

Menopause and

▶ HRT

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Overview

- ▶ Menopause: 1 year since last period.
- ▶ Perimenopause: The time around your menopause.
 - ▶ Can last for many years
 - ▶ Typically 45-55 but can be earlier
- ▶ Symptoms due to drop in Oestrogen
- ▶ Blood tests usually not needed
- ▶ Associated with higher risk of cardiovascular disease, osteoporosis

Symptoms

- **Almost anything!**
- Hot flushes/night sweats.
- Period changes
- Brain fog
- Mood changes/irritability
- Loss libido
- Joint/muscle pains
- Headaches
- Dry eyes
- Dry/itchy skin
- Genitourinary syndrome menopause:
 - Dryness
 - Pain
 - Recurrent infections

Treatment

- ▶ Nothing
- ▶ Diet/Lifestyle factors.
- ▶ Supplements - a busy market!
- ▶ Medications
 - ▶ Topical oestrogen
 - ▶ HRT
 - ▶ Antidepressants

Local/Topical Oestrogen

- ▶ Technically HRT but not really
- ▶ Now available from pharmacies without prescription
- ▶ Very helpful for Genito-urinary syndrome menopause
 - ▶ Dryness
 - ▶ Pain/discomfort
 - ▶ Recurrent UTIs or symptoms similar to UTI
- ▶ Can be used at the same time as systemic HRT
- ▶ Tablet, ring, cream, pessary
- ▶ Used indefinitely

HRT -what is it?

- ▶ Hormone replacement therapy
- ▶ Improvement in symptoms comes from replacing oestrogen

- ▶ Oestrogen replacement comes in several different forms -your choice which you wish to try
 - ▶ Tablets
 - ▶ Patch (single or combination)
 - ▶ Gel

- ▶ If you still have a womb then you need to have progesterone alongside your oestrogen to protect your womb
 - ▶ Combination patch
 - ▶ Tablet
 - ▶ Mirena coil

HRT -risk vs benefit

Benefits

- ▶ Improvement in menopausal symptoms
- ▶ Protection against osteoporosis
- ▶ Reduced risk cardiovascular disease

Risks

- ▶ Breast Cancer -slight increased risk after 5 years of use
- ▶ Endometrial/Womb cancer- if oestrogen given alone
- ▶ Cardiovascular disease -if HRT started 10 years after menopause
- ▶ DVT/stroke -with oral HRT

Understanding the risks of breast cancer

Women's Health Concern

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.

Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopausal Diagnosis and management
November 2010

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



HRT -what kind?

- ▶ If you are still having periods
 - ▶ Cyclical hormones and regular period
- ▶ If periods have stopped
 - ▶ Continuous hormones and no bleed

We recommend a transdermal preparation as this is the safest way to take your HRT

Normally start with 3 month trial

HRT - preparations -how to choose?

Pros

Patches

Combination options
Change every $\frac{3}{4}$ days

Gel

Discrete

Tablets

Easy to take
Combination options

Coil

No additional contraception
Bleeding control/ no period

Cons

Not discrete
Adhesive issues

Daily use. Large doses- lots of gel.
Need separate progesterone

Risk of DVT/stroke. Not suitable for all

Still have to choose your oestrogen!

HRT -contraception

- ▶ HRT on its own is NOT a contraceptive.
- ▶ Recommend additional contraceptive cover up until age 55 unless you know you are post-menopausal
- ▶ Mirena coil is only contraceptive that will also form part of your HRT regime

HRT -side effects/problems

- ▶ Irregular bleeding
 - ▶ Very common first 3-6 months
 - ▶ Often settles
 - ▶ May require change in preparation
 - ▶ May need further investigation
- ▶ Breast Tenderness
- ▶ Mood changes
- ▶ Patch irritation

Testosterone

- ▶ Women do need testosterone
- ▶ Levels tend to reduce in menopause
- ▶ Supplementation currently only recommended for treatment of low libido
- ▶ Only if we have maximised oestrogen beforehand
- ▶ Not licenced