NHS Lothian

Lothian
Sexual & Reproductive Health Services

Edinburgh Menopause Clinic

Chalmers Centre

A Guide to HRT and the Menopause for Women in Lothian

Contents

The information in this booklet can also be found on our website at:

www.lothiansexualhealth.scot.nhs.uk/Services/SpecialistClinicsGPReferral/Menopause

HRT or not?

This booklet was written by the staff of the Edinburgh Menopause Clinic to help women reach a decision on whether or not they wish to start, or continue, taking hormone replacement therapy (HRT). All women are individuals who must make their own choices and be guided by healthcare professionals on what is right for them. In Lothian, the Edinburgh Menopause Clinic is based within the Chalmers Centre and exists to give specialist advice following a GP referral to any woman who is experiencing problems with the menopause and wishes expert help with HRT.

HRT has been around for a long time – over 50 years – so a lot is known about it. In the 1990s, it was thought to be very good for women and the recommendation was that all women should consider taking it to improve their future health. Things have changed now and large studies have shown that there are small risks associated with HRT. The best way to consider HRT is that it is a drug therapy and, like any other medication, is associated with side effects and risks.

What is HRT?

HRT consists of either the hormone oestrogen on its own or a combination of the hormones oestrogen and progestogen. It comes as tablets, patches, gels and vaginal preparations. Most women can choose the type of HRT they take although occasionally healthcare advisers may feel there is a particular reason for recommending one particular route of delivery;

– if a woman has had a hysterectomy, she will almost always take oestrogen alone.

– if a woman has not had a hysterectomy, she will need to take a combination of oestrogen and progestogen to protect the lining of the womb.

Early Menopause

Women who have had their ovaries removed or have undergone an early menopause for any reason before the age of normal menopause (i.e. around 50), should usually take HRT to replace the hormones that they used to produce naturally. Experts agree that it is usually a good idea to take HRT for long term health benefits if you have an early menopause.

We recommend that women take HRT up to the age of 50 years and then reassess the situation and decide if they want to take HRT in the longer term or not.

Benefits of HRT

Menopausal Symptoms

Around 80% of women experience symptoms when they go through the menopause. Some women find these symptoms very troublesome and they can adversely affect quality of life. These symptoms will gradually settle with time but can often drag on for several years.

Menopausal symptoms comprise: hot flushes, sweats, disturbed sleep, altered mood (mood swings, low mood and irritability), chronic tiredness, vaginal dryness, joint aches and many others.

All these symptoms can really affect a woman's well-being and can make it difficult for her to function normally. We take these symptoms seriously and will discuss with her whether she wants to take HRT or not. HRT is highly effective and will usually considerably improve menopausal symptoms. It does not turn a woman into 'superwoman' but will simply make her feel normal again. If her menopausal symptoms are not too bad, then there is probably no need to take HRT.

Women need to bear in mind that HRT helps these symptoms but it is likely that they will come back in the future to some extent once they stop HRT. Some women decide not to take HRT for this reason.

Osteoporosis

HRT will definitely help prevent and treat osteoporosis. If women are taking HRT to help hot flushes and sweats then their bones will benefit. However, it is no longer recommended that HRT is taken just for long term prevention of osteoporosis alone (i.e. in women without menopausal symptoms) because it is felt that the small risks of long term HRT outweigh the benefits. Other drugs (such as alendronate) are now used to treat osteoporosis and are effective.

Other benefits of HRT

HRT will help vaginal and bladder symptoms (see below).

HRT also decreases the risk of getting bowel cancer but, as with osteoporosis prevention, HRT would not be taken for this reason alone.

Side effects and risks of HRT

Side effects

The commonest side effects of HRT are breast tenderness, bloatedness and headaches. Some women may feel that they gain weight because of fluid retention and increased appetite. Generally these nuisance side effects will settle down. If a woman has not had a hysterectomy, HRT is likely to give a regular period each month although 'no period' HRT may be suitable for many women. Erratic bleeding can be a problem, especially when first starting HRT.

Risks

We recommend that all women considering HRT are counselled about the small increased risks of breast cancer, deep vein thrombosis and stroke.

Breast cancer

Breast cancer is already common in the western world and the major risks are simply being female and getting older. It should

be remembered that both obesity and alcohol increase the risk of breast cancer.

