Evelyn Medical Centre (EMC) Menopause & HRT Information Leaflet[1]

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We hope that this leaflet will support you when making shared decisions with your doctor about starting or continuing HRT by:

- Explaining the terms 'peri-menopause' and 'menopause'
- Summarising the benefits, risks and types of HRT
- How your HRT prescription is followed up by your GP and when to stop
- Signposting to more detailed sources of information and guidance about the menopause and HRT

We have presented information under the following questions as many of these are commonly discussed during consultation. We thought it might find it helpful to have some information to read in preparation for appointments or as a reminder after consultations:

- Why we have produced this leaflet? What is the peri-menopause and menopause?
- What are the benefits of HRT?
- What are the risks of HRT?
- What are the different types of HRT?
- How often do I need to review my HRT prescription?
- When should I stop taking HRT?
- Do I need contraception alongside HRT?
- What else can help with menopausal symptoms apart from HRT?
- Where can I get more information about HRT and the menopause?
- What questions and information do I have prepared for my GP consultation?

Why we have produced this leaflet?

We want to support our patients with a summary of the current evidence about the menopause and hormone replacement therapy (HRT). For some women who experience challenges or suffer significant symptoms, sometimes for years, HRT can be a helpful tool to see them through a difficult transition in their life.

[1] EMC Menopause & HRT Info Leaflet Long V1 June 2022; Update due June 2023

As GPs we are mindful of the wide-ranging impact of menopausal symptoms on a woman's quality of life. HRT can be used alongside other medications, lifestyle changes and even sometimes counselling to manage the impact of symptoms.

Many women experience the transition to menopause without needing support: it is not inevitable that you will need medical attention or medication during this period of your life.

Sadly women's experiences of the menopause have often been neglected both by both society and health care. We hope the information below helps you to think about the current evidence about HRT and prepare for your appointments. It may also be helpful to share this information with friends and family to help them also understand menopause and support you through this time of transition.

Importantly, we want to support you to make a shared decision with your doctor about whether to start or continue HRT and how to follow up your symptoms, or even to try other evidence based non-HRT strategies. HRT is not without risks and it is important that women are aware of these when considering starting hormone treatments. Every woman is different and the risks and benefits of HRT should always be carefully discussed with a doctor before starting treatment.

Every woman should have regular follow up appointments if she chooses to start HRT or if struggling with symptoms. Initially a follow up appointment should be 3 months after starting or changing HRT. Once symptoms are settled, follow up review appointments can be organised at 6 to 12 monthly intervals.

What are the Peri-Menopause and Menopause?

The peri-menopause is the time leading up to the menopause when flushes can start and periods classically become lighter and less frequent. However, for some women the periods can become heavier and more frequent.

The menopause is defined as being 45 years old or older and not having a period for 2 years or more (or 1 year or more if over 50 years) or you have had a hysterectomy (uterus/womb and ovaries removed).

The average duration of the peri-menopause and subsequent menopause is between 4-7 years, but for some women it lasts up to 12 years. Women generally become menopausal between 45 and 55 years of age.

Under 45 years of age blood tests are needed to understand if a woman is menopausal earlier than the average.

What are the benefits of HRT?

HRT can be really helpful for women who experience *flushing and night sweats* which affect daily activities: the medical term for these are 'vasomotor symptoms'.

Vasomotor symptoms can be overwhelming leading to *poor sleep* and consequently *difficulty with concentration, word finding* and even *relationships*. While the causes of vasomotor symptoms for women during menopause are not fully understood we do know that HRT helps by replacing the hormone oestrogen which declines as women get older.

HRT always contains the hormone **oestrogen**, which helps with symptoms. Some women also need a second hormone called **progesterone**. Progesterone itself doesn't help with symptoms but it is needed to protect the lining of the womb from endometrial cancer.

