Hormone Replacement Therapy (HRT): a summary

This HRT summary should be read with the WHC fact sheets on *HRT: benefits and risks* and *HRT – types, doses and regimens*. These fact sheets provide detailed information for patients and helpful background for healthcare professionals.

There has been much confusion about the effectiveness and safety of HRT and some healthcare professionals have refused or been reluctant to prescribe HRT. This is changing and more doctors, nurses and pharmacists are now involved in HRT decision making. Patients too are better educated and may wish to be involved in discussing the type of HRT they want, especially if there are several options.

Healthcare professionals are strongly advised to read the NICE Guideline *Menopause: identification and management (2024)* and the *British Menopause Society recommendations on HRT in postmenopausal women (2020)*.

HRT prescribing

See the WHC fact sheet *HRT: benefits and risk*s for information about the types of HRT currently available, including estrogen only and combined HRT, and the different ways it can be taken.

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. There is a small increased risk of breast cancer with combined HRT and correct progesterone doses are essential to minimise risk to the womb.

Women wishing to start HRT should carefully discuss the benefits and risks of treatment with a healthcare professional 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 healthcare professional at least annually to review the ongoing need for HRT and to ensure the appropriate type and dose is being taken. 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.

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Oral estrogen HRT is not generally recommended for women with a history of stroke, venous thrombosis (blood clot) or severe liver disease. They may be able to take transdermal estrogen HRT in the form of patches, sprays or gel.

Woman who have had breast cancer are usually advised to avoid HRT.

Sometimes there are medical conditions which mean certain types of HRT are preferable to others. Your healthcare professional should discuss this with you.

If you wish to start HRT after the age of 60, you will be prescribed a low dose, preferably using transdermal patches, sprays or gels for their improved safety profile, rather than oral tablets.

The effects of HRT on sexual desire are complex but case studies indicate that the estrogen in HRT can help to maintain or return sex drive. Testosterone can also be considered for loss libido when estrogen alone has not helped. Unfortunately, in the UK there are currently no testosterone preparations that are licensed for women; micro doses of male testosterone products are used, with careful monitoring.

HRT will help menopausal symptoms such as vaginal dryness and painful intercourse. If vaginal symptoms are the only problem, the use of local vaginal estrogen may be preferable.

Side-effects associated with HRT

As with any drug, there are known short-term, and usually mild, side-effects from HRT which may trouble some women, especially in the first few months of use. These may include breast tenderness, leg cramps, nausea, bloating and irritability. These side-effects are related to estrogen or progestogen and may be overcome by a change of dose, ingredients or route of delivery in the HRT prescribed.

Irregular bleeding or spotting can occur during the first 4-6 months of taking continuous combined HRT or Tibolone and it is not a cause for alarm. However, you should consult your healthcare professional if you get heavy (rather than light) bleeding, if it lasts for more than six months, or if bleeding starts suddenly after some time without bleeding. Irregular bleeding may sometimes be improved by changing the type of HRT or the route of delivery.

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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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