Menopause and HRT

A guide for women in Tayside

Tayside Sexual & Reproductive Health Service

This booklet was written by the specialist staff of the Tayside Menopause Clinic to give women in Tayside some basic information about the menopause and HRT. We hope that this booklet will put the benefits and risks of HRT (hormone replacement therapy) in perspective and will help women in Tayside to decide if HRT is for them.

About the Menopause

Menopause is defined as the time when menstruation stops completely, due to the ovaries ceasing to function. This is diagnosed 12 months after the last natural period. The average age in British women entering the menopause is around 51.

In the lead up to the menopause (called the perimenopause) and in the years following their last period, women can experience menopausal symptoms for anything from a few months to several years or longer. Some women find these symptoms only mildly troublesome, but many can experience more severe symptoms. HRT can help with these symptoms.

What is hormone replacement therapy (HRT)?

HRT consists of either the hormone oestrogen on its own or a combination of the hormones oestrogen and progestogen.

The hormones involved in HRT are oestrogen, which enhances bone health and relieves the symptoms of menopause. If you have a womb your HRT will include progestogen which protects the lining of the womb from any harmful effect of oestrogen. After a hysterectomy, women can usually use oestrogen alone.

HRT comes in different forms including tablets, patches, gels, implants and vaginal preparations. The progestogen part of HRT can also be provided by a hormone 'coil' (Mirena®) which lasts for five years when used this way.

The two hormones may be given in combined patches or pills, or may be given as two separate preparations, for example an oestrogen patch with a hormone 'coil' as the progestogen.

- Often women need to try a variety of HRT combinations before finding one which suits best, giving the best symptom control and the least side effects.

If it is less than one year since your last period then you will probably be prescribed a combined HRT which is "sequential" which mimics your normal cycle. After a few years this is usually changed to a "continuous" preparation, which will mean that your periods will stop.

The type of HRT healthcare professionals prescribe is partly whichever is safest and most effective but also depends on a woman's preference for a particular method.

- Transdermal oestrogen in form of a patch or gel which is absorbed through the skin is often better for symptom control and also carries a lower risk compared to oestrogen tablets.

Early onset of the menopause and premature ovarian insufficiency

Women who have had their ovaries removed or have undergone an early menopause for any other reason before the age of normal menopause, should consider taking HRT.

Especially in women entering the menopause under the age of 45, the benefits of HRT usually greatly outweigh its risks because HRT is only replacing the hormones they would produce naturally if they had not entered the menopause. Experts agree that it is usually a good idea for these women to take HRT for its long-term health benefits on bones and the cardiovascular system (heart, arteries, etc.) **even if they do not experience any or only mild symptoms**.

We recommend that women with early menopause take their HRT up to the age of 51 and then reassess the situation to decide if they want to continue to take HRT in the longer term or not.

Benefits of HRT

Relief of menopausal symptoms

Around 80% of women experience symptoms when they go through the menopause. Menopausal symptoms include hot flushes, night sweats, disturbed sleep, altered mood (mood swings, low mood, irritability and anxiety), chronic tiredness, vaginal dryness, low sex drive, joint aches and many others.

For some women these symptoms can be very troublesome, adversely affect their quality of life and wellbeing and make it difficult to function normally. These symptoms will gradually settle with time in most women but can often occur for several years.

HRT is highly effective and will usually considerably improve these menopausal symptoms.

Menopausal symptoms might come back once a woman stops HRT although are often not that severe. Some women decide not to take HRT for this reason.

Relief of vaginal, vulval and urinary symptoms

The menopause can be associated with vaginal dryness which may cause discomfort with sex. Urinary symptoms such as increased frequency, urgency or pain when passing urine even after an infection has been ruled out can also become more an issue. Unfortunately, these local symptoms do not tend to settle with time.

Systemic ("whole body") HRT will help these symptoms but local vaginal oestrogen in the form of vaginal tablets, creams or ring are also very effective. Both treatments need several weeks to work and reverse the vulval, vaginal and bladder changes of the menopause and restore comfort. Some women with severe vaginal and/or urinary symptoms use both HRT and local oestrogen. Local treatment is very safe for most women even in their seventies or eighties and can be used long-term.

