

Menopause and HRT

Written by Dr Louise Newson

balance
the menopause support app

This booklet has been written by Dr Louise Newson, GP, menopause specialist and director of the balance app. She is also director of the not-for-profit company, Newson Health Research and Education, and is the founder of The Menopause Charity.

What is the menopause?

Menopause actually occurs one year after your last menstrual period. The term 'perimenopause' is often used to describe the time when you have menopausal symptoms before your periods actually stop all together. Many people continue to have periods when they experience symptoms of the menopause.

The average age of the menopause in the UK is 51 years, but it can be common to have some menopausal symptoms when you are in your mid-to-late 40s.

Your menopause is described as being early if it occurs before the age of 45 and it is called Premature Ovarian Insufficiency (POI) if it occurs before the age of 40 years. Women and non-binary people who have an early menopause or POI absolutely need to take hormones, usually in the form of hormone replacement therapy (HRT), and there are no risks of taking HRT at a younger age.

The menopause usually occurs

when your ovaries stop producing eggs and also make less estrogen (the main 'female' hormone). This is usually a result of aging and is a normal process.

If you have an operation to remove your ovaries (oophorectomy) then it is very likely you will experience menopausal symptoms, which can be very severe. It is important that you discuss the option of HRT with your doctor before having an operation. If you have had a hysterectomy (removal of your womb) your ovaries are more likely to stop working earlier than they would do otherwise.

If you have had radiotherapy to your pelvic area or chemotherapy as treatment for some types of cancer, you may have an early menopause.

An early menopause can run in some families, so it can be worthwhile asking your mother and other family members how old they were when their periods stopped.

What are the symptoms of the menopause?

The menopause is usually a natural event that every woman goes through. Some of you will have very few or even no symptoms and your periods simply stop happening. However, for the majority of people it is not so straightforward and around 80% experience several symptoms. Around 25% of these individuals have very severe symptoms.

The symptoms you may experience vary from person to person and can change with time. These symptoms often have a very negative impact on

your life and can really affect your relationships with your partner, family and work colleagues.

For some, you will notice that your periods gradually become lighter and more irregular. However, others will find that their periods become more frequent and heavier.

You may only experience symptoms for a few months or they could last several years. However, for around a third of women symptoms can last for more than ten years.

Commonly known symptoms include:

- Hot flushes
- Night sweats
- Mood swings
- Tiredness
- Poor sleep
- Poor concentration
- Lack of libido

Less commonly known symptoms include:

- Heavy periods
- Muscle and joint pains
- Hair and skin changes (such as dry or itchy skin)
- Depression, anxiety & irritability
- Memory problems
- Panic attacks
- Worsening headaches and migraines
- Worsening PMS (premenstrual syndrome)
- Vaginal dryness, itching or soreness
- Pain during sexual intercourse
- Urinary symptoms such as increased frequency passing urine
- Dry eyes and sore mouth

Testing for the menopause

Most women, and those born with ovaries, over the age of 45 years who have typical symptoms of the menopause do not need any tests to make the diagnosis. If you are under 45 years old then hormone blood tests may be advised, but these can often be unreliable and are not always needed to make the

diagnosis of the perimenopause or menopause. You may be advised to have blood tests such as your cholesterol level or other hormone levels or a DEXA scan which is used to diagnose osteoporosis.

It is important that you keep up to date with regular cervical and breast screening, if applicable.

What are the potential risks to your health from the menopause?

As well as causing symptoms, there are actual health risks to your

body when you go through the menopause.

Osteoporosis

In your body there are cells which are constantly laying down new bone and other cells which are reabsorbing older, worn-out bone. As you get older this balance changes so more is being removed than laid down. This can lead to thinning of your bones, which is known as osteoporosis.

Osteoporosis is much more common after the menopause as estrogen works to keep your bones strong, so as estrogen levels fall the

bone loss becomes more rapid.

Having osteoporosis increases your risk of fracturing (breaking) a bone. This can obviously be painful but can also lead to other problems. Some people with osteoporosis have small fractures in the bones of their spine, which can be very painful. Fracturing your hip can really affect your future quality of life and many people lose their independence after a hip fracture.

Cardiovascular disease

Cardiovascular disease means disease of your heart and blood vessels so includes heart attacks and strokes. Your risk of

cardiovascular disease increases after the menopause as estrogen is very important in keeping your blood vessels healthy.

Other diseases

There is an increased risk of osteoarthritis, type 2 diabetes,

bowel cancer and dementia after menopause.

Hormone replacement therapy (HRT)

HRT is the most effective treatment available to improve your symptoms and it can also work to reduce your risk of diseases including osteoporosis, type 2 diabetes, heart disease and dementia.

Due to a flawed research study 20 years ago and subsequent misinformation and misleading reports in the media, many people are reluctant to take HRT despite it being safe for the majority of women.

Guidelines from the National Institute of Health and Care Excellence (NICE) are clear that the benefits of HRT outweigh the risks for the majority of individuals.

Taking HRT can significantly improve the range of symptoms caused by low levels of estrogen, progesterone and testosterone and it can provide you with positive effects to your future health, especially your bones and heart.

What is HRT?

