

Information leaflet for patients considering hormone replacement therapy (HRT)

Menopause is a natural part of ageing, typically occurring between 45 and 55, as oestrogen levels decrease. In the UK, the average age for reaching menopause is 51. The stage leading up to menopause, called perimenopause, often lasts several years.

You are thought to be “post-menopausal” when you have had a year since your last period. (But you are only able to know this if you are not on any hormones or contraception that may affect your periods). Determining your exact stage may be challenging; however, we prioritise your symptoms and how they affect your life over the specific stage.

Symptoms may include some or all of the below and can be intermittent initially.

- Hot flushes / Night sweats
- Skin dryness/ crawling sensation
- Anxiety
- Joint aches
- Mood changes / Irritability / Tearfulness
- Poor or no libido / Vaginal dryness
- Forgetfulness / Poor sleep
- Urine infections / Urinary incontinence
- Brain fog
- Hair loss

Considering HRT (Hormone Replacement Therapy)

Crane Valley Primary Care Network has developed this leaflet for patients who feel menopausal symptoms are impacting their lives and are considering HRT. You can also learn more about the menopause information, resources and support available on our Community SWITCH website at www.communityswitch.org.

Having considered this information, if you believe HRT could help, please take the following steps:

1. Make an Appointment: Contact your GP surgery to discuss HRT.
2. Prepare Health Information to bring with you:
 - Your recent blood pressure readings from a home device, pharmacy, or GP surgery.
 - Your current weight.
 - Menopause is generally diagnosed based on symptoms alone, and blood tests are rarely necessary.

Starting HRT

HRT can be beneficial if symptoms are impacting your home, work, social, or sexual life. You don't need to wait until your periods