



# MENOPAUSAL HORMONE THERAPY

Menopausal hormone therapy (MHT) is a treatment for problematic menopausal symptoms (hot flushes, night sweats, vaginal dryness). It is very effective for treating these symptoms but many women choose not to take hormone therapy and it is not suitable for some women.

Menopause is a normal life event. It is thought to occur because the ovaries no longer produce eggs, which leads to a decrease in hormone production.

Most women experience menopause at around age 50. Menopause in women under 40 is called 'premature' and under 45 is called 'early'. Premature or early menopause can be spontaneous (natural) or may occur due to surgery or cancer treatments.

Menopause usually happens gradually. 'Perimenopause' or 'menopause transition' is the time from when menstrual cycle changes begin until one year after the final menstrual period. Blood tests are not needed to diagnose menopause; they are only recommended for women under 45 if menopause is suspected.

Menopausal symptoms usually start at around age 47 and reach a peak in the year around the final menstrual period. The duration and severity of symptoms varies; some women have few symptoms, others can have symptoms for more than ten years. Sometimes symptoms are mild but some women have hot flushes that affect their ability to function during the day or to sleep through the night. Most women manage their menopausal symptoms without medical help. For women with severe symptoms, MHT reduces hot flushes and night sweats and may improve sleep and quality of life.

Menopausal hormone therapy (MHT) was previously known as hormone replacement therapy (HRT). It contains oestrogen plus a progestogen, or oestrogen alone for women who have had a hysterectomy (an operation to remove the uterus).

## Oestrogen

Oestrogen is a hormone produced by the ovaries before menopause. The changes in oestrogen levels during the menopause transition and reduction after menopause may cause symptoms including:

- hot flushes
- night sweats

- vaginal dryness and discomfort with sexual activity
- reduced libido or desire for sex.

A reduction in oestrogen may also lead to bone thinning – which can lead to osteoporosis and risk of fracture in the long-term.

Most symptoms will pass within two to five years, although vaginal dryness often continues in postmenopausal women.

## Progesterone

Progesterone is another hormone produced by the ovaries. Before menopause progesterone works to prepare the uterine lining for pregnancy. Women taking oestrogen for menopausal symptoms also need a progestogen (a hormone that acts in a similar way to progesterone) to protect the uterine lining (endometrium). Progesterone alone does not have any health benefits in postmenopausal women. Women taking oestrogen who have had a hysterectomy do not need to take a progestogen.

## How MHT is taken

There are several ways MHT can be taken, including:

- tablets
- a patch that you stick on your skin
- oestrogen gel applied to the skin and absorbed.

Hormone implants (under the skin) are no longer used because they lead to very high hormone levels and cannot easily be removed.

## Local oestrogen for vaginal dryness

Vaginal (or 'topical') oestrogen is effective for vaginal dryness. Women mainly troubled by vaginal dryness and not vasomotor symptoms (hot flushes and night sweats), can use vaginal oestrogen alone. Women taking vaginal oestrogen alone do not need to take a progestogen to protect the uterine lining because the absorption of oestrogen from the vagina is low.

Local oestrogens can be in the form of:

- pessaries placed directly into the vagina
- a vaginal ring
- vaginal creams.

## When to stop taking MHT

Most current guidelines advise limiting use of MHT to women with troublesome symptoms and to those under age 60 or within 10 years of menopause. Deciding when to stop MHT is generally managed on a case by case basis in consultation with the treating doctor. Stopping MHT can lead to a recurrence of menopausal symptoms. It is not known whether stopping gradually or suddenly reduces the rate of recurrent symptoms. Vaginal oestrogen does not need to be stopped and can be continued in the long-term.

## Who can use MHT?

MHT is safe for healthy women around the time of normal menopause. Women with premature or early menopause are usually recommended to take MHT until the normal age of menopause (about age 50 years).

Some women should avoid MHT including women with:

- a personal history of breast cancer
- a history or increased risk of blood clots
- a history of heart disease or stroke
- untreated high blood pressure – MHT can be started once blood pressure is under control
- abnormal vaginal bleeding which has not been investigated.

In some women MHT may carry increased risks (see *below for more information*).

In women who are still having periods (perimenopausal) MHT may cause irregular bleeding. Using an intra-uterine progestogen (such as Mirena) may help to minimise irregular bleeding. Abnormal bleeding should be investigated before starting MHT and this may require a hospital referral.

If MHT is not suitable or recommended, there are various effective non-hormonal treatments for menopausal symptoms. See the fact sheet *Treating hot flashes: An alternative to hormonal replacement therapy*

Most women tolerate MHT well. However, any side effects (such as bloating or breast tenderness) should be discussed with the prescribing doctor.

## Benefits and risks of MHT

Like any medication, MHT has risks and benefits. These are likely to vary on an individual basis and should be discussed with the prescribing doctor.

The main benefit of MHT is that it effectively treats menopausal symptoms and can significantly improve quality of life. It also protects bones from osteoporosis and reduces the risk of fracture, but only while it is taken.

Any risks associated with taking MHT will depend on a woman's previous medical history and current health. Risks also vary between oestrogen alone MHT and oestrogen plus progestogen preparations.

- Both kinds of MHT (oestrogen alone and combined MHT) increase the risk of blood clots in the legs (Deep Venous Thrombosis, DVT) and lungs (pulmonary embolus, PE).
- Higher doses of oestrogen lead to a greater risk of DVT & PE and oral (tablet) preparations may increase risk more than transdermal (patches, gel) preparations.
- MHT may also increase the risk of stroke, though this risk is very small and may depend on a woman's age.
- Oestrogen alone increases the risk of endometrial cancer, but adding progestogen prevents this.
- Combined MHT increases the risk of developing breast cancer after 5 years of use, but this is not seen in women taking oestrogen alone.

You may want to discuss the individual risks of taking MHT compared to the likely benefits with your doctor.

## For more information

### Women's Welcome Centre

Royal Women's Hospital

T: (03) 8345 3037 or 1800 442 007 (rural callers)

E: [wwcadmin@thewomens.org.au](mailto:wwcadmin@thewomens.org.au)

### NHS UK

[www.nhs.uk/conditions/Menopause](http://www.nhs.uk/conditions/Menopause)

### Jean Hailes for Women's Health

[jeanhailes.org.au/health-a-z/menopause](http://jeanhailes.org.au/health-a-z/menopause)

### Better Health Channel

[www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/menopause](http://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/menopause)

### Royal College of Obstetrics and Gynaecologists

[www.rcog.org.uk/en/patients/patient-leaflets](http://www.rcog.org.uk/en/patients/patient-leaflets)