Consensus Statement

Optimising HRT

Every woman is different, it is therefore important to individualise therapy. As with other areas of medicine, we recommend using the lowest effective dose to relieve symptoms. A widening range of HRT regimens makes this possible.

- On the basis of patient history choose:
  - Type and route of HRT
  - Dose of HRT – usually starting with the lowest dose
- Adjust therapy according to individual response

What is the rationale for reducing dosage?

Menopausal symptoms may be controlled by lower HRT doses than previously used.[1,2] These doses have also been shown to prevent osteoporosis.[3,4]

- There are fewer side effects at lower doses, eg:
  - Estrogenic side effects
    - Nausea, bleeding, fluid retention, breast pain, headache
  - Progestogenic side effects
    - Migraine, bleeding problems, PMS-like side effects e.g. mood disturbance, bloating, acne, greasy skin
- Encourages continuation of therapy[1]
- Endometrial protection is maintained with lower dose combined preparations[5,6]
- May reduce the risk of venous thromboembolism[7] (VTE) and stroke[8]

Prescribing HRT

- In general, start low and adjust as necessary
- Women with an early menopause (whether natural or induced) may need a higher dose to control symptoms than women who undergo menopause at a normal age
- Women with a uterus should always be prescribed a progestogen in addition to estrogen
- Women without a uterus should usually be prescribed estrogen alone
- Initial assessment of response / side effects should take place within three months with dose adjustment if appropriate
- Once therapy is established, assess benefits / risks at least annually

Duration of therapy

- In some women menopausal symptoms may continue indefinitely, therefore there should be no limit to duration of therapy
- Women with an early menopause should continue therapy at least until they reach the natural average age of the menopause (50/51 years of age)
- Continuation should be agreed on an individual basis
- The decision to continue / discontinue should be made jointly by an informed woman and her prescriber
- Clinical experience in general suggests that approximately 50% of women suffer resumption of symptoms following cessation of therapy
- If a woman wishes to discontinue, it is recommended that the dose is reduced in a stepwise manner – sudden cessation may provoke menopausal symptoms in the short term
- The appearance or re-appearance of distressing symptoms will require reassessment
- HRT can be restarted if symptoms persist, usually starting with the lowest dose

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Putting the possible risks of breast cancer into perspective

1 About 3 women in every 1,000 aged 50-64 years living in the UK develop breast cancer each year. The incidence of breast cancer in this age group has changed little over the last ten years[9]

2 The risk of breast cancer does not appear to be increased amongst women who use estrogen-only HRT.[10,11] Recent evidence shows that there is no increased risk of breast cancer in women with prior hysterectomy who use estrogen only therapy.[12] There is some evidence that women who use combined HRT (estrogen and progestogen) may have a slightly increased risk of breast cancer.[13,14]

3 With combined therapy both continuous and sequential there may be up to 4 additional cases for every 1,000 women over a five year period– additional to the 15 that occur without using HRT.[i] There is some evidence that risk may increase with duration of use.[15]

4 Some studies have found that after stopping use of combined HRT for a period of five years, a woman's risk returns to baseline.[13]

The risk of breast cancer may be increased in women who are overweight,[16,17] those who smoke heavily[18,19] and those who are heavy drinkers of alcohol.[20,21] Each of these three factors may increase the chances of developing breast cancer to a greater extent than combined hormone replacement therapy.

Regular breast screening (mammography) can detect breast cancer early. Early breast cancer usually requires less radical treatment and the outlook is much better than in cases diagnosed late. All women should attend their mammography screening clinic regularly and remain breast aware.

[i] Most studies show either no increase or a small increase in breast cancer with HRT.[13,15]

Other risks

1 In common with most other oral exogenous estrogen, HRT is associated with an increase in risk of venous thromboembolism (VTE),[22] however, some studies indicate that this risk is limited to the first year of use[23]. Non-oral HRT is not associated with an increased risk of VTE[24]. Women with a history of VTE and those with thrombophilia should not normally be prescribed HRT without expert supervision [25,26 ii]

2 Estrogen and combined HRT regimens are associated with a slight increase in the risk of stroke[11,27] (approximately 1 additional stroke per 1,000 women per year)

3 Recent data suggest that among women aged between 50 and 59 years of age there is a reduced risk of coronary heart disease with estrogen only therapy [28]. Women starting HRT near the menopause have been shown to have a significantly reduced risk of coronary heart disease[29]

This consensus statement is based on a combination of clinical experience and scientific evidence and has been produced by an expert panel comprising:

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