Options for HRT

Menopause 1 year since last period without hormones
FSH only if <45 or using progestogen. When FSH x2 >30 stay on contraception for 1 year if over 50, 2 years if under 50.
contraception - eg IUS (if amenorrhoea still or fitted after 45 can stay for 7 years)
Use progestogen if endometriosis (even after hysterectomy for 1 year +)

Sequential to treat menstrual irregularity and very heavy periods

Vaginal irritation/ sexual issues, frequent UTIs (50% reduction) and stress incontinence (20-90% improvement)
0.01% vaginal estriol safe to use lifelong (no evidence o risk in breast cancer or DVT)
consider estring for elderly in nursing homes with urinary symptoms (leave for 3 months)

Mood with flushes - HRT or CBT

All other forms protect against osteoporosis.

transdermal safest options, eg estradot 25, 2 squirts of 0.6% estradiol gel (sandrina)
Use Transdermal if patient prefers, poor symptom control with oral, bowel disorder - impaired oral absorption, FH DVT, BMI >30, high blood pressure, migraine, enzyme inducers, gallbladder disease, stroke. Hypertriglyceridaemia.
no increased risk of VTE,

Low dose unless premature ovarian failure (<40). Consider testosterone for bilateral oopherectomy.

Oestrogen only oral - increases VTE, (no increase of CVD) but small increase stroke (x1.5)
Combined oral no risk or small risk of CVD and small increase risk stroke (x1.5)

small risk breast cancer with combined patch, not with oestrogen only. Risk reverts after stopping.

Review after 3 months. Then annual review. Benefits outweigh risks until 60. Then no arbitrary age at which to stop
phytoestrogens same risks but unregulated
some evidence for black cohosh but probably placebo

Benefits of HRT
•Reduction of vasomotor symptoms. Relief of vaginal dryness and improved sexual function. •Improved sleep, joint pain and quality of life. Improved bone mineral density and reduced fracture risk. •HRT may improve psychological symptoms e.g. depression and anxiety.
•Other possible benefits include the reduction in risk of colonic cancer, dementia/ Alzheimers, prevention of diabetes, macular degeneration and cataract formation, with improved dentition and skin healing – these are still controversial and not seen as indications.

Risks of HRT

Breast Cancer

Women under the age of 50 on HRT are at no extra risk of breast cancer than they would be if their ovaries were working normally.

There may be a small increase in breast cancer in women who use HRT long-term.

This is mostly confined to women on combined HRT (not in women on oestrogen alone).

There will be 3 extra cases of breast cancer per 1000 women who use combined HRT (aged 50-59) per 5 years of use.

Ovarian Cancer

Studies are conflicting. If there is a risk it is very small. If 2,500 women take HRT for 5 years, there would be 1 extra case of ovarian cancer.

Endometrial Cancer

Giving women HRT oestrogen alone, if they have a uterus, increases their risk of endometrial hyperplasia and cancer. The addition of progestogen greatly reduces this risk. Continuous combined HRT gives better endometrial protection than cyclical HRT. Women should be converted to a continuous combined ("no bleed") preparation within 5 years of starting HRT where possible.

Venous Thromboembolism

The background risk of VTE in middle-aged women is low. HRT may increase the risk 2-3 times, but the risk is still small.

Cardiovascular Disease

Final analysis of the WHI study showed no increased risk of ischaemic heart disease (IHD) in women on oestrogen-only HRT. In fact there was a reduced risk compared to placebo.

IHD risk was only increased in women who started HRT over the age of 60. There may be a "window of opportunity" where HRT is started i.e. it confers benefit not harm.

See: Berkshire West CCGs HRT formulary and treatment guidance