Hormone Replacement Therapy (HRT) The Basics





Hormone Replacement Therapy (HRT) – The Basics

The most effective way to treat symptoms of the perimenopause and menopause is to replace the hormones that your body is no longer producing. Taking HRT also has health bene fits as those who take it have a lower future risk of developing conditions including heart disease, osteoporosis, diabetes, depression and dementia in the future.

HRT – what is it?

HRT is a hormone treatment that includes the hormones estrogen, often progestogen and in some cases testosterone.

Estrogen – Replacement estrogen can be given to your body in various ways – either as a skin patch (like a plaster), as a gel or a spray, or as a tablet that you swallow. The type of estrogen mostly used is 17 beta-estradiol, which has the same molecular structure as the estrogen you produce in your body and is termed 'body identical'. It is derived from the yam root vegetable.

Progestogen – If you still have a uterus (womb), then you will need to take a progestogen alongside the estrogen; this is known as combined HRT. Taking estrogen on its own can thicken the lining of the womb and increase the risk of uterine cancer; taking a progestogen keeps the lining thin and reverses this risk. The safest type of replacement progestogen is called micronised progesterone; this is body identical, (branded as Utrogestan) and it comes in a capsule that you swallow, occasionally this progesterone can also be used vaginally. An alternative way to receive a progestogen is to have the Mirena coil inserted into your uterus. This is also a very effective contraceptive and it needs replacing after five years.

Testosterone – If you experience symptoms such as fatigue, brain fog and lack of libido, testosterone can be beneficial (in addition to the estrogen) to bring about further improvements of these particular symptoms. It is available in a cream & is widely and safely used by menopause specialist doctors and some GPs.

What are the benefits of HRT?

Your symptoms will improve – most individuals feel a return of their 'old self' within 3–6 months of starting HRT.

Your risk of developing osteoporosis will reduce – your bones will be protected from weakening due to lack of estrogen.

Your risk of cardiovascular disease will reduce – you will be less likely to develop heart problems, stroke or vascular dementia.

Your risk of other diseases will reduce – those who take HRT also have a lower future risk of type 2 diabetes, osteoarthritis, bowel cancer, and depression.

What are the risks?

For the majority of those who take HRT, the bene Its outweigh any risks.

Taking combined HRT (estrogen and a synthetic progestogen), may be associated with a small risk of developing breast cancer however some studies show this risk is reduced or not present if micronised progesterone is used. The risk of breast cancer with any type of HRT is low; for comparison, the risk of breast cancer is much greater in a woman who is obese or who drinks a moderate amount of alcohol. If you take estrogen-only HRT, you actually have a lower risk of breast cancer than someone not taking HRT.

If you have a history of blood clots, liver disease or migraine, there is a small risk of clotting if taking the tablet form of estrogen, but taking it through the skin as a patch, gel or spray does not have these risks so is safe.

What are the side effects of HRT?

Side effects with HRT are uncommon but might include breast tenderness or bleeding. If they do occur, they usually happen within the Irst few months of taking HRT and then settle with time as your body adjusts to taking the hormones.

When is the best time to start taking HRT?

HRT is most effective to start when you are perimenopausal – this is *before* your of licial 'menopause' – which is 12 months after your last period. This means you don't have to wait for your periods to stop before starting HRT. Your lirst step should be talking to a health professional about the options available to you. Don't wait until symptoms become unmanageable before you seek advice. The most health benelits from taking HRT are in those who start taking HRT within 10 years of their menopause but usually you can start taking HRT at any age after your menopause too.

Remember

There are more bene⊡ts to your health if you start HRT early – don't wait for your symptoms to get worse.

The menopause means living with a long-term hormone dellciency that, if left untreated, will increase your risk of osteoporosis and heart disease in the future.

There is no maximum length of time for which you can take HRT – you can take it for ever.

HRT does not 'delay' your menopause. If you have menopausal symptoms after stopping HRT, this means you would still be having symptoms even if you had never taken HRT.

The bene Its of HRT have to be balanced against any risks. You have to decide what is right for you, depending on your individual circumstances and in discussion with your healthcare professional.