Prevention of osteoporosis

HRT will help prevent osteoporosis but is no longer recommended for prevention of osteoporosis alone unless you are under 51. If you are taking HRT to help hot flushes and sweats, then your bones will benefit. However, it is felt that the small risks of long-term HRT outweigh the benefits if it is used for bone protection alone.

Other benefits of HRT

HRT slightly decreases your risk of getting bowel cancer, and it may help to keep your heart healthy if you do not have any current heart problems.

In addition, it may have a positive effect on sex drive, concentration, memory, mood and sleep disturbance.

Side effects and Risks of HRT

Side effects

The most common side effects of HRT are breast tenderness, bloating, headaches and vaginal bleeding. Some women may feel that they gain weight because of fluid retention and increased appetite. Generally, these side effects will settle down. If you have not had a hysterectomy and are in the perimenopause 'sequential' (cyclical) HRT may give you a regular period each month until 'continuous' (no period) HRT may become suitable.

Erratic vaginal bleeding can be a problem, especially initially and should be **discussed with a healthcare professional, especially if it lasts longer than six months** after starting or changing HRT.

Breast cancer risk

Breast cancer is common in the Western World and the major risks are being female and getting older. Most experts agree that taking HRT slightly increases the risk of developing breast cancer.

The breast cancer risk with HRT is like having a late menopause: the risk of getting breast cancer is the same for a woman taking HRT from age 50 to 55 years as it would be if she still had her periods to this age.

Oestrogen-only HRT also reduces this risk in comparison to combined HRT (oestrogen plus progestogen) but can only be taken by women who have had a hysterectomy.

For all HRT, the risk of breast cancer increases the longer you take it but returns to normal risk around five years after stopping HRT.

Lifestyle factors like alcohol intake (more than 2 units/day) and smoking also increase the risk of breast cancer as does, especially, obesity (BMI ≥ 30 kg/m^2).

Deep Vein thrombosis (DVT) and Pulmonary Embolism (PE) risk

HRT may increase the risk of blood clots in the veins (deep vein thrombosis or DVT) or in the lungs (pulmonary embolism or PE); although for most women the risk is still low overall. If you have already had a DVT or PE, you may not be able to take HRT. You will also be at higher risk of DVT/PE if you are overweight, have a family history of DVT/PE or are immobile for any reason. The risk of DVT/PE increases with age and is much lower with HRT patches or gels than with tablets.

Heart disease and stroke risk

HRT is not recommended for women who have certain heart conditions and may increase the risk of heart disease for some women. Heart disease is not an absolute reason to avoid HRT but each case must be considered carefully, assessing the risks.

Recent research suggests that HRT slightly increases the risk of stroke. The risk of stroke increases with age.

If you have had a stroke in the past or have high blood pressure which is not well controlled with treatment, HRT may be riskier.

Table showing number of cases of disease per 1000 women aged 50 – 59 over 7½ years with and without HRT

	No HRT use	Oestrogen only	Oestrogen & Progestogen
Breast cancer	22.5	4 fewer	5 more
Heart disease	26	6 fewer	5 more
Stroke	11	No change	6 more
Deep vein thrombosis	3	7 more	7 more

Are you thinking about taking HRT?

All women are individuals: women will be guided by their healthcare professionals to make their own choice on what is right for them.

HRT has been around for a long time and over the years there has been both positive and negative press about it. Large studies have shown that there are small risks associated with HRT. The best way to consider HRT is that it is a form of medication and, like any other, is associated with side effects and there are both risks and benefits.

Only few women have a medical reason which prevents them from taking HRT to help them with severe menopausal symptoms or an early menopause. Systemic (whole body) HRT may be taken for as long as necessary at the lowest effective dose and the decision to take HRT or not can be reviewed at any stage. Local (topical) oestrogen to treat vaginal dryness etc. can be used safely for many years as long as it is needed.

Finally, life in general is full of choices to make and people take risks of varying degrees every day. **The risks of HRT are much smaller than the risks of cigarette smoking, alcohol excess and obesity**. Sometimes feeling better while on HRT gives women the strength to modify these other risk factors by joining an exercise class, stop smoking, etc.