Evidence from scientific studies suggests that taking HRT slightly increases the risk of breast cancer. Combined HRT (oestrogen plus progestogen) has more risk than oestrogen-only HRT. For all HRT, the risk of breast cancer slowly goes up the longer it is taken, but returns to normal risk around 5 years after stopping HRT.

Breast cancer risks with and without HRT:

For women aged 50 who do not take HRT	For women aged 50 taking oestrogen-only HRT	For women aged 50 taking combined HRT (oestrogen plus progestogen)
On average 32 in 1,000 will be diagnosed with breast cancer by the time they reach the age of 65 years	If taken for 5 years, the figure will be between 33 and 34 in 1,000 (i.e. an extra 1-2 cases) If taken for 10 years, the figure will be 37 in 1,000 (i.e. an extra 5 cases)	If taken for 5 years, the figure will be 38 in 1,000 (i.e. an extra 6 cases) If taken for 10 years, the figure will be 51 in 1,000 (i.e. an extra 19 cases)

The breast cancer risk with HRT is similar to having a late menopause. The risk of HRT over 5 years for a woman is the same as in another woman who continues with her normal periods over that time and is not taking HRT.

All women taking HRT should be asked regularly about any problems with or changes in their breasts and are advised to attend for regular mammograms.

Deep vein thrombosis

HRT tablets (as with the contraceptive pill and pregnancy) increase the risk of blood clots in the veins (deep vein thrombosis (DVT) and pulmonary embolus) particularly in the first year of use. If a woman has already had a DVT, she may not be able to take HRT. She will also be at higher risk of DVT if she is overweight, has a family history of DVT or is immobile for any reason. If she is taking HRT, she may need to stop it prior to certain operations which increase the risk of DVT. HRT will more than double the chance of getting a DVT although for most women, the risk of DVT is still very low overall.

Scientific evidence suggests that oestrogen patches/gel do not increase risk of DVT and pulmonary embolus compared to tablets. We recommend that oestrogen patches or gel should always be prescribed if a woman is at higher risk e.g. obese, immobile or much older.

DVT risks with or without oral HRT:

For a woman in her 50s who is not taking HRT	For a woman in her 50s taking HRT	For a woman in her 60s who is not taking HRT	For a woman in her 60s taking HRT
the risk of DVT is 3 in 1,000 over 5 years	the risk of DVT rises to 7 in 1,000 over 5 years	the risk of DVT is 8 in 1,000 over 5 years	the risk of DVT rises to 17 in 1,000 over 5 years

Heart disease and stroke

HRT is not recommended for women who have significant heart problems. HRT probably does not prevent heart disease and may make older women slightly more likely to develop heart problems in the first year of use.

Scientific evidence suggests that HRT slightly increases risk of stroke. If a woman has had a stroke in the past or has high blood pressure which is not well controlled with treatment then she will not be able to take HRT. All women taking HRT should have their blood pressure monitored regularly.

As with DVT, oestrogen patches or gel may be safer in terms of stroke risk. We recommend that patches or gel should always be prescribed if a woman is at higher cardiovascular risk e.g. is being treated for high blood pressure, obese or a smoker.

Stroke risks with or without HRT:

For women in their 50s who are not taking HRT	For women in their 50s taking HRT	For women in their 60s who are not taking HRT	For women in their 60s taking HRT
on average over a 5 year period 3 in 1,000 would be expected to have a stroke	the figure would be 4 in 1,000	on average over a 5 year period 11 in 1,000 would be expected to have a stroke	the figure would be 15 in 1,000

Other small risks with HRT may include endometrial (lining of the womb) and ovarian cancers. Abnormal bleeding with HRT should be investigated promptly. It is always important to ensure that women who have not had a hysterectomy are taking combined HRT to keep the lining of the uterus healthy.

Making a choice

If a woman has made a decision to start or continue with HRT she should take it for a reasonable period of time. We suggest that she is reviewed every year to discuss the decision to continue with HRT or not. There is no fixed time period to take HRT and every woman should discuss with a healthcare professional how long she wishes to continue.

