

EDINBURGH MENOPAUSE CLINIC

HRT AND OSTEOPOROSIS

Osteoporosis is a significant problem in the UK. It is a major cause of pain and suffering in older women and men. The good news is that a great deal of research has been going on recently to develop new treatments to help prevent fractures. Several drugs are now available to treat osteoporosis.

In the past many women took HRT to help prevent osteoporosis. We know that HRT does help maintain bone density and, more importantly, will prevent fractures. HRT is also extremely effective in helping menopausal symptoms such as hot flushes and sweats, depression and vaginal dryness. Studies on HRT have received a great deal of publicity. We know now that HRT has small risks attached to taking it, as well as benefits for bone and hot flushes. Women over the age of 50 years who take HRT have a slightly higher risk of breast cancer and deep vein thrombosis. The recent studies also showed that HRT did not protect against heart disease and stroke and actually may increase the chance of an older woman having a stroke.

In 2003, the national drug regulators in the UK issued a statement stating that HRT should no longer be used, in most instances, just for the prevention of osteoporosis over the age of 50 years. Women can still continue to take HRT for relief of their menopausal symptoms. The regulators felt that the risks of long term HRT in terms of increased breast cancer, thrombosis and stroke outweighed the benefit of taking it for prevention of osteoporosis.

If a woman has osteoporosis diagnosed on a bone scan or has had a fracture, she should take a bisphosphonate (such as Fosamax® or Actonel®) in the first line. Strontium is another potential treatment agent for severe osteoporosis. Calcium and vitamin D should be taken and a healthy lifestyle should be maintained with weight bearing exercise.

Any woman with questions about HRT and osteoporosis should speak to her GP about their personal situation. Some women may still wish to continue HRT for prevention of osteoporosis in the long term. This can be done with the agreement of their GP or a specialist clinic – and provided the woman is fully informed about the small risks involved.