If a woman has made a decision to start or continue with HRT she should take it for a reasonable period of time. We suggest that you are reviewed by your GP every year to discuss the decision to continue with HRT or not.

Using the hormone 'coil' Mirena® as part of HRT

The Mirena® 'hormone coil' (also called IUS) is licensed for contraception, heavy periods and the progestogen part of HRT. This may be particularly beneficial for women who still need contraception, have bleeding problems and those who have significant side effects with other progestogen preparations.

In women using the Mirena® IUS as part of their HRT the device needs to be changed every 5 years. Make sure that you arrange a replacement when due as your HRT becomes otherwise unsafe. Tayside Sexual & Reproductive Health Service will not remind you regarding this and your GP might not either.

Alternatively you could change your HRT type once the IUS has expired and add the progestogen in the form of a tablet or patch. The Mirena® IUS alone without additional oestrogen is unlikely to help with menopausal symptoms.

"Bioidentical HRT"

"Bioidentical" HRT products are widely marketed in the internet and prescribed by private health care professionals who are often not recognised menopause specialists.

These products are not recommended by the British Menopause Society because they are not regulated and there is no evidence of their effectiveness and safety. There is also insufficient evidence to justify multiple serum and saliva hormone tests often claimed to precisely "individualise" this type of HRT.

Recommended check-ups while on HRT

While taking HRT, you should have your blood pressure and weight monitored once or twice a year but more frequently if you have a problem with high blood pressure.

You should attend for your usual cervical smear screening tests when you are called.

You should check your breasts regularly. The UK Breast Screening programme invites you for a mammogram between the ages of 50 – 70 years. **You should opt to continue mammograms after this age by calling the Breast Screening Service if you are still on HRT or only stopped taking HRT within the past 5 years.**

Non hormonal medical alternatives to HRT

If you cannot or do not wish to take HRT you might consider non- hormonal treatment of your symptoms.

General symptoms

Antidepressant drugs are generally used for treatment of depression, they can also reduce hot flushes and night sweats by around 40%. They also improve mood and sleep pattern. The specific antidepressants used are usually from a drug group known as SSRIs or SNRIs.

Side effects include nausea, headaches, constipation and disturbed sleep.

Gabapentin is often used for the treatment of chronic pain but can also be beneficial for women having hot flushes.

None of the non hormonal alternatives to HRT are officially licensed to be used for menopausal symptoms, but we know they can be effective and help a woman to cope with them. They must be prescribed by a doctor who will usually suggest a trial for three months initially. If the drug has had no effect in that time then it should be reviewed. If it is helping menopausal symptoms, we suggest continuing the treatment for 6 to 9 months then wean it down gradually. If the menopausal symptoms return thereafter, the drugs could be restarted again.

Local symptoms

If you wish to avoid even local hormones, there are other ways to improve the vaginal, vulval and urinary symptoms which occur after the menopause. These include general measures such as avoiding contact between the vaginal skin and soap, wipes, perfumes, talc and man-made fibres.

Vaginal moisturisers and lubricants such as Sylk® or Yes® can be very helpful to ease discomfort – you could request free samples on their websites.

Emollient lotions may be helpful for washing and moisturising vaginal skin. Ask your GP or the Sexual & Reproductive Health Clinic to suggest the best products for you.

Lifestyle tips, self help measures and natural alternatives to HRT

Hot flushes/night sweats:

- Avoid heat, very hot baths or showers and very spicy food.
- Cut down or avoid alcohol, caffeine, and smoking.
- Wear layers of clothing that can be removed easily as soon as a flush starts.
- Hand-held fans, a cooling spray or cooling pillow can help.
- Moist wipes may be useful but avoid use on the genital area.
- Avoid synthetic and/or thick night and bedclothes.
- Sleep on a big towel to absorb sweats.

Anxiety/palpitations:

- Try deep, slow breathing and other relaxation techniques.
- Try mindfulness by attending a local course, buying a book (with CD) or downloading an app like Calm or Headspace.
- Yoga and Pilates can be helpful to reduce anxiety.
- Regular exercise can also help with anxiety.
- Reduce caffeine intake.