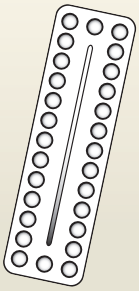
Check-ups: While taking HRT, a woman should have her **blood pressure** monitored every six months or more frequently if she has a problem with high blood pressure. If she is on treatment for high blood pressure, it is perfectly acceptable to take HRT provided her blood pressure is well controlled.

A woman should have normal **cervical smears** up to the age of 65 years – HRT has no effect on smears.

Check breasts regularly. The UK Breast Screening programme invites women for **a mammogram** between the ages of 50-70 years and women can opt to continue mammograms after this if they wish.

Finally, life in general is full of choices to make and people take risks of varying degrees every day. The risks of HRT are much smaller than the risks of cigarette smoking, alcohol excess and obesity. Very few women cannot take HRT for medical reasons. Remember that women can review their decision to take HRT or not at any stage and make an informed decision about when to start and stop it.

Types of HRT



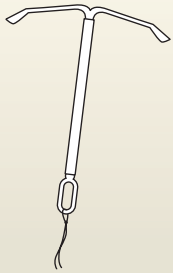
As mentioned earlier, HRT consists of oestrogen and progestogen hormones administered as pills, patches or gel applied to the skin, as an intrauterine device (Mirena IUS or "coil") or as vaginal cream or tablets ("pessaries"). The type of HRT a woman uses is partly whichever is safest and most effective but also depends on her preference for a particular method and local guidelines.

Using HRT patches and gels may have a lower DVT and stroke risk than HRT tablets so may be preferable for slightly higher risk women. They are also better for women with migraine.

If a woman has had a hysterectomy then HRT can be a single hormone, oestrogen. Most women will not have had a hysterectomy and need to use an HRT preparation which contains both hormones (combined HRT); this is because the oestrogen hormone cannot be given alone as it can cause harmful effects on the lining of the uterus; therefore it is given in combination with a progestogen. The two hormones may be given in a combined patch or pills, or may be given as two separate preparations, for example an oestrogen patch with a Mirena IUS as the progestogen. Women may need to try a variety of HRT combinations before finding one which suits, as different side effects may occur in different people.

If it is less than one year since a woman's last period, or she is having menopausal symptoms before her periods actually stop, then she will probably be prescribed a combined HRT which is "cyclical", i.e. it mimics the normal cycle so that she has regular monthly bleeds; after a while this is usually changed to a "continuous" preparation, which will mean that her periods will stop.

Using a Mirena® for HRT



The hormone releasing intra-uterine system (Mirena® IUS) has been used for contraception in the UK since 1995. It is now also licensed for both the treatment of heavy periods and for use as part of a HRT combination. Women who do not require contraception may wish to have a Mirena® fitted for these specific reasons.

How does it work?

The Mirena® IUS works by releasing a low dose of a progestogen hormone which shrinks down the lining of the womb and prevents bleeding. This will balance the effect of oestrogen on the lining of the womb and means that women with a Mirena® do not need to add in any additional progestogen in HRT. It will last for 5 years.

Who will it suit?

Most women can be fitted with a Mirena® for HRT if this is acceptable to them. There will be an examination and it is important that smears are up to date before a Mirena® is fitted. Occasionally, women may need an ultrasound scan and small biopsy of the lining of the womb to check for any problems.

Possible side effects

Once a Mirena® has been fitted, bleeding will gradually become lighter and lighter as the months pass. Unfortunately, most women will experience irregular bleeding and spotting during the first few months after having a Mirena® fitted which can be a nuisance. Women will be warned about this happening as it is quite normal and they are encouraged to persevere with the Mirena® during this time as it will almost always get better.
By six months, most women will have settled down to occasional episodes of very light bleeding and by one year, many women find that the bleeding will have stopped altogether.

As the hormone dose is very small, side effects are not severe and tend to settle after a few months. It is possible that women would notice some breast tenderness, greasier skin or bloatedness initially but most women find side effects are not a major problem.

If you are using a Mirena for HRT you must have it changed every 5 years; if you have it removed but continue oestrogen, you must add in a progestogen tablet or patch to balance the oestrogen.

