessary.

### PREPARATIONS

**HRT tablets**  
● Oestrogen-only or combined HRT;  
● Taken once daily;  
● For short-term symptoms and long-term complications.

**Patches**  
● Oestrogen-only or combined HRT;  
● Applied once or twice per week to any area below the waist;  
● For short-term symptoms and long-term complications.

**HRT gel**  
● Oestrogen only;  
● Applied once daily to the skin — usually the upper arm, shoulder or inner thigh.

**Vaginal oestrogen**  
● Oestrogen only;  
● Used as a cream, vaginal tablet, ring or pessary for vaginal dryness and urinary symptoms alongside or instead of systemic HRT  
● Not thought to have the same risks as other HRT types, and can be used alongside or instead of systemic HRT.

**Mirena coil (Bayer)**  
● Delivers progestogen.  
● For adjunctive use in females with a womb taking oestrogen-only HRT.

**Micronised progestogen**  
● For adjunctive use in postmenopausal females with a womb taking oestrogen-only HRT.

**Sources:** British Menopause Society (BMS) and Women's Health Concern; Guy's and St Thomas' NHS Foundation Trust; Medicines and Healthcare products Regulatory Agency; National Institute for Health and Care Excellence; NHS England  
**Editorial advisers:** Lucy Skea, pharmacist with a special interest in menopause and member of the BMS; Nuttan Tanna, pharmacist consultant, women's health and osteoporosis/bone health and BMS-accredited specialist



## OTHER OPTIONS

- **LIFESTYLE CHANGES** — increasing exercise, improving diet, reducing consumption of alcohol and spicy foods, and stopping smoking may provide relief from menopausal symptoms, regardless of whether the person is taking HRT.
- **TIBOLONE** — when taken every day, this synthetic hormone has the combined effects of testosterone, oestrogen and progestogen. It is only suitable for patients who had their last period more than a year ago and carries similar risks to combined HRT in females under the age of 60 years. The risks may outweigh the benefits for females aged over 60 years starting HRT for the first time.
- **ANTIDEPRESSANTS** — selective serotonin reuptake inhibitors and serotonin-noradrenaline reuptake inhibitors may help with hot flushes and night sweats.
- **CLONIDINE HYDROCHLORIDE** — a non-hormonal medicine that may help reduce hot flushes and night sweats in females who cannot take oestrogen, but may cause unacceptable side effects in some patients.
- **TESTOSTERONE** — supplements may be appropriate in low doses in a minority of females, but most will require appropriate systemic oestrogen HRT before testosterone may be prescribed.
- **VAGINAL SELECTIVE OESTROGEN RECEPTOR MODULATORS** — these may be taken for the treatment of oestrogen-deficiency symptoms in postmenopausal females who are not candidates for vaginal oestrogen.