Exercise:

- Regular vigorous exercise will help reduce the frequency and intensity of hot flushes and sweats (for example 4 x 30 minute sessions per week).
- Choose a form of exercise that you enjoy and will continue with in the long term.
- Exercise also helps control weight gain.
- Exercise lifts mood and helps prevent heart disease.
- Weight bearing exercise can help prevent osteoporosis (thin bones).

Alcohol:

- Alcohol can make hot flushes and sweats worse.
- More than 2 units daily (1 unit = a single measure of whisky, a ⅓ of a pint of beer or ½ a standard glass of red wine) may double the risk of breast cancer.
- Alcohol can also reduce bone strength and therefore contribute to osteoporosis.
- Try to reduce your alcohol intake and have at least three alcohol-free days a week. If this is difficult for you, speak to your GP about this.

Weight:

- Obesity (body mass index (BMI) ≥ 30 kg/m^2) may treble the risk of breast cancer, increases your risk of heart disease, stroke and blood clots and makes sweating much worse.
- Please speak to your GP to talk about your weight and a possible referral to a nutritionist or dietician.

Smoking:

- Smoking greatly increases the risk of heart disease and stroke, both of which are more common after the menopause. It is also associated with an increased breast cancer risk.
- Smoking also interferes with absorption of calcium from food.
- Please speak to your local pharmacy or your GP about the different ways to help you to quit.

Cognitive Behaviour Therapy (CBT)

Cognitive Behaviour Therapy (CBT) can be very beneficial for controlling symptoms in women on HRT whose symptoms are not completely controlled or women who do not take HRT (anymore). Excellent self-help books by authors like Sheryl Green and Myra Hunter on the subject have been published.

Please check out the useful CBT factsheet by Women's Health Concern:
https://www.womens-health-concern.org/help-and-advice/factsheets/

Aromatherapy

Some women feel they get benefit from alternative therapies, although there is no scientific evidence to support their use. Methods include essential oils of lavender, camomile and rose which some people feel promote calm and improve mood and sleep.

Other alternative therapies

Homeopathy, acupuncture, reflexology and massage can help relax muscles and relieve stress. Yoga and Pilates can be beneficial for some women by producing a calming effect. Hypnotherapy can also help you to tolerate menopausal symptoms better.

Diet:

- Phyto-oestrogens ("plant oestrogens") for example soya products, beans, lentils, cereals and linseeds can supplement falling levels of oestrogen. Linseeds also provide the essential fatty acids omega-3 and omega-6. Plant oestrogens can also be bought in tablet form.
- Oily fish (salmon, herring, and tuna for example) should be eaten twice weekly to increase levels of omega-3.
- Calcium should be consumed daily, preferably from food, for example milk, yogurt and cheese, to help prevent osteoporosis.
- A variety of fruits and vegetables and whole grains should also be eaten.
- Cut down on caffeine because caffeine may worsen flushes and sweats.

Calcium and diet

Bone is a living structure which is constantly being renewed. To ensure healthy bones, a reliable supply of essential vitamins and minerals, particularly calcium and vitamin D, is important.

Calcium provides strength and rigidity to the skeleton and is particularly important for women after the menopause where falling oestrogen levels cause a drop in bone density leading to osteoporosis (thin bones).

Recommended daily calcium intake:

Women over 45 years	1200mg
Women over 45 years on HRT	1000mg

Eating a calcium rich diet is the most natural way to help your bone health. Calcium rich foods include milk (of any fat content), (calcium boosted) soya milk, tofu, yoghurt, cheese, oily tinned fish, spinach, nuts and dried figs.

Please check the following link for 'Healthy Living for Strong Bones', a patient information leaflet about calcium rich diet:
https://theros.org.uk/media/2078/nos-healthy-living-lft-v4.pdf

You might also want to check your calcium intake by using this calcium calculator:
https://www.iofbonehealth.org/calcium-calculator

If you do not have enough calcium in your diet you may wish to take a calcium/vitamin D supplement which can be purchased over the counter but discuss this with your doctor first as taking calcium in the long term has been associated with some increased risks.

Calcium/vitamin D supplements may be prescribed by your doctor if you have osteopenia or osteoporosis and are already taking other drugs for your bones.