A helpful effect of HRT is that it helps to *keep bones strong*. This beneficial effect stops when treatment stops and is not to be used as a reason to start or continue taking HRT as the risks (see below) can outweigh this benefit. There are a very small group of women who have severe osteoporosis who cannot take other bone strengthening medications to prevent fractures. Under specialist initiation these women take HRT but this is very unusual due to the balance of risks of HRT as women get older.

HRT is not recommended to protect from heart disease. There have been some small studies in younger women which to do not show any clear-cut benefit.

Very occasionally women ask us about taking HRT for 'cosmetic' reasons: HRT does not improve the condition of the skin and is not 'anti-ageing' medication.

Under current health guidance, vasomotor symptoms (flushing) are currently the only symptoms that HRT is 'licensed' for i.e. Doctors can 'officially' prescribe for.

However, you and your doctor may discuss a **trial of HRT** after a discussion about the possible benefits and risks for you for other symptoms such as mood swings or 'brain fog'. It is important to be aware that this is currently 'off-licence' and should be reviewed regularly as other approaches without the risks of HRT, may be more helpful in the long run.

What are the risks of HRT?

Defining the risks of HRT is complex due to the varied nature of HRT products and a woman's own health profile. Also the characteristics of the women who participated in trials make the results difficult to apply to the population generally. Below is not an exhaustive summary but a general overview to hopefully help you decide if the possible benefits outweigh the risks for you. Researchers are constantly working to find out the risks and our knowledge changes over time, please be aware this is a summary of the evidence as we know things in early 2022 and this evidence will change with time.

In our professional lifetimes we have seen HRT being prescribed as a panacea in the 1990's with women being advised that HRT protected them against heart attacks

and strokes; then HRT almost seemed 'blacklisted' after some large studies showed that the products at the time increased the risks of women developing blood clots and breast/endometrial cancer; now we have lower risk products (gels and patches) and the evidence shows that if used appropriately the risks for younger (<60 years) women using HRT for less than 5 years the risks are acceptable.

Health risks of HRT increase with length of use and a woman's age.

HRT can increase your risk of breast and endometrial cancer (cancer of the lining of the womb). The only exception to this are Vaginal Oestrogen creams which do not increase your risk of cancer or any other health problems. The risks of these cancers increase as you get older and HRT increases your risk slightly more.

Some HRT products (traditional HRT tablets) alongside increased breast and endometrial cancer also increase the risk of blood clots and strokes. These are all small risks made slightly bigger by HRT, but obviously your own health and your family's health history is important to consider when deciding if the risk is acceptable to you.

There is a balance of the risks for you against how overwhelming your symptoms are and the impact they are having on your life.

We see a significant number of women who experience unusual bleeding vaginally after starting HRT. It is difficult for us as GPs to unpick if this is a side effect of HRT or bleeding that could be symptom of endometrial cancer. We have to refer women to hospital investigations for this, which can be upsetting and unpleasant for some women.

Sometimes it is helpful to try and quantify the risks of HRT. This can in reality be confusing as the risk depends on:

- the HRT product you are using
- your personal and family history of illness
- how long you are using HRT for
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However, some numbers are presented below to give you an idea of how much HRT increases your risk of some health conditions.

Risks of Breast Cancer:

- For women aged up to 69 years *who are not taking HRT* the number of women diagnosed with breast cancer is 27 in every 1000 women over 10 years.
- For women aged up to 69 years *who are taking HRT* the number of women diagnosed with breast cancer increases to between 34 and 47 over 10 years depending on the type of HRT being used.

Risks of Endometrial Cancer:

- For women aged up to 69 years *who not taking HRT* the number of women diagnosed with endometrial cancer is 4 in every 1000 women over 10 years.
- For women aged up to 69 years *who are taking HRT* the number of women diagnosed with endometrial cancer increases to between 29 and 36 over 10 years depending on the type of HRT being used.

