

Patient information from BMJ

Last published: Apr 12, 2021

Menopause: should I take HRT?

The menopause is the name for when your menstrual periods stop for good. It isn't an illness, just a normal stage in every woman's life. But sometimes it causes symptoms that can be distressing. You can get symptoms of the menopause for several years.

Treatments for the symptoms of the menopause include hormone replacement therapy (HRT). This can work well, but it increases your chances of some serious health problems. So you need to think carefully about whether or not to take it.

How do I decide?

Your doctor should be sure that you understand the risks of HRT, if you are thinking of taking it. These are some of the things you might want to consider and discuss with your doctor:

- How much do your menopause symptoms bother you?
- Can HRT help with the symptoms that bother you most?
- Which type of HRT is likely to work best for these symptoms?
- Are there alternatives to HRT for these symptoms?
- Do some ways of taking HRT have fewer side effects than others?
- What are the health risks with taking HRT?
- Are you at high risk or low risk of getting health problems from HRT?
- How long will you need to take HRT?
- What side effects might you get with HRT?

What happens in the menopause?

As you approach the menopause your body makes less of two hormones, oestrogen and progesterone. Among other things, these hormones control when you have a period. You may notice changes to your periods. They might be heavier, or lighter, and last for more or fewer days than usual.

Many women have hot flushes when they go through the menopause. When this happens you suddenly feel hot and you may go red in the face. It's also common to find that your

Menopause: should I take HRT?

vagina feels dry and uncomfortable, which may make sex painful. Both of these symptoms are caused by changes in your hormone levels.

Other symptoms include having trouble sleeping, feeling depressed, gaining weight, and having less interest in sex. These things might be caused by changes to your hormones, or by changes to your life around the time of the menopause.

Not everyone needs treatment for symptoms of the menopause - some women find the symptoms don't bother them much. But other women find the symptoms more distressing. If you are worried by your symptoms you can talk to your doctor about treatments.

What is HRT?

HRT stands for hormone replacement therapy. (It's sometimes just called hormone therapy, or HT.) It's a type of medicine that contains the hormone oestrogen.

The aim of HRT is to replace some of the oestrogen that your body stops making when you reach the menopause. This is because the drop in oestrogen at the menopause causes symptoms such as hot flushes and vaginal dryness.

Many women take a combination of oestrogen and a substance called progestin. Progestin is designed to mimic the effects of the hormone progesterone.

There are different ways of taking HRT. You can take it as a skin patch, a tablet, a gel, an implant, or a vaginal cream or ring. Some types work best for certain symptoms. If you decide to take HRT, you can talk to your doctor about which product is likely to suit you best.

Depending on what type of HRT you take, you might be able to take it in a way that copies your natural cycle and gives you a period. This is called cyclical HRT. It's often prescribed for women who are having menopausal symptoms but who are still having periods.

Or you can take HRT every day without a break and have no period. This is called continuous HRT. It's more suitable for women who haven't had periods for a year or more.

How can HRT help?

HRT can help relieve several symptoms of the menopause, including:

- hot flushes
- vaginal symptoms such as dryness and pain during sex
- urinary infections that can be caused by dryness.

Taking HRT also offers other benefits, such as reducing your chances of bone fractures.

HRT for hot flushes

HRT is highly effective in reducing hot flushes. Many women find that it cuts the number of hot flushes they have by up to 90 percent (nine out of ten).

Menopause: should I take HRT?

But HRT can increase your chances of some serious problems, including stroke, deep vein thrombosis (DVT), and breast cancer. So doctors recommend that women who take HRT have the lowest possible dose for the shortest possible time.

Women who have not had a hysterectomy (who still have a uterus) are usually prescribed HRT that also contains progestin. This seems to offer protection against cancer of the uterus (also called womb cancer or endometrial cancer).

Oestrogen therapy on its own is usually only offered to women who have had a hysterectomy (an operation to remove the uterus) or who don't have a uterus.

HRT for vaginal and urinary symptoms

The menopause can cause several vaginal symptoms, including vaginal dryness, urinary tract infections (UTIs), and other problems with urination.

For women who have some of the vaginal symptoms of menopause without hot flushes, doctors prefer to prescribe HRT treatments that are applied directly in the vagina rather than tablets that you take by mouth.

This reduces the chances of side effects. These locally applied treatments also seem to work better than pills at relieving urinary symptoms such as infections.

