

Menopause and HRT

Written by Dr Louise Newson

balance
the menopause support app

This booklet has been written by Dr Louise Newson, GP, menopause specialist and director of the balance app. She is also director of the not-for-profit company, Newson Health Research and Education, and is the founder of The Menopause Charity.

What is the menopause?

Menopause actually occurs one year after your last menstrual period. The term perimenopause is often used which describes the time when you have menopausal symptoms before your periods actually stop all together. Some women continue to have periods when they experience symptoms of the menopause.

The average age of the menopause in the UK is 51 years. It can be common to have some menopausal symptoms when you are in your late 40s.

Your menopause is described as being early if it occurs before the age of 45 and it is called Premature Ovarian Insufficiency (POI) if it occurs before the age of 40 years. Women who have an early menopause or POI absolutely need to take hormones, usually in the form of hormone replacement therapy (HRT), and there are no risks of taking HRT at a younger age.

The menopause usually occurs when your ovaries stop producing eggs and

also make less estrogen (the main female hormone). This is usually a result of aging and is a normal process.

If you have an operation to remove your ovaries (oophorectomy) then it is very likely you will experience menopausal symptoms, which can be very severe. It is important that you discuss the option of HRT with your doctor before having an operation. If you have had a hysterectomy (removal of your womb) then your ovaries are actually more likely to stop working properly earlier than they would do otherwise.

Women who have had radiotherapy to their pelvic area or some types of chemotherapy as treatment for some types of cancer and lead to an early menopause occurring.

An early menopause can run in some families. So it can be worthwhile asking your mother and other female family members how old they were when their periods stopped.

What are the symptoms of the menopause?

The menopause is a natural event. Every woman will go through it at some point. Some women have very few or even no symptoms and their periods simply stop happening. However, for the majority of women it is not so straightforward and around 80% of all women experience several symptoms. Around 25% of these women have very severe symptoms. The symptoms you may experience vary between different women and can change with time. These symptoms often have a very negative impact on your life and can really affect your

relationships with your partner, family and work colleagues.

Some women notice that their periods gradually become lighter and more irregular. However, others will find that their periods become more frequent and heavier:

Some women only experience symptoms for a few months. For many other women their symptoms may last several years. However, for around a third of women symptoms can last for more than ten years.

Commonly known symptoms include:

- Hot flushes
- Night sweats
- Mood swings
- Tiredness
- Poor sleep
- Poor concentration
- Lack of libido

Less commonly known symptoms include:

- Heavy periods
- Muscle and joint pains
- Hair and skin changes (such as dry or itchy skin)
- Depression, anxiety and irritability
- Memory problems
- Panic attacks
- Worsening headaches and migraines
- Worsening PMS (premenstrual syndrome)
- Vaginal dryness, itching or soreness
- Pain during sexual intercourse
- Urinary symptoms such as increased frequency passing urine

Testing for the menopause

Most women over the age of 45 years who have typical symptoms of the menopause do not need any tests to make the diagnosis. If you are under 45 years old then hormone blood tests are usually advisable. You may be advised to have blood tests such as your cholesterol level or other

hormone levels or a DEXA scan which is used to diagnose osteoporosis.

It is important that you keep up to date with regular smears and breast screening, if applicable.

What are the potential risks to your health from the menopause?

If symptoms are not enough, there are actual health risks to your body when

you go through the menopause.

Osteoporosis

In your body there are cells which are constantly laying down new bone and other cells which are reabsorbing older, worn-out bone. As you get older this balance changes so more bone being removed than laid down. This can lead to thinning of your bones, which is known as osteoporosis. Osteoporosis is much more common after the menopause as estrogen works to keep your bones strong, so as estrogen levels fall the bone loss becomes more rapid.

Having osteoporosis increases your risk of fracturing (breaking) a bone. This can obviously be painful but can also lead to other problems. Some women with osteoporosis have small fractures in the bones of their spine, which can be very painful. Fracturing your hip can really affect your future quality of life and many people lose their independence after a hip fracture.

Cardiovascular disease

Cardiovascular disease means disease of your heart and blood vessels so includes heart attacks and strokes. Your risk of cardiovascular disease increases

after the menopause as estrogen is very important in keeping your blood vessels healthy.

Other diseases

There is an increased risk of osteoarthritis, type 2 diabetes and

dementia in some women after their menopause.

Hormone replacement therapy (HRT)

HRT is only one type of treatment for the menopause. It is the most effective treatment available to improve your symptoms and it can also work to reduce your risk of osteoporosis and cardiovascular disease.

It is a real shame as over the past ten years or so, HRT has been given a negative press so many women are scared and worried about taking it. The negative reports are largely due to a large trial that was reported in 2002 (called the Women's Health Initiative (WHI) Study) which has since been shown to be flawed. It actually studied women who are older (in their 60s) and they were given types of HRT that

we do not prescribe nowadays. Interestingly, the authors of this study apologised in a mainstream medical journal (NEJM) as they admitted that people misinterpreting the results of their study is one of the main reasons that women are unnecessarily worried about taking HRT.