HRT is treatment that contains hormones. The type of hormones you need and the doses you are given vary between each person. So it is not a "one type fits all" prescription. All types of HRT contain an estrogen hormone. This replaces the estrogen that your ovaries no longer make after the menopause.

HRT is available as tablets, skin patches, gels or sprays. There are several brands for each of these types of HRT. If you still have your womb, you will also need to take a progesterone or progestogen which is usually given as a tablet or via the Mirena coil. This is because taking estrogen can thicken the cells in the lining of the womb and this has a small risk of the cells turning cancerous. There is no increased risk of cancer of your uterus when you also take progesterone or progestogen. In some HRT products, the estrogen and progestogen are combined in the same tablet or patch.

If you are still having periods when you take HRT, the type of HRT you will usually be given will lead to you have regular periods (known as sequential or cyclical HRT). If it has been more than a year since your last period or you have been taking HRT for a year, then the type of HRT can be changed to one where you will not have periods (known as continuous HRT).

Testosterone is another hormone that women produce. Although it is also the male hormone, women produce it too, in fact, in larger volumes than estrogen before the perimenopause and menopause.

Testosterone levels drop during the perimenopause and menopause and can cause symptoms such as poor concentration, low energy and reduced libido (sex drive). Testosterone is usually given as a cream or gel which you use every day. It can also be given in a small pellet that is inserted under the skin known as an implant. Your clinician will be able to talk to you about this in more detail.

Benefits of HRT

The right type and dose of HRT can work really well to ease the symptoms of the menopause. HRT is a safe and effective treatment for most healthy people with symptoms who are going through the menopause. It has many benefits and for some types of HRT there are small risks, which are discussed below. The benefits and risks of HRT will vary according to your age and

any other health problems you may have. Your clinician should be able to discuss with you any potential risks of taking HRT.

Taking HRT reduces your future risk of osteoporosis, even low doses provide bone protection. Taking HRT can also reduce your risk of developing cardiovascular disease.

Risks of HRT

For most people, the benefits of HRT far outweigh any risks and body identical HRT containing estrogen in the form of 17 beta-estradiol and micronised progesterone is extremely safe. The risks of HRT depend on the type of HRT you are given and also other factors such as your age, weight, alcohol intake and whether you smoke. This is why it is so important to have an individualised consultation where you can discuss your actual risks.

Risk of blood clot

There is a small increased risk of a clot or stroke if you take estrogen in tablet form. You are more likely to develop a clot or have a stroke if you are obese, a smoker, or have had a clot in the past.

Estrogen via a patch, gel or spray does not have an increased risk of clot or stroke and these are usually safe for women to take, even if they have a high risk of clot.

Risk of breast cancer

It can be common for people to worry about breast cancer when taking HRT. Most types of HRT do not actually increase the risk of breast cancer. The only type that might have a very small risk is HRT containing both estrogen and the older, synthetic types of progestogen. And this is only if you're over 51 years. The risk is related to the type of progestogen in the HRT and not the estrogen. Taking micronised progesterone (the body identical progesterone) has **not** been shown in studies to have a statistically significant increased risk of breast cancer.

Even if you're over 51 years and take the synthetic type, such as combined HRT patches, the risk is very low. In fact, the risk is less than the increased risk if you drank a couple of glasses of wine each night or the risk of being overweight. And it's worth bearing in mind that this

small risk has never been shown to increase the risk of death from breast cancer. There does not seem to be an increased risk of breast cancer when using the Mirena coil.

If you've had a hysterectomy and

are taking estrogen without a progestogen, you actually have a lower risk of developing breast cancer than someone who doesn't take HRT at all.

Side effects of HRT

Side effects are problems that are not serious but may occur in some individuals. Side effects with HRT are uncommon but if they do occur then they usually happen within the first few months of taking HRT and then settle with time as your body adjusts to taking the hormones.

In the first few weeks you may develop a slight feeling of sickness

(nausea), some breast discomfort or leg cramps. HRT skin patches may occasionally cause irritation of the skin. A change to a different brand or type of HRT may help if side effects occur. For example, changing from using a patch to the gel may be beneficial. If you have a side effect with one brand, it may not occur with a different one.

The bottom line about HRT

- There are more benefits to your health from starting HRT early
- You do not have to wait for your symptoms to become severe before taking HRT
- There is no maximum length of time for which you can take HRT
- HRT is not a contraceptive
- HRT does not work by 'delaying your menopause'
- If you have menopausal symptoms after stopping HRT, then these are symptoms you would otherwise experience if you had never taken HRT
- HRT is beneficial for most women
- HRT has many health benefits
- Taking HRT can give you your life back!

HRT improves symptoms of the perimenopause and menopause and provides protections for your future health. Taking HRT is an individual's choice and it is important to understand the latest evidence and make a choice that's right for you.



Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK and the founder and writer of the balance app and website.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available.

Her aim is for people to acquire more knowledge and confidence to approach their own GP to ask for help and advice about their hormones. She is passionate about improving awareness of safe prescribing of HRT in all stages of the perimenopause and menopause.

Louise is also the director of the not-for-profit company Newson Health Research and Education and Chair of the Newson Health Menopause Society.



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