

- For a woman in her 60s who is not taking HRT, the risk of DVT is 8 in 1,000 over 5 years. For a woman in her 60s taking HRT, the risk of DVT rises to 17 in 1,000 over 5 years.

Heart disease and stroke

HRT is not recommended for women who have significant heart problems. We know now that HRT does not prevent heart disease and may make older women slightly more likely to develop heart problems in the first year of use.

Recent research suggests that HRT slightly increases risk of stroke. If you have had a stroke in the past or have high blood pressure which is not well controlled with treatment then you may not be able to take HRT. All women taking HRT should have their blood pressure monitored regularly.

-For women in their 50s who are not taking HRT, on average over a 5 year period 3 in 1,000 would be expected to have a stroke. For women in their 50s taking HRT, the figure would be 4 in 1,000.

-For women in their 60s who are not taking HRT, on average over a 5 year period 11 in 1,000 would be expected to have a stroke. For women in their 60s taking HRT, the figure would be 15 in 1,000.

MAKING YOUR CHOICE

If you have made a decision to start or continue with HRT you should take it for a reasonable period of time. We suggest that you are reviewed every year to discuss the decision to continue with HRT or not.

Check-ups: While taking HRT, you should have your **blood pressure** monitored every six months or more frequently if you have a problem with high blood pressure.

You should have your normal **cervical smears** up to the age of 60 years – HRT has no effect on smears.

Check your breasts regularly. The UK Breast Screening programme invites you for a **mammogram** between the ages of 50-70 years and you can opt to continue mammograms after this if you wish. **Finally**, life in general is full of choices to make and people take risks of varying degrees every day. The risks of HRT are much smaller than the risks of cigarette smoking, alcohol excess and obesity.

We hope that this booklet will put the benefits and risks of HRT in perspective and will help you to decide if HRT is for you. Very few women cannot take HRT for medical reasons. Remember that you can review your decision to take HRT or not at any stage.

Are you thinking about taking HRT?

A Guide for Women in Lothian

This booklet was written by the staff of the Edinburgh Menopause Clinic to help you reach a decision on whether or not you wish to start, or continue, taking hormone replacement therapy (HRT). All women are individuals and you must be guided by your healthcare advisers and make your own choice on what is right for you. In Lothian, the Edinburgh Menopause Clinic is based within the Chalmers Sexual Health Centre and exists to give specialist advice to any woman who is experiencing problems with the menopause and wishes expert help with HRT.

HRT has been around for a long time – over 50 years – so we know a lot about it. In the 1990s, we thought it was very good for women and the recommendation was that all women should consider taking it to improve their future health. Things have changed now and large studies have shown that there are small risks associated with HRT. The best way to consider HRT is that it is a drug therapy and, like any other medication, is associated with side effects and risks.

What is HRT?

HRT consists of either the hormone **oestrogen** on its own or a combination of the hormones **oestrogen and progestogen**. It comes as tablets, patches, gels, implants and vaginal preparations. Most women can choose the type of HRT they take although occasionally healthcare advisers may feel there is a particular reason for recommending one particular route of delivery.

-If you have had a hysterectomy, you will almost always take oestrogen alone.

-If you have not had a hysterectomy, you need to take a combination of oestrogen and progestogen to protect the lining of the womb.

Early Menopause: Women who have had their ovaries removed or have undergone an early menopause for any reason before the age of normal menopause (ie around 50 years) should usually take HRT to replace the hormones that they used to produce naturally. All the experts agree that it is usually a good idea to take HRT for long term health benefits if you have an early menopause. We recommend that you take HRT up to the age of 50 years and then reassess the situation and decide if you want to take HRT in the longer term or not.

BENEFITS OF HRT

Menopausal Symptoms

Around 80% of women experience symptoms when they go through the menopause. Some women find these symptoms very troublesome and they adversely affect their quality of life. These symptoms will gradually settle with time but can often drag on for several years.