Risks of Blood Clots (DVT/PE):

- For women aged up to 69 years *who not taking HRT* the number of women diagnosed with blood clots is 8 to 10 in every 1000 women over 10 years.
- For women aged up to 69 years *who are taking HRT* the number of women diagnosed with blood clots increases to between 13 to 21 over 10 years depending on the type of HRT being used.
- **Currently patches and gels are *not* thought to increase a woman's risk of blood clots.**

Risks of Heart Attack/Stroke:

Currently approximately 2 extra women will have a stroke if taking HRT for 10 years under the age of 69 years over the course of 10 years. The evidence doesn't seem to show an increase risk of coronary heart disease but research has not been undertaken in women over the age of 69 years.

What are the different types of HRT?

The type of HRT appropriate for you depends upon several factors:

- Have you stopped your periods and if not when was your last period?
- Have you had a mirena coil fitted?
- When was the mirena coil fitted and was this less than 4 years ago?
- Have you had a hysterectomy?
- Your medical and family history: any history of breast/endometrial cancer/clots/BP/cholesterol/BMI/do you smoke?
- Do you prefer tablets, coils, patches or gels?
- How do you feel about the risks of HRT?

HRT Regimes depending on your health and menopausal status:

- Oestrogen only HRT (if had a hysterectomy or mirena <4 yrs old)
- Combined HRT containing Oestrogen and Progesterone (if you have a uterus or got a mirena fitted >4 years ago)
- Continuous HRT (menopausal) or Sequential (day 14-28) HRT (perimenopausal)

Types of HRT products:

- Traditional HRT tablets eg Elleste, Kliofem, Kliovance, Femoston
- Transdermal HRT (combined or oestrogen only patches or oestrogen gels with micronized progesterone taken orally at night. This is known as 'body identical' HRT.)
- Vaginal oestrogen only creams to help women who only experience vaginal symptoms.

The HRT that we can prescribe at EMC consists of the two female hormones: oestrogen and progesterone.
a) Oestrogen helps with the symptoms of menopause.
b) Progesterone is needed for women with a womb (*not* women with a mirena under 4 years old or who have had a hysterectomy) as the progesterone stops the lining of the womb building up which can be a risk factor for endometrial cancer.

- If you have had a hysterectomy or you have had a mirena fitted less than 4 years ago then you can have an oestrogen only HRT. This is because you do not need the progesterone aspect to protect the lining of your womb (endometrium) from building up and increasing your risk of endometrial cancer. Oestrogen only patches or gels are the safest option.

- If your mirena was fitted more than 4 years ago and you are taking oestrogen only HRT **please let your GP know urgently** as we need to either change your HRT regime to include progesterone or to have your mirena replaced.

- **If you are having periods**, even if they are irregular, a 'sequential' HRT would allow you to have a predictable vaginal bleed alongside the benefits of HRT. You may still need contraception alongside HRT. HRT could consist of oestrogen patches or a gel with progesterone (perimenopausal regime: utrogestan orally 200mg at night on days 14-28). The 'gold standard' for perimenopausal women who do still require contraception would be Mirena and Oestrogen-only patch or gel.

- Menopausal Women: If you haven't got a mirena or had a hysterectomy and have not had a period for more than 2 years (or 1 year if over 50 years) you could try oestrogen patch or gel (1-4 pumps daily) alongside taking progesterone (menopausal regime: utrogestan 100mg orally at night).

Other Hormonal Treatment: Testosterone
There are no testosterone products for female use licensed in the UK. There is very little research in premenopausal women and this is a controversial area requiring more research. Some specialist women's health doctors prescribe testosterone for menopausal women as a trial to help with libido but results appear to be mixed as testosterone can have unpleasant side effects such as acne, hair growth, deepening of voice and enlarged clitoris.

We are happy to support women who need blood tests prior to and as part of monitoring their testosterone treatment but we are unable to interpret these results or prescribe testosterone. This is best left to expert women's health doctors who are experienced in limiting the side effects of this treatment and reviewing these difficult to interpret hormone results from blood tests.

How often do I need to review my HRT prescription?

You should have a follow up appointment with your GP to review your HRT 3 months after starting or changing your HRT. At this appointment you can discuss any side effects or lack of effect and make a plan for further follow up as needed. Depending on your general health HRT prescriptions should be reviewed between every 6-12 months with either your GP or the practice pharmacist.