Vaginal and bladder symptoms after the menopause

Almost all women notice changes after the menopause in the vaginal and bladder tissues. The symptoms they often experience include:

- vaginal dryness, soreness or irritation
- vaginal discomfort during intercourse
- urinary urgency (needing to empty the bladder urgently, even if is not full)
- urinary frequency and nocturia (getting up frequently during the night to pass urine)

These symptoms, although rarely serious, are often very distressing. Many women may feel embarrassed about discussing these symptoms, or consider them to be a normal acceptable part of the process of menopause; these problems are however often very easily treated.

These symptoms are due to a drop in the levels of the hormone oestrogen which occurs in all women when their periods stop. The hormone oestrogen is responsible for maintaining the health of vaginal and bladder tissues, and the lack of oestrogen leads to a thinning of the wall of the bladder and the skin of the vagina, leading to dryness, discomfort and urinary symptoms.

Treatment
The most effective treatment for these problems is to replace the oestrogen which is lacking; this is done with either local oestrogen replacement or hormone replacement therapy (HRT).

- **Local oestrogen replacement:**
  Oestrogen can be given very effectively by the vaginal route in the form of a cream (Ovestin®), tiny vaginal tablets (Vagifem®), or a soft plastic ring (Estring®) which sits inside the vagina and is changed at three monthly intervals. This method of delivery of oestrogen to the tissues is very safe as only a tiny amount of the hormone is absorbed into the bloodstream. Studies have suggested that this route has no significant increased risk of breast cancer, stroke or blood clots. Oestrogen given in this way can be continued indefinitely, as long as symptoms are a problem.
- **HRT:**
  See earlier section on HRT and its benefits and risk. Some women need to take both HRT and local vaginal oestrogen to help bladder and vaginal symptoms.
- **Non-hormonal treatments:**
  If women wish to avoid hormones, or for any reason are unable to use them, there are other ways to improve the vaginal symptoms which occur after the menopause. These include general measures such as avoiding contact between the vaginal skin and soap, wipes, perfumes, talc and man-made fibres. Vaginal lubricants and moisturisers such as Replens®, Sylk® or Yes® can be very helpful and are not limited to use during intercourse. Emollient lotions such as Dermol 500® may be helpful for washing and moisturising the vulval skin. These preparations are available to buy from a pharmacy or on line and some can be obtained on prescription from your GP.

How to get help
If women are experiencing any of the problems mentioned, they should speak to their GP or local sexual health doctor or nurse who is likely to be able to help. Before any treatment is started however, your doctor is likely to examine you and check for any other skin conditions.

Vaginal oestrogen preparations can be used for as long as women need to use them and they do not need to stop for breaks. Any abnormal bleeding should be reported to a doctor.

Medical Alternatives to HRT for hot flushes and sweats

Some women cannot or do not wish to take HRT. The drugs described below are alternatives to HRT. None of these drugs is officially licensed to be used for this reason but we know they can be effective and help a woman to cope with her menopausal symptoms. These drugs must be prescribed by a doctor who will usually suggest trying one of them for three months initially. If the drug has had no effect in that time then it should be stopped. If it is helping menopausal symptoms, we suggest continuing it for 6 – 9 months then try to wean it down gradually. If symptoms return thereafter then women may need to restart it again.

Hormonal therapy

- **Provera**
  Dose 10mg twice a day
- **Megestrol acetate**
  Dose 20mg twice day

These are synthetic forms of the hormone progesterone which can reduce hot flushes and night sweats by around 40%. Although there are no long term studies on using these drugs, there is some evidence to suggest that they may be safer for the breasts than standard HRT and less likely to cause problems with thrombosis/clotting.

Side effects are usually mild but might include bloating/fluid retention, weight gain and occasional bleeding. They would not be prescribed to menopausal women who have severe liver disease or significant arterial disease.

Antidepressant Drugs
Although these drugs are generally used for treatment of depression, they can also reduce hot flushes and night sweats by around 40%. They also improve mood .

- **Fluoxetine**
  Dose: 20mg daily
  Side effects include nausea, headaches, dizziness and disturbed sleep. It should not be prescribed to women taking St John's Wort.
- **Venlafaxine**
  Dose: 37.5mg twice per day
  This can be started with one tablet per day and increased gradually. Side effects include nausea, headaches, constipation and disturbed sleep. It should not be prescribed if there is a history of heart disease, untreated high blood pressure or epilepsy.
- **Citalopram**
  Dose: 10 or 20mg daily
  This drug is also helpful for anxiety conditions.

