Menopause andHRT

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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

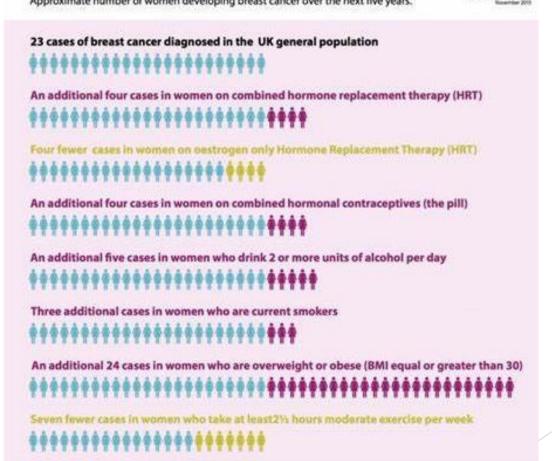


A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

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

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

NCC Guideline, Mempause Dispress and management Scientifier 2015



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 Cons

Patches

Combination options Not discrete

Change every ¾ days Adhesive issues

Gel

Discrete Daily use. Large doses- lots of gel.

Need separate progesterone

Tablets

Easy to take Risk of DVT/stro

Combination options

Risk of DVT/stroke. Not suitable for all

Coil

No additional contraception

Bleeding control/ no period

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