Menopausal symptoms comprise: hot flushes, sweats, disturbed sleep, altered mood (mood swings, low mood and irritability), chronic tiredness, vaginal dryness, joint aches and many others.

All these symptoms can really affect a woman's wellbeing and can make it difficult for you to function normally. We take these symptoms seriously and will discuss with you whether you want to take HRT or not. HRT is highly effective and will usually considerably improve menopausal symptoms. It does not turn you into 'superwoman' but will simply make you feel normal again. If your menopausal symptoms are not too bad, you probably do not need to take HRT.

You need to bear in mind that HRT helps these symptoms but it is likely that they will come back in the future once you stop HRT. Some women decide not to take HRT for this reason.

Vaginal and urinary symptoms

The menopause causes the vagina to become dry and lose elasticity. Urinary tract infections can become more frequent. HRT will really help these symptoms. If you decide not to take HRT then you can use local vaginal oestrogen which is also very effective. If you are sexually active then you will need to continue with a local vaginal oestrogen in the long term. Local vaginal oestrogen preparations are creams, tablets and a vaginal ring.

Vaginal oestrogen preparations can be used for as long as you need to use them and you do not need to stop for breaks. Any abnormal bleeding should be reported to your doctor.

Osteoporosis

HRT will definitely help prevent osteoporosis. If you are taking HRT to help hot flushes and sweats then your bones will benefit. However, it is no longer recommended that HRT is taken just for prevention of osteoporosis alone (ie in women without menopausal symptoms) because it is felt that the small risks of longterm HRT outweigh the benefits. Other drugs (such as alendronate) are now used to treat osteoporosis and are effective.

SIDE EFFECTS AND RISKS OF HRT

Side effects

The commonest side effects of HRT are breast tenderness, bloatedness and headaches. Some women may feel that they gain weight because of fluid retention and increased appetite. Generally these nuisance side effects will settle down. If you have not had a hysterectomy, HRT may continue to give you a regular period each month although 'no period' HRT may be suitable for some women. Erratic bleeding can be a problem, especially initially.

Breast cancer

Most experts agree that taking HRT slightly increases risk of breast cancer. Breast cancer is already common in the western world and the major risks are being female and getting older. Obesity and alcohol both increase risk of breast cancer. The breast cancer risk with HRT is similar to having a late menopause. The risk of HRT over 5 years for a woman is the same as in another woman who continues with her normal periods over that time and is not taking HRT. Oestrogen-only HRT has less effect than combined HRT (oestrogen plus progestogen). For all HRT, the risk of breast cancer goes up the longer you take it, but returns to normal risk around 5 years after stopping HRT.

- For women aged 50 who do not take HRT – on average 32 in 1,000 will be diagnosed with breast cancer by the time they reach the age of 65 years.

-For women taking **oestrogen-only** HRT from age 50 for 5 years, the figure will be between 33 and 34 in 1,000 (ie an extra 1-2 cases). If they take oestrogen-only HRT for 10 years, the figure will be 37 in 1,000 (ie an extra 5 cases).

-For women taking **combined** HRT (oestrogen plus progestogen) at age 50 for 5 years the figure will be 38 in 1,000 (ie an extra 6 cases). If they take combined HRT for 10 years, the figure will be 51 in 1,000 (ie an extra 19 cases).

Deep vein thrombosis

HRT (like the contraceptive pill and pregnancy) increases the risk of blood clots in the veins (deep vein thrombosis or DVT). If you have already had a DVT, you may not be able to take HRT. You will also be at higher risk of DVT if you are overweight, have a family history of DVT or are immobile for any reason. If you are taking HRT, you may need to stop it prior to certain operations which increase risk of DVT. HRT will more than double your chance of getting a DVT although for most women, the risk of DVT is still low overall.

- For a woman in her 50s who is not taking HRT, the risk of DVT is 3 in 1,000 over 5 years. For a woman in her 50s taking HRT, the risk of DVT rises to 7 in 1,000 over 5 years.