

Are there any other side effects with HRT?

Although HRT is designed to replace naturally occurring hormones, it is nevertheless a medicine, and all medicines have side effects. However, many of the side effects of HRT 'wear off' in time. Here are the ones most commonly reported by women.

Irregular bleeding: Irregular, heavy periods, sometimes painful and very debilitating, are one of the symptoms of the menopause, and a common reason why women consult their doctor. HRT helps to correct this problem in most cases, but some of the oestrogen/progestogen combinations may not provide enough cycle control, and women may experience 'breakthrough bleeding', with spotting in between periods. This problem can often be dealt with by changing to another HRT product.

Weight gain: This is perhaps one of the main reasons why women discontinue HRT. Most women put on weight around the menopause, even if they are not taking HRT and this may often settle down. If they are taking HRT, an improved appetite can make them more prone to weight gain. Or a change in fat distribution can be mistaken for weight gain. Importantly, a sensible diet and exercise programme will help to keep weight under control.

Other side effects: HRT may cause 'PMS-type' symptoms, with depression, anxiety, irritability and breast tenderness in some women. Some women may experience acne, greasy skin, and very rarely, voice deepening and abnormal hair growth - these symptoms can often be relieved by changing the type of HRT used.

Finally, persevere with HRT. If you encounter side effects, remember that these often clear up in time. Often, side effects can be dealt with by changing to a different type of HRT. The HRT you were first prescribed may not suit you. But there are many to choose from to find the best one for you. Your doctor is there to help - don't be afraid to report back to him or her.

Date of preparation: February 2000

L0001001

Provided as a service to medicine by
SCHERING

Any Questions?

Myths about HRT

Introduction

The menopause is an inevitable part of every woman's life and used to be something that women just had to put up with.

Modern treatments and all the research carried out in recent years have given us a lot of new information. This has led to some confusion about an important issue in women's health.

This leaflet is intended to provide up-to-date information about Hormone Replacement Therapy or HRT. It addresses the most commonly asked questions and widely held opinions.

Written as questions and answers, the easy-to-read format is also intended to encourage you to raise any questions or concerns that you have about HRT with your doctor.



Is HRT interfering with nature by replacing hormones that are normally lost?

The menopause is a natural part of the ageing process and occurs when a woman's monthly periods stop completely.

However, the different physical signs and symptoms of the menopause are seen by many as a medical condition.

The signs and symptoms may include:

- Hot flushes
- Night sweats and trouble sleeping
- Mood changes
- Aches and pains in muscles and joints
- Bladder irritability, vaginal dryness and shrinking

So HRT can be regarded as a medical treatment for a medical condition.

Many of the symptoms last a relatively short time. Other changes due to the menopause may put women at higher risk of long term problems such as brittle bone disease (also called osteoporosis). HRT is not only a treatment for the signs and symptoms of menopause but also offers protection against possible long-term medical problems.

Today, we expect to remain active for longer, without unnecessary illness or discomfort. Ultimately, HRT is your decision. Just as importantly, it should be an informed decision.

If I am taking HRT do I need to worry about contraception?

For many women the start of menopause and the end of their periods do not coincide exactly. Symptoms may occur before you see any change in your period.

If you take HRT at the first signs of menopause, you are likely to have a monthly period (unless you have had a hysterectomy). This will actually mask the end of your natural periods and make it difficult to work out if you have stopped ovulating. HRT does not act as a contraceptive, and if you are still ovulating, you can become pregnant. It may, therefore, be necessary to use some form of non-hormonal contraception during this time.

Don't assume you can't become pregnant, even if your cycles were irregular before starting HRT. Unplanned pregnancies during the menopause do occur. There are a number of suitable non-hormonal contraceptive methods which can be discussed with your doctor.

Does HRT increase the risk of breast cancer?

It has been reported that up to 5 years of HRT does not seem to have a significant effect on the incidence of breast cancer. Between the ages of 50 and 70, about 45 women in every 1000 not using HRT will have breast cancer diagnosed. For those women starting HRT at age 50, after 5 years, there is an added risk of 2 extra cases in every 1,000 women, being detected by age 70. After 10 years, 6 extra cases are seen in every 1,000 women.

On the positive side, some studies have shown that breast cancer detected in women taking HRT may be less serious, with a better outcome when compared to women not taking HRT.

I am over 65 so am I too old to take HRT?