Do I need contraception alongside HRT?

It depends on your age and when you last had a period…

- 55 years and older - all women can stop contraception.
- 50 years and older – if taking mini pill (progesterone only pill or POP) if a blood test for FSH shows >30 contraception can be stopped after 1 more year.
- 50 years and older – if not taking hormones and no periods for over 1 year, no contraception is needed.
- If under 50 years – if not taking hormones and no periods for over 2 years, no contraception is needed.
- Do not leave coils in situ indefinitely – due to risk of infection.

HRT Shortages

You may be aware from media coverage and from friends/family that there can be availability problems from time to time with HRT products. At EMC we have found we can avoid any woman running out of her HRT by issuing one month's supply of some medications. There may be times when even with this approach we can not obtain a woman's regular HRT – if this happens the doctors and pharmacists will do their utmost to find a woman an alternative product to help control symptoms. We are so grateful for your patience if this affects your HRT prescriptions.

What is Bioidentical HRT?

This is an entirely unregulated oestrogen product which is only available to be purchased privately often with insufficient progesterone dosing. The dosing is often variable and is not approved for NHS GP prescribing due to safety concerns. **Please do tell your GP if you have been buying and taking this as it can cause unexplained bleeding.**

However, 'body identical' hormones, or micronised progesterone (utrogestan), can be prescribed by GPs alongside transdermal oestrogens to treat menopausal symptoms.

When should I stop taking HRT?

The current NICE Guidelines state that we should be:
'Prescribing the lowest (HRT) dose for the shortest possible duration'.
There is no specific age that HRT should be stopped and for each woman this should be a shared decision with her GP. For the majority of women vasomotor symptoms have settled by 60 years of age.

The evidence about the risks and benefits will change with time but currently the team at Evelyn Medical Centre consider 60 years a threshold age where for a woman the health risks will likely outweigh the benefits of HRT to her.

Under 59 years in a healthy woman who has not had breast cancer and has no family history of breast cancer the risks to her health are thought to be minimal especially when using transdermal oesterogen (gels and patches) alongside progesterone (mirena or utrogestan).

In summary the risks of HRT depend on the product being used and increase with length of HRT usage and age of the woman.

So for a woman using topical oestrogen cream vaginally there is very little risk to her health at any age and this may significantly help with vaginal symptoms. However, a woman over 60 years who has been taking traditional tablet forms of HRT for 15 years will be at an increased risk of breast/endometrial cancer, blood clots and strokes.

Ideally women will use the HRT products with the lowest risks (vaginal creams, mirena coils, patches and gels) at the lowest dose to control flushing symptoms, under the age of 60 years for between 3 months and 5 years. HRT can be stopped gradually to reduce the change of symptoms returning.

What else can help with menopausal symptoms apart from HRT?

There is evidence that stopping smoking, having a normal body mass index (weight to height ratio) and a healthy diet all help with the symptoms of menopause. There is also evidence that alcohol, caffeine and inactivity make the symptoms of menopause worse.

Often changing these ‘lifestyle’ factors seems more challenging than using medications, but if you can work on these factors it will benefit your general health and wellbeing in the long run.

Some women use HRT for a period of time to allow them to control the symptoms enough to work on these lifestyle factors. Some women also find talking therapy and antidepressants helpful around the time of the menopause. Vaginal symptoms can be helped by special moisturisers such as Sylk, Replens and Yes.

Where can I get more information about HRT and the menopause?