HRT for vaginal symptoms can be taken as a cream, as pessaries (tablets that dissolve when placed in the vagina), or as a small, flexible ring placed inside the vagina. This ring gradually releases the HRT medication into the vagina for three months, after which you replace it with a new one.

Many women who take HRT using these methods find that they get relief from the vaginal symptoms of menopause, including the vaginal dryness that can make sex painful.

HRT for sleep problems and mood symptoms

Some women find that their menopausal symptoms cause disturbed sleep (partly because of hot flushes at night), while some women find that they have problems with their mood, such as depression.

We don't know whether the insomnia that affects some women at the menopause is caused directly by hormonal changes. But HRT does seem to help some women sleep better.

If you find you become depressed during or just after the menopause, talk to your doctor. It is possible that hormonal changes are the cause.

Women with symptoms of depression are most likely to benefit from HRT if they are currently going through the menopause. After the menopause, antidepressant medicines are more likely to help with depression linked to menopause.

Can HRT be harmful?

Research has highlighted two main areas where HRT can increase the chance of serious problems. These are:

Menopause: should I take HRT?

- heart and circulation problems, such as heart disease, stroke, and deep vein thrombosis (DVT). A DVT is a blood clot in a vein. These usually happen in the leg. If you have a blood clot in your leg that travels to your lung it can be very dangerous.
- breast cancer.

For most women the increases in the risks of these conditions are very small. But you should talk to your doctor about the risks and benefits for you as an individual.

Some women feel that the risks that come with HRT are too great, while other women feel that their menopausal symptoms are making their lives so miserable that they are willing to accept those risks. You can discuss all these issues with your doctor before deciding whether HRT is right for you.

Heart and circulation problems

The effects of HRT on heart and circulation problems are complicated. It's not simply a case of HRT increasing the chance of problems. For example, research suggests that HRT increases your chance of a stroke or DVT, but that starting HRT less than 10 years after the menopause actually offers some protection against heart disease.

Cancer

Taking HRT slightly increases your chances of being diagnosed with breast cancer. Once you stop taking HRT your chances of getting breast cancer falls. Within a few years of stopping HRT your chance of getting breast cancer is the same as it was before you took HRT.

HRT is considered safer for women who have no history of breast cancer in their family, or of DVT. But this doesn't mean that women with a history of those conditions can't take HRT.

Other side effects

Taking HRT for a year or more could increase your risk of gallbladder disease (gallstones) or urinary incontinence.

You may also get less-serious side effects with HRT. Sometimes they go away when you have been on HRT for a while. Sometimes a change of product helps.

These side effects include unexpected bleeding, tender breasts, headaches, and mood swings. Some women put on a little weight when they first start HRT. But this doesn't last and most women's weight soon returns to what it was before they started HRT.

What are the alternatives?

There are some things you can do that might make hot flushes easier to deal with. For example, you could try avoiding spicy foods, warm environments, and things that cause you stress. You could also try wearing layered clothing and drinking cold water.

Many doctors also recommend regular exercise for women during menopause. It might not help with specific symptoms, but it contributes to general wellbeing. Exercise can also help with weight loss, which can help relieve menopausal symptoms in some women.

Menopause: should I take HRT?

There are also some non-HRT treatments that may help with hot flushes. Some are prescription medicines while others are supplements you can buy over the counter. They are unlikely to work as well as HRT. But you can talk to your doctor about them if you would rather not take HRT.

Antidepressants are usually used to treat depression, but some of them can help reduce hot flushes. But antidepressants can cause side effects in some people, including nausea, dizziness, and a reduced interest in sex.

Gabapentin is a drug normally used to treat epilepsy and neuropathic pain (pain caused by problems with your nerves). But it can help reduce hot flushes. Gabapentin can cause side effects, including dizziness and drowsiness.

Clonidine is a drug usually used to treat high blood pressure. It can help reduce hot flushes, but it can cause side effects, including lowering your blood pressure too much. If you use this treatment your doctor should regularly monitor your blood pressure.

Phyto-oestrogens are chemicals found in some plants. They act like a weak form of oestrogen. Soya products such as tofu and miso are rich in phyto-oestrogens, as are beans, lentils, certain fruits, and celery. You can also buy them as supplements. But it's unclear whether phyto-oestrogens help to relieve symptoms of the menopause, and whether they might cause the same problems as HRT.

You should always tell your doctor if you're taking herbal treatments at the same time as prescription medicines, as some combinations of treatments are not safe.

The patient information from *BMJ Best Practice* from which this leaflet is derived is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2021. All rights reserved.



BMJ