In order for your body to make the best use of dietary calcium, it needs vitamin D as well. We manufacture vitamin D naturally in our skin when exposed to sunlight, so plenty of fresh air is an easy and cheap way to make the most of your dietary efforts.

In addition, there are a number of foods that are rich in vitamin D, such as oily fish (sardines, mackerel), eggs, cheese and vitamin D enriched foods (for example margarine and breakfast cereals).

Herbal remedies

There is little evidence that any of these are of significant benefit and they can be very expensive. Some women however are unable to use or may wish to avoid conventional HRT preparations and may wish to explore other options.

Plant oestrogens contained in soya and red clover are often referred to as isoflavones or phyto-oestrogens.

St John's Wort may help mild depression but should be avoided in women using other drugs including HRT as it may cause interactions. Be aware that many herbal or plant extracts have weak oestrogen-like activity and should be avoided by women undergoing breast cancer treatment.

Please check with your supplier as some significant side effects have been reported with some of these preparations.

You might want to read the factsheet about Complementary/Alternative Therapies by "Women's Health Concern":

www.womens-health-concern.org/help-and-advice/factsheets/

Contraception around the menopause

HRT is not a contraceptive. Contraception is needed for one year past the last natural period for women aged 50 or over and for two years for women between the ages of 40 and 49. Women using hormonal contraception (including the hormone 'coil') or HRT might not get periods at all. For this reason, it can be difficult to know at which point they can stop using contraception. They should therefore speak to their nurse or doctor for advice.

Low sex drive

Loss of interest in sex is a common complaint around the time of the menopause and has a complex relationship with many other changes happening at the same time. There are a few treatment options which may help.

Psychosexual counselling

We have a psychosexual service within our Sexual & Reproductive Health Service to look at these problems.

Use of Testosterone

Testosterone is the hormone responsible for male characteristics but occurs naturally in women as well and has a role in libido, mood and energy levels.

Women who have had their ovaries removed before the menopause can experience a significant loss of sex drive as ovaries play a key role in producing testosterone and the role of testosterone replacement is now established in these women.

Testosterone treatment is less well studied in women who still have their ovaries. Additionally, there is currently no testosterone product licensed for use in women on the UK market.

Potential side effects from testosterone include greasy skin, acne and increased facial hair growth although these are rarely a major problem. Testosterone is not recommended in women who have a high cholesterol level or are at increased risk of heart disease or stroke. The treatment is usually only started in women on HRT once most of her other menopausal symptoms are under control.

You may wish to discuss testosterone therapy with your GP or menopause specialist who will assess you and exclude other causes of your low sex drive like relationship problems, pain during sex, sexual boredom, sexual trauma, side effects of medication, body image concerns/ lack of sexual confidence, etc.

Tayside Menopause Clinic

Most hormonal and non-hormonal treatments of menopausal symptoms are prescribed by GPs. The Tayside Menopause Clinic is based within Tayside Sexual & Reproductive Health Service. The Tayside Menopause Specialist Team gives advice to GPs and other specialists and sees the most complex patients following a referral.

Useful addresses:

Women's Health Concern
Website: www.womens-health-concern.org
Patient arm of the British Menopause Society (BMS) – excellent fact sheets

Royal College of Obstetricians and Gynaecologists (RCOG)
Website: www.rcog.org.uk/en/patients/menopause/
Menopause Hub with lots of information for patients

Menopause Matters
Website: www.menopausematters.co.uk
Website run by a Scottish menopause specialist – includes discussion forum

The Menopause Exchange
Website: www.menopause-exchange.co.uk/index.htm
Another UK based website about the menopause run by health care professionals

National Osteoporosis Society
Website: www.nos.org.uk
Downloadable factsheets about calcium-rich diet, healthy living, etc.

The Daisy Network
Website: www.daisynetwork.org.uk
Premature Ovarian Insufficiency (Menopause) support organisation

Sexual Advice Association
Website: www.sexualadviceassociation.co.uk
Professional site with fact sheets about low sex drive, etc.

Developed and reviewed by specialist staff of the Menopause Clinic at
Tayside Sexual & Reproductive Health Service and has been reviewed by patients

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