For the majority of women starting taking HRT when they are under the age of 60 years, the benefits of HRT really do outweigh any risks. This means that it is safe to take HRT and taking HRT can provide you with positive effects to your future health, especially your bones and heart.

What is HRT?

HRT is treatment that contains hormones. The type of hormones you need and the doses you are given vary between each woman. So it is not a "one type fits all" prescription. All types of HRT contain an estrogen hormone. This replaces the estrogen that your ovaries no longer make after the menopause.

HRT is available as tablets, skin patches or gels. There are several brands for

each of these types of HRT. If you still have your womb (so have not had a hysterectomy) then you will also need to take progestogen (a type of the hormone progesterone) which is usually given as a tablet or given via the Mirena coil. This is because if you just take estrogen then the lining of your womb (uterus) builds up. This can increase your risk of developing cancer of the uterus. There is no risk of cancer of your uterus when you also take the

progesterone. In some HRT products, the estrogen and progesterone are combined in the same tablet or patch.

If you are still having periods when you take HRT then the type of HRT you will be given will lead to you having regular periods. If it has been more than a year since your last period or you have been taking HRT for a year then the type of HRT can be changed to one where you will not have periods.

Testosterone is another hormone that women produce. Although it is also the male hormone, women produce it in lower amounts and it is an important hormone. Lower levels occur during the menopause and can cause symptoms such as poor concentration, low energy and reduced libido (sex drive). Testosterone is usually given as a cream which you use every day. Your menopause doctor will be able to talk to you about this in more detail.

Benefits of HRT

The right type and dose of HRT can work really well to ease the symptoms of the menopause. HRT is a safe and effective treatment for most healthy women with symptoms who are going through the menopause. It has benefits and risks, which are discussed below. The benefits and risks of HRT will vary according to your age and any other health problems you may have. You will have the opportunity to discuss any

potential risks of HRT with your doctor in detail at the menopause clinic.

Taking HRT reduces your future risk of osteoporosis. Even the low dose types of HRT provides bone protection to women. Starting HRT when you are less than 60 years of age also reduces your risk of developing cardiovascular disease.

Risks of HRT

The risks of HRT depend on the type of HRT you are given and also other factors such as your age and your general health. This is why it is so important to have an individualised consultation where you can discuss your actual risks. HRT can increase your risk of developing certain problems but this increase in risk is very small in most cases.

Women who take some types HRT as tablets have a small increased risk of developing a clot in their veins or a

stroke. You are more likely to develop a clot or have a stroke if you have other risk factors for these conditions. These include being obese, having a clot or stroke in the past or being a smoker.

This risk of clot or stroke is not present for women who use estrogen as patches or gel rather than tablets. Women who have an increased risk of clots or stroke are usually given these types of HRT.

Many women worry about breast cancer when taking HRT. Some types of HRT do not increase the risk of breast cancer whereas others may increase the risk. This increased risk is very small and is similar to the increased risk associated with drinking a couple of glasses of wine each night. There have never been any studies showing that taking HRT increases the risk of death from breast cancer.

There is no increased risk (and probably a reduced risk) of breast cancer if you have had a hysterectomy in the past and are just taking estrogen without a progestogen.

In addition, there is no increased risk of breast cancer in women who take HRT under the age of 51 years.

Side effects of HRT

Side effects are problems that are not serious but may occur in some women. Side effects with HRT are uncommon but if they do occur then they usually happen within the first few months of taking HRT and then settle with time as your body adjusts to taking the hormones.

In the first few weeks you may develop a slight feeling of sickness (nausea),

some breast discomfort or leg cramps. HRT skin patches may occasionally cause irritation of the skin in some women. A change to a different brand or type of HRT may help if side effects occur. Various estrogens and progestogens are used in the different brands. If you have a side effect with one brand, it may not occur with a different one.

Other details about HRT

- There are more benefits to your health from starting HRT early
- You do not have to wait for your symptoms to become severe before taking HRT
- There is no maximum length of time for which you can take HRT
- HRT is not a contraceptive
- HRT does not work by “delaying your menopause”
- If you have menopausal symptoms after stopping HRT then these are symptoms you would otherwise experience if you had never taken HRT
- HRT is beneficial for most women
- Taking HRT can give you your life back!

The benefits of HRT have to be balanced against any risks. You have to decide what is right for you, with advice from the menopause clinic, depending on your individual circumstances.



Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK and the founder and writer of the balance app and website.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available.

Her aim is for people to acquire more knowledge and confidence to approach their own GP to ask for help and advice about their hormones. She is passionate about improving awareness of safe prescribing of HRT in all stages of the perimenopause and menopause.

Louise is also the director of the not-for-profit company Newson Health Research and Education.



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