Hormone replacement therapy (HRT) is a treatment used to relieve symptoms of the menopause. It replaces female hormones that are at a lower level as you approach the menopause.

The menopause, sometimes referred to as the "change of life", is when a woman’s ovaries stop producing an egg every four weeks. This means she will no longer have monthly periods or be able to have children naturally.

The menopause usually occurs when a woman is in her 50s but some women experience the menopause in their 30s or 40s.

Oestrogen and progesterone (see below) are female hormones that play important roles in a woman’s body. Falling levels cause a range of physical and emotional symptoms, including hot flushes, mood swings and vaginal dryness.

The aim of HRT is to restore female hormone levels, allowing the body to function normally again.

**Oestrogen**

Oestrogen helps to release eggs from the ovaries. It also regulates a woman’s periods and helps her to conceive.

Oestrogen also plays a part in controlling other functions, including bone density, skin temperature and keeping the vagina moist. It is a reduction in oestrogen that causes most symptoms associated with the menopause, including:

- hot flushes
- night sweats
- vaginal dryness
- reduced desire for sex
- leaking urine when you cough or sneeze
- bone thinning – which can lead to osteoporosis and fractures.

Most symptoms will pass within two to five years, although vaginal dryness is likely to get worse if not treated. Incontinence can also persist and the risk of osteoporosis will increase with age.

**Progesterone**

The main role of progesterone is to prepare the uterus for pregnancy. It also helps to protect the lining of the uterus, called the endometrium.

A decrease in the level of progesterone does not affect your body in the same way as falling levels of oestrogen. However, taking oestrogen as HRT on its own is linked to cancer of the uterus or endometrial cancer.

Progesterone is therefore usually used in combination with oestrogen in HRT.

If you have had a hysterectomy (an operation to remove your uterus), you do not need progesterone and can take oestrogen-only HRT.

**How HRT is taken**

There are several ways HRT can be taken, including:

- tablets – which can be taken by mouth
- a patch that you stick on your skin
- an implant – inserted under the skin of your tummy, buttock or thigh
- oestrogen gel – which is applied to the skin and absorbed

**Local oestrogen for vaginal dryness**

If you are only experiencing vaginal dryness, you will probably be recommended oestrogen preparations that can be applied directly to your vagina. This is called a local oestrogen.

In this case, the dose of oestrogen is so low; you don’t need the protective effect of progestogen.

Local oestrogens or can be in the form of:

- pessaries placed directly into the vagina
- a vaginal ring
- vaginal creams.
When to stop taking HRT

Most women are able to stop taking HRT after their menopausal symptoms finish, which is usually two to five years after they start.

Gradually decreasing your HRT dose is usually recommended, rather than stopping suddenly. You may have a relapse of menopausal symptoms after you stop HRT, but these should pass within a few months.

If you have symptoms that persist for several months after you stop HRT, or if you have particularly severe symptoms, contact your GP because treatment may need to be restarted, usually at a lower dose.

After you have stopped HRT, you may need additional treatment for vaginal dryness and to prevent osteoporosis (brittle bones). Read about the best ways to prevent osteoporosis.

Creams and lubricants are available for vaginal dryness, as are local oestrogen preparations (see above).

Who can use HRT?

You can start HRT as soon as you begin to experience menopausal symptoms. However, HRT may not be suitable if you are pregnant or have:

» a history of breast cancer, ovarian cancer, endometrial cancer
» a history of blood clots
» a history of heart disease or stroke
» untreated high blood pressure – your blood pressure will need to be controlled before you can start HRT
» liver disease.

If you have irregular periods, this will also need to be diagnosed before HRT is used.

If you are unable to have HRT, different medication may be prescribed to help control your menopausal symptoms.

Side effects of HRT

Hormones used in HRT can have associated side effects, including:

» fluid retention
» bloating
» breast tenderness or swelling
» headaches
» indigestion
» depression.

Tell your local doctor (GP) about any side affects you are experiencing.

Benefits and risks

Over the years, many studies examining the benefits and risks of HRT have been carried out.

The main benefit is that it is a very effective method of controlling menopausal symptoms, and it can make a significant difference to a woman’s quality of life and wellbeing.

HRT can also reduce a woman’s risk of developing osteoporosis and cancer of the colon and rectum. However, long-term use is rarely recommended, and bone density will decrease rapidly after HRT is stopped.

Combined HRT slightly increases the risk of developing breast cancer, endometrial cancer, ovarian cancer and stroke. There is also an increased risk of deep vein thrombosis (DVT) and pulmonary embolism (blockage in the pulmonary artery). Other medicines are available to treat osteoporosis that do not carry the same level of associated risk.

You need to discuss with your doctor, your individual risks of taking HRT compared to the benefits.

For more information

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NHS UK
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