Other drugs
- **Gabapentin**
  Dose 300-900 mg daily
  This drug is often used for the treatment of chronic pain but can sometimes be beneficial for women having hot flushes, particularly if they have other complex medical conditions

Loss of Libido

This is a very common complaint in women after the menopause. New treatments may be developed but at the moment we have very few treatment options for women. Loss of libido is complex and is also about relationships as well as hormones – many women who have been in long term relationships find that their libido gradually decreases and it can also be an issue if women are unhappy about their body image due to obesity or other factors related to ageing.

Testosterone replacement
Testosterone is the hormone responsible for male characteristics but occurs naturally in women as well and has a role in libido, mood and energy levels. Women who have had their ovaries removed before the menopause often experience a significant loss of libido as we know that the ovaries play a key role in producing testosterone. The role of testosterone replacement is now established in women who have had their ovaries removed but is less well studied in 'normal women' who still have their ovaries.

Potential side effects from testosterone include greasy skin, acne and increased facial hair growth although these are rarely a major problem. Testosterone is not recommended in women who have a high cholesterol level or are at increased risk of heart disease or stroke. They should always be combined after the menopause with oestrogen / HRT in some form.

Testosterone gel
We may suggest testosterone gel (Testogel or Testim) which is actually licensed for men but can be used in low dosage by women. Women would use one sachet or tube per week in divided dosages to begin with. We will ask a woman's GP if he or she is willing to prescribe these testosterone preparations. Unfortunately, testosterone cannot be taken in tablet form and testosterone patches and implants for women are no longer available.

Counselling

If women experience loss of libido as part of a more complex sexual issue, then it may be helpful to seek advice from a sexual problems counsellor.

Lifestyle tips, self help measures and natural alternatives to HRT

Hot Flushes/night sweats

- Avoid excessive heat e.g. very hot baths and showers, spicy food.
- Cut down or avoid alcohol, caffeine and smoking.
- Wear layers of clothing that can be removed easily as soon as a flush starts.
- Hand-held fans can help. Moist wipes may be useful.
- Avoid synthetic night clothes and bedclothes and heavy bedclothes. Sleep on a big towel to absorb sweats.

Exercise

Regular vigorous exercise will help reduce the frequency and intensity of hot flushes and sweats (e.g. 4 x 30 minute sessions per week). Choose a form of exercise that you enjoy and will continue with in the long term.

Exercise helps control weight gain. It also lifts mood and helps prevent heart disease and osteoporosis.

Alcohol

Watch your intake. More than 2 units daily may double the risk of breast cancer. Alcohol can also increase osteoporosis risk.

Weight

Obesity, i.e. BMI (body mass index) of 35 and over, may treble the risk of breast cancer.

Smoking
Stop. It greatly increases the risk of heart disease. More women die of lung cancer than breast cancer in the UK.

Relaxation
- Yoga and Pilates can have a calming effect, as does slow deep breathing. Acupuncture, reflexology and massage can help relax muscles and relieve stress.
- Meditation and mindfulness techniques can be very helpful.

Diet
- A healthy balanced diet it always recommended.
- Phyto (plant) estrogens e.g. soya products, beans, lentils, cereals, Burgen bread and linseeds can supplement falling levels of oestrogen. Linseeds also provide the essential fatty acids omega 3 and omega 6.
- Plant oestrogens can be bought in tablet form.
- Oily fish should be eaten twice weekly to increase levels of omega 3.
- Up to 1000 grams of calcium should be consumed daily, preferably from food e.g. milk, yogurt and cheese, to help prevent osteoporosis.
- A variety of fruits and vegetables and whole grains should also be eaten.
- Avoid fizzy drinks.

Herbal Remedies

There is very little scientific evidence that herbal remedies are of significant help with menopausal symptoms. Women may experience a placebo benefit and feel that they are taking control of the situation and doing something to help. There are numerous preparations available so we do not recommend any brands in particular and some of them can be quite expensive.

Some women who are unable to use or wish to avoid conventional HRT may wish to explore herbal options. Individual women may find herbal remedies helpful and they are generally considered safe but check with a pharmacist if you have queries.

• Black Cohosh (cimicifuga racemosa)	May be the best agent to try for hot flushes
• Oil of Evening Primrose	May help breast tenderness
• Sage (salvia officinales)	May reduce sweating
• St John's Wort (hypericum)	May help low mood and anxiety To be effective, tablets must contain 900 micrograms (mcg) of the active ingredient, hypericin
• Vitex Agnus Castus (Monks' Pepper)	May help mood swings

NB: St John's Wort may help mild to moderate depression but should be avoided in women using other drugs including some hormonal medication as it may cause drug interactions.

NB: Be aware that many herbal or plant extracts, have weak oestrogen-like activity and should be avoided by women undergoing breast cancer treatment. Plant oestrogens are often referred to as Isoflavones or phyto-estrogens.

Calcium and diet

Bone is a living structure which is constantly being renewed. To ensure healthy bones, a reliable supply of essential vitamins and minerals, particularly calcium and vitamin D, is important. Calcium provides strength and rigidity to the skeleton.

Bone-growth patterns, and therefore calcium requirements, differ according to age and sex. Sufficient dietary calcium is important for post-menopausal women where low oestrogen levels cause a marked drop in bone density.

Recommended daily calcium intake:

Children 7-12 years	800mg
Teenagers 13-19 years	1000mg
Men 20-60 years	1000mg
Women 20-45 years	1000mg
Pregnant/ breastfeeding women	1500mg
Pregnant/breastfeeding teenagers	1500mg
Women over 45 years	1500mg
Women over 45 years on HRT	1000mg
Men over 60 years	1500mg

Balancing your diet

The following table is a guide to getting enough calcium in a diet which is the most natural way to help bone health. If women do not have enough calcium in their diet, they may wish to take a calcium supplement which can be purchased over the counter; this should be discussed first with a GP as taking calcium in the long term has been associated with some increased risks. Calcium supplements may be prescribed by a GP if a woman has osteoporosis and is having other drug therapy for bone protection.

In order for a woman's body to make the best use of dietary calcium, it needs vitamin D as well. Vitamin D is manufactured naturally in skin when exposed to sunlight, so plenty of fresh air is an easy and cheap way to maximise vitamin D levels. In addition, there are a number of foods that are rich in vitamin D, such as oily fish (sardines, mackerel), eggs, cheese and vitamin D-enriched foods (e.g. margarine, breakfast cereals). At the moment vitamin D levels are not routinely checked.

WEIGHT (gm)		FOOD	CALCIUM (mg)
1/3 pt	190 ml	Skimmed milk	235
1/3 pt	190 ml	Semi-skimmed milk	231
1/3 pt	190 ml	Silver top milk	224
1/3 pt	190 ml	Soya milk	25
5	150	Yoghurt, low-fat fruit	225
1	28	Cheddar cheese	202
1	112	Cottage cheese	82
1	28	Processed cheese	168
3	84	Cheese omelette (1 egg, 1oz Cheddar)	235
3	84	Cheese and egg flan	219
4	112	Cheese and tomato pizza	235
2	56	Sardines, canned in tomato sauce	258
2	56	Pilchards, canned in tomato sauce	168
2	56	Milk chocolate	123
2	56	Mars bar	90
4	112	Spinach, boiled	179
4	112	Broccoli, boiled	45
4	112	Baked beans	59
4	112	Red kidney beans, cooked	80
3	84	Soya bean curd, steamed	428
2	56	Brazil nuts	95
2	56	Swiss style muesli	62
1	28	Dried figs	76
1 slice	30	Bread, white	33
1 slice	30	Bread, wholemeal	16

Useful Menopause Resources:

1. **Menopause Matters Ltd website**
   www.menopausematters.co.uk
   Website written by clinicians in Scotland with helpful information and advice on managing the menopause.

2. **National Osteoporosis Society**
   www.nos.org.uk
   Camerton, Bath, BA2 0PS
   Helpline 0845 4500 230

3. **The Daisy Network**
   www.daisynetwork.org.uk
   (Premature Menopause Support Group)
   E-Mail: membership&media@daisynetwork.org.uk

4. **Mindfulness Guidance – UCLA Mindfulness Awareness Research**
   Centre, USA; free guided meditations
   http://marc.ucla.edu/body.cfm?id=22

5. Mindfulness-based cognitive therapy book with guided meditations; '**Finding Peace in a Frantic World**' by Mark Williams

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