We hope the information in this leaflet has been helpful but we are aware that this is a complex area of prescribing and you may wish to read more detail about HRT on the following websites:

- British Menopause Society: Thebms.org.uk
- Bridgewater Community Health Care Trust: http://www.bridgewater.nhs.uk/wp-content/uploads/2014/02/The-Menopause-what-to-expect-when-you-are-expecting-the-menopause.pdf
- Comprehensive Table showing Risks of HRT: https://assets.publishing.service.gov.uk/media/5d680409e5274a1711fbe65a/Table1.pdf
- Risks of HRT and Breast Cancer: https://assets.publishing.service.gov.uk/media/5d68d0e340f0b607c6dcb697/HRT-patient-sheet-3008.pdf
- NICE guidelines: https://cks.nice.org.uk/topics/menopause/management/
- Swings and Roundabouts: http://www.menopauseswings.org/
- Rock My Menopause website (www.rockmymenopause.com) has a variety of factsheets and podcasts on various aspects of menopause. https://rockmymenopause.com/wp-content/uploads/2021/02/RMM_HRT-in-a-nutshell.pdf
- Menopause Matters (www.menopausematters.co.uk) provides information on the menopause, menopausal symptoms, and treatment options.
- Women's Health Concern (the patient arm of the British Menopause Society, website available at www.womens-health-concern.org) has a range of factsheets and an email advice service.
- The Royal College of Obstetricians and Gynaecologists (www.rcog.org.uk) has various patient leaflets in the section on Menopause and women's health in later life.
- The Daisy Network (www.daisynetwork.org) is a nationwide support group for women diagnosed with premature ovarian insufficiency or premature menopause.
- The NHS leaflet: https://www.nhs.uk/conditions/menopause/treatment/
- Relate: https://www.relate.org.uk/relationship-help/help-relationships/feeling-unsatisfied-your-relationship/menopause-affecting-our-relationship-how-do-i-talk-my-partner
- Books: Me and my menopausal vagina by Jane Lewis; The Vagina Bible by Jen Gunter
- Video by Kat Love, Chinese Acupuncturist, The Treatment Space Bamford: https://youtu.be/SJVjPBQ_32A

Thank you for taking the time to read this leaflet and wishing you all the best with your journey through the menopause.

SUMMARY MESSAGES: EMC MENOPAUSE & HRT INFORMATION LEAFLET

Women generally become menopausal between 45 and 55 years of age. You are defined as menopausal if you are 45 years or over and not had a period for 2 years (or 1 year over 50 years) or you have had your uterus and ovaries removed. Under 45 years of age to understand if a woman is menopausal blood tests are needed.

The average duration of the peri-menopause and subsequent menopause is between 4-7 years, but for some women it lasts up to 12 years. The peri-menopause is the time leading up to the menopause when flushes can start.

Many women experience the transition to menopause without needing support: it is not inevitable that you will need medical attention or medication during this period of your life.

HRT can be really helpful for women who experience flushing and night sweats 'vasomotor symptoms' which affect their daily activities. Vasomotor symptoms can be overwhelming leading to poor sleep and consequently difficulty with concentration, word finding, relationships and work.

Defining the risks of HRT is complex due to the varied nature of HRT products and a woman's own health profile. Vaginal oestrogen creams and moisturisers are not thought have any long term health risks. All other HRT medications increase a woman's risk of breast and endometrial cancer. Patches, gels, mirena coils and body identical progesterone (utrogestan) are thought to be safest and do not increase the risk of blood clots. However, more traditional HRT tablets can increase risk of blood clots and stroke in older women.

The balance of benefits of HRT against the risks to you should be carefully discussed with your doctor or pharmacist at each appointment. Women should have regular follow up appointments initially at 3 months after starting or changing HRT product and then 6-12 monthly thereafter. Health risks of HRT increase with length of use and a woman's age. At EMC we generally will encourage women to stop HRT by the age of 60 years due to balance of risks.

The current NICE Guidelines state that we should be 'Prescribing the lowest (HRT) dose for the shortest possible duration'.

HRT can be stopped gradually to minimise recurrence of symptoms.

There is evidence that stopping smoking, having a normal body mass index (weight to height ratio) and a healthy diet all help with the symptoms of menopause. There is also evidence that alcohol, caffeine and inactivity make the symptoms of menopause worse.

Space for you to write any thoughts or questions to prepare for your Consultation…