Information for women

HRT: Summary

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

For the past ten or so there has been much confusion about the effectiveness and safety of HRT and 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 and the British Menopause Society recommendations on HRT in postmenopausal women (2020) these are published in the BMS journal, Post Reproductive Health as well as on the BMS website.

HRT today

See the factsheet *HRT: Benefits and risks* 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 and the duration of use will depend on the clinical reasons for taking HRT.

Women on HRT should have a full discussion with their doctor at least annually to review the 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 before the age of 60, and especially for those with a premature menopause.

Oral HRT is not generally recommended for women with a history of stroke or deep-vein thrombosis (blood clot) or severe liver disease. They may be able to take transdermal HRT in the form of patches or gel. Woman who have breast cancer are advised to avoid HRT.

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.

It is not unusual for women to start HRT after the age of 60 but those who do need to, should be prescribed the lowest possible dose, preferably using transdermal patches or gels rather than oral tablets

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. Testosterone can also be considered for loss libido when oestrogen alone has not helped. Unfortunately, there are currently no testosterone preparations in the UK that are licensed for women.

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.

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