The benefits of HRT on long-term health, such as prevention of bone loss, are well known.

Most bone loss occurs during the first five years of menopause and it is an ongoing process. Without HRT a woman may lose up to half of her bone bulk by the age of 65. This makes bones brittle and more likely to break. By 70, half of all women will have had a fracture due to bone loss.

Starting HRT can stop bone loss at any age and can actually build bone, even in women already having problems with osteoporosis (brittle bone disease).

There is also evidence, even in older women, that HRT can provide improvements in hair, skin and muscle or joint pain.

Women on HRT at 65 years of age should consider continuing and those not taking HRT should consider the benefits. There is only a slight increase in the risk of breast cancer at 65 and any woman with normal mammography and no family history of breast cancer should weigh this against the proven benefits of HRT. The risks and benefits can be discussed with your family doctor.

Will HRT make me put on weight?

Weight gain is not an unavoidable result of the menopause. Although oestrogen (the female hormone in almost every type of HRT) is known to affect weight, taking HRT does not necessarily mean that you will put on weight. There are different types of HRT with different types of the same hormone. Some of these hormones make women more prone to weight gain than others. Weight gain has been reported as a side effect for all types of HRT, however, data regarding HRT and weight gain is inconclusive, since many women lose weight while taking HRT.

Most women put on weight around the menopause, even if they are not taking HRT. Women suffering from menopausal symptoms tend to feel better on HRT. Their appetite may improve and so they are more prone to weight gain. The distribution of fat around the time of the menopause tends to be in a more 'masculine' pattern and so any changes tend to be around the middle.

The best way to keep in shape and keep your weight down is with a healthy diet and an active lifestyle.

If I take HRT will my periods return after I am past the menopause?

Women with a uterus are prescribed HRT containing two different types of female hormone, an oestrogen and a progestogen. The progestogen is added to stop excessive growth of the endometrium (lining of the womb).

When the progestogen is taken over 10-12 days of the month, a period or withdrawal bleed occurs at the end of that time every month. This type of HRT is called sequential combined therapy and is suitable for women at any stage of the menopause.

Another type of HRT can be taken where progestogen is only taken every three months. You only have a period every three months and are still protected from excessive growth of the endometrium.

In another type of HRT, both hormones are taken every day so the endometrium doesn't grow and periods are avoided altogether. This type of therapy is called continuous combined HRT and is also only suitable for women who are at least one year past their last menstrual bleed.

If I don't suffer from hot flushes will taking HRT have any benefits?

Even if you do not have hot flushes you may have problems with other symptoms that can be relieved by HRT. In the short term, the menopause can cause such symptoms as hot flushes, heavy sweating (especially at night), tiredness, mood swings, and other unpleasant symptoms. Different women may have different symptoms and HRT can make a real difference to their family, working and social lives.

Some HRT has been shown to protect bones and prevent osteoporosis (brittle bones) if taken in the long term. Osteoporosis is thought to affect 1 in 3 women in this country. The loss of oestrogen that occurs during the menopause may also play a part in serious problems such as heart disease, strokes and Alzheimers Disease. These are illnesses that tend to affect women in their later years. For example, heart disease kills more than 1 in 5 women aged over 45 years. Work is continuing to look at the effect that HRT may have on these diseases.

My hot flushes have stopped so do I need to keep taking HRT?

HRT can control hot flushes due to the menopause. If your hot flushes have stopped, it's probably because your HRT is working. However, HRT cannot 'cure' hot flushes. If you stop taking HRT, you may start having hot flushes again. Taking your HRT continuously, as prescribed by your doctor, can prevent this.

The menopause can also result in other changes to your body such as bladder irritability, vaginal dryness and shrinking or aches and pains in muscles and joints. If these symptoms are relieved by HRT then they may return after stopping your medication.

By continuing to take HRT you can also reduce the risk of long-term problems such as osteoporosis. Stopping HRT can increase the risk of these long-term conditions.

How do I decide whether to take HRT or not and what can I expect?

Whether to take HRT, and in what form, is a decision you and your doctor will make together. HRT can relieve menopausal symptoms, and protect you from many long-term health problems; what it won't do is turn the clock back 20 years. This is a false impression of the benefits of HRT.

In fact, it is not unusual not to notice an immediate improvement when you start taking HRT but this should improve over the first 3 months of treatment.

If you decide that you don't want to take HRT, for whatever reason, your doctor will respect your views, but talk to him/her first.