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## **UNDERSTANDING HRT**

With recent media coverage about the menopause and Hormone Replacement Therapy (HRT) we have been seeing increasing numbers of women booking appointments with us to discuss these topics.

There is no one-size-fits-all approach to managing the menopause as every woman's experience is different and we tailor the advice we give based on a person's symptoms, hormonal status, pre-existing medical conditions, age and family history. Starting HRT requires an in-depth discussion about the risks and benefits and so **it is really helpful if women have some understanding of the menopause prior to discussing it with us.**

The menopause is a natural process usually occurring between age 45-55. Symptoms are due to a lack of oestrogen and can last months to years with some having no symptoms at all. They might include hot flushes, fatigue, headaches, anxiety, palpitations, aching joints, skin changes and loss of sex-drive. You do not need to take medication during the menopause or there may be non-hormonal options to consider such as lifestyle changes, alternative therapies and other medications like certain types of anti-depressants that can be helpful for hot flushes.

If a woman chooses to try HRT we need to understand their current health in order to decide on the best preparation for them. For this we need a **baseline blood pressure and body mass index** (calculated from height and weight) so again it is useful to have these ready before an appointment. Because HRT can increase the risk of breast cancer and blood clots we are particularly interested in a past or family history of these conditions or any factors that make them more likely.

### **A (brief!) review of the options:**

If you have a uterus you need both oestrogen and progesterone, otherwise you can have just oestrogen.

There are patches and gels/sprays which provide oestrogen and these are thought to be safer options than oestrogen tablets.

Progesterone can be the hormone coil (usually called mirena) or tablets or can be combined in the patches.

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If you are younger or still having regular periods you will probably need a preparation that gives you a monthly bleed still (oestrogen for half the month and then oestrogen and progesterone the other half), called a sequential regime. Once you are older or have stopped periods for a while you can move to a 'no bleed' preparation called a continuous regime.

In keeping with NICE guidance, we do not prescribe testosterone unless under the guidance of a specialist.

Women tend to notice the effects of HRT fairly quickly and we perform a review 3 months after starting treatment and all being well we then review a woman annually. With time most choose to reduce and then stop HRT in line with the physiological perimenopausal process.

HRT does NOT provide contraception! Remember to ask about this if you still need to be protected.

In many cases starting HRT can transform wellbeing during which for many can be a difficult period of life and there is increasing evidence that it also benefits bone and heart health (although it is not licenced to use for these conditions). It does however still carry risks, particularly the increased risk of breast cancer.

Whether to use HRT or not really is an individual decision and it is important that you can make an informed choice based on the correct information and medical evidence.

### **Recommended resources**

A good place to start your research:

<https://www.menopausematters.co.uk/>

Has booklets on every aspect of the menopause:

<https://www.newsonhealth.co.uk/>

More on breast cancer risk:

<https://assets.publishing.service.gov.uk/media/5d68d0e340f0b607c6dcb697/HRT-patient-sheet-3008.pdf>

*This information was compiled by Dr Power (GP Partner at The Lodge Health Partnership)*

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