

Hormone replacement therapy (HRT)

The leaflet aims to answer your questions about taking HRT to treat your menopausal symptoms. If you have any questions or concerns, please speak to the doctor or nurse caring for you. This leaflet should be read alongside any patient information provided by the manufacturer.

What is HRT and why do I need it?

HRT is medication aimed at relieving the symptoms that some women experience during the menopause, also known as the change of life. These symptoms could include hot flushes, night sweats, vaginal dryness, tiredness and irritability, and decreased sex drive. HRT works by replacing the hormone (oestrogen) that your body stops producing when you go through the menopause or when you have had surgery to remove your ovaries.

Used long-term, HRT may help to reduce the risk of osteoporosis (thinning of the bones) and bowel cancer. However, there are also known risks including an increased risk of certain types of cancer. These risks are described in more detail later in this leaflet. As new research is available this will be discussed with you in your clinic appointment.

When you start HRT, the doctor or nurse will discuss your age, symptoms and medical conditions before looking at the risks and benefits of HRT which are specific to you. These risks and benefits could change and will be discussed at your yearly review.

Some women have a medical menopause (a menopause caused by medical treatment) and may be offered HRT. Some women are not able to take HRT – usually these are women with cancers that have been caused by hormones and women who have had a blood clot.

You may have heard of bioidentical hormones. These are not used in treatment as they have not been approved by organisations that regulate medicines. They have not been researched and proved safe to use.

What are the different types of HRT?

There are two different types of HRT. The type of HRT you take will depend on where you are in the menopause and if your periods have stopped completely for a year.

- **Oestrogen only (no progestogen)** – this is for women who have had a hysterectomy (surgery to remove their womb), or are using an intrauterine system (IUS) such as Mirena. This type of HRT does not contain progestogen to protect the lining of the womb.
- **Combined HRT (oestrogen and progestogen)** – this is necessary if you still have your womb. This can be given in two ways.
 - Continuous combined HRT – oestrogen and progesterone, taken together daily (one a day) for 28 days. This means that there will be no withdrawal bleeds.
 - Sequential HRT – oestrogen only for the first 14 days then both hormones for the second 14 days. This usually results in monthly withdrawal bleeds.

How much will HRT cost?

HRT is only available on prescription and will be charged at the current prescription rate. Sometimes your HRT will involve two medicines and you may need to pay for two prescriptions.

How long does HRT take to work?

It usually takes a few weeks before you will feel the initial benefits of HRT and up to three months to feel the full effects.

It may also take your body time to get used to HRT. When treatment begins you may experience side effects such as breast tenderness, nausea and leg cramps. Usually these side effects will disappear within six to eight weeks. If they do not, a change in the type or dose of HRT may be necessary and your doctor or nurse will advise you on this. If after four to six months of HRT you have not felt the benefits of the HRT it may help to try a different type.

How do I take the medicine?

This depends on the type of HRT you are taking (oestrogen only or combined) and does not always mean tablets. Below is an overview of the different types, or 'preparations', available.

Patches

HRT patches can contain oestrogen, alone or with progestogen. They are applied once or twice a week to any area below the waist. They are effective in relieving both short-term symptoms and, if taken for longer, the long-term complications of the menopause.

HRT tablets

A wide range of tablets are available, and they are taken once a day. They can contain oestrogen or a combination of oestrogen and progesterone. They are effective in relieving both short-term symptoms and, if taken for longer, the long-term complications of the menopause.

HRT gel

Oestrogen is also available in the form of a gel. It is applied once a day to a clean, dry, unbroken area of skin, usually on the upper arm, shoulder or inner thigh. It is rubbed in and takes a few minutes to dry. The gel is clear and non-greasy. If you have a womb then you will also need to have progesterone to protect the womb lining. This can be in the form of either tablets or Intra Uterine System (IUS) Mirena (there is a separate leaflet about IUS, please ask if you would like a copy).

Vaginal oestrogen (local HRT)

Vaginal creams, vaginal tablets, vaginal rings or vaginal pessaries contain a small amount of oestrogen and only work for specific symptoms where they are applied, such as vaginal dryness and urinary symptoms. Local HRT will not improve other symptoms, such as hot flushes, or protect against the longer term effects of the menopause such as osteoporosis. Local HRT does not have the same increased risks as other types of HRT so can be used by most women (see below for more information about risks).

What should I do if I forget to take the medicine?

If you forget to take your HRT **do not take the doses that you have forgotten**, just take the next dose when you remember.

Are there any side effects?

Many women experience side effects in the first few months of taking HRT. If problems persist after three months of treatment then the type of HRT may be changed. Women react differently to HRT, so there is no one preparation that is better than any of the others. It is often a personal choice as to the type of preparation we try first.

Weight gain

It has been scientifically proven that women gain weight during the menopause, so any weight gain may not be a result of HRT. Your body's fat distribution also changes, with an increase in fat around the waist and less around the hips and buttocks. You can also experience water retention when on HRT. If this happens then it may be worth trying a different preparation of HRT.

Blood pressure

There is no evidence that blood pressure increases with taking HRT in most women. Women are advised to have their blood pressure checked and treated in the usual way.

Bleeding

Irregular bleeding in the first few months of taking any form of HRT is quite common and usually settles. Any bleeding after the first six months will need to be investigated with ultrasound scans and possibly a hysteroscopy (where we look inside the womb, through the vagina, using a small telescope at the end of a narrow tube).

Nausea

Some women complain of nausea associated with HRT. This can be reduced by taking the HRT tablet at night with food instead of in the morning, or by changing from tablets to another type of HRT.

Skin irritation

This can happen with patches and occasionally gel. Sometimes the patches may fall off.

Other side effects that can occur and normally settle include: breast tenderness and enlargement, leg cramps, bloating, headache, pre-menstrual symptoms, lower abdominal pain, backache, depressed mood, acne/greasy skin.

Are there any risks?

The information leaflets contained in the HRT packages can be misleading. They mainly refer to those women taking HRT after the age of the natural menopause (aged about 50). Younger women who are given HRT after a hysterectomy or because of an early menopause may gain greater benefits than older women. The risks explained overleaf are taken from National Institute of Clinical Excellence (NICE) guidelines.

Breast cancer

If you are under the age of 50 and taking HRT there is no additional risk of breast cancer, although you still have the same risk as the rest of the population. There is an increased risk for women over 50 who take combined HRT. Results from studies suggest that for every 1,000 women that take combined HRT for between seven and eight years there will be between five and 17 more cases of breast cancer than would be expected in women not taking HRT.

The latest research finds that breast cancers found in women who take HRT are easier to treat than those in women not on HRT. The risk of breast cancer increases the longer you are on HRT and reduces once you have stopped HRT.

Cardiovascular disease and stroke

There are slightly increased risks of cardiovascular disease and stroke for women over 60. This is more likely if HRT was started late into the menopause and if combined HRT is used. The risk can depend on the dose of HRT and how it is administered. The risk is lower if you are using transdermal HRT (where HRT is given through the skin, in gel or patches) and a lower dose.

Deep vein thrombosis (DVT)

There is a risk of developing DVT (a blood clot). This depends on other risk factors, for example smoking, your weight, your age and the way that HRT is taken. There is a slight increase in risk in the first year of treatment. It is thought that there is less risk when using skin preparations such as patches and gel. This risk is a lot lower than taking the contraceptive pill or the risk that you may have had in pregnancy.

Your doctor or nurse will discuss the risks with you. Aside from HRT, there are many factors which can affect your risk of breast cancer, cardiovascular disease, stroke and DVT.

How long should I take HRT for?

If HRT is being taken solely for the relief of menopausal symptoms, it should be taken for two to three years. To obtain the best benefit in reducing the risk of osteoporosis, HRT needs to be taken for a minimum of five years. For women who have had an early menopause or surgical removal of the ovaries, the time is not counted until they have reached the age of 50 (the average age of the menopause).

All discussions about stopping or decreasing the amount of HRT you take should be had with your healthcare professional. Each year you and your doctor will review the benefits and risks of continuing to take HRT.

How do I get a repeat prescription?

You can get a repeat prescription from your GP.

Useful sources of information

Daisy Network – a charity supporting those affected by premature menopause

w: www.daisynetwork.org.uk

Women's Health Concern – a charity providing advice and information for women

w: www.womens-health-concern.org

NHS website

w: www.nhs.uk/conditions/hormone-replacement-therapy-hrt

Menopause Matters

w: www.menopausematters.co.uk

NICE

w: www.nice.org.uk

Contact us

If you have any questions or concerns about HRT, please contact the gynaecology nurse consultant on **t:** 020 7188 8032 (Monday to Friday, 9am to 5pm). The telephone will always be answered on Wednesdays between 2pm and 4pm; you will be able to leave a message on the answerphone at other times. You can also email **e:** gynaecologyresults@gstt.nhs.uk.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111 **w:** 111.nhs.uk

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?

We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, **w:** www.guysandstthomas.nhs.uk/leaflets, or **e:** patientinformationteam@gstt.nhs.uk

Leaflet number: 3530/VER3

Date published: July 2019

Review date: July 2022

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A list of sources is available on request