

HRT: Summary

This summary should be read with *HRT: Benefits and risks – What you should know* [December 2015 edition] which provides detailed information for patients and helpful background for general practitioners and practice nurses.

For the past ten years many GPs have refused or been reluctant to prescribe HRT. Often only those with a special interest in menopause have kept themselves informed on the ongoing debate (both in medical circles and the media) about the risks and benefits.

GPs and other health professionals are strongly advised to read the NICE Guideline: *Menopause; diagnosis and management of menopause* and recommendations on HRT prepared by our parent charity, the British Menopause Society. These evidence based recommendations which provide clarity around the role of HRT are published on the Online and print versions of the BMS journal, Post Reproductive Health and on the BMS website.

HRT today

See the factsheet *HRT: Benefits and risks – What you should know* for types of HRT currently available.

For the majority of women who use HRT for the short-term treatment of symptoms of the menopause, the benefits of treatment are considered to outweigh the risks.

Women wishing to start HRT should carefully discuss the benefits and risks of treatment with their doctor to see what is right for them, taking into account their age, medical history, risk factors and personal preferences.

The lowest effective HRT dose should be taken, with duration of use depending on the clinical reasons for use.

Women on HRT should have a full discussion with their doctor at least annually to review need for on-going use of HRT and ensure appropriate type and dose. There is no way of predicting how long menopausal symptoms will last and so no way of knowing how long HRT will be required for symptom control. For some women, long-term use of HRT may be necessary for continued symptom relief and quality of life.

HRT remains licensed for osteoporosis prevention and can be considered the treatment of choice for women starting treatment below age 60 years, and especially for those with a premature menopause.

HRT is not generally recommended for women with a history of stroke or deep-vein thrombosis (blood clot), severe liver disease, breast cancer, or endometrial cancer.

It is not usually appropriate for women over 60 to be starting HRT, as the WHI study shows that the risks are increased, but this does not mean that women who started HRT earlier should have to stop it on reaching 60.

The effects of HRT on sexual desire are complex but case studies indicate that the oestrogen in HRT can help maintain or return sex drive. HRT will help menopausal symptoms such as vaginal dryness and painful intercourse. If vaginal symptoms are the only problem, then the use of local vaginal oestrogen may be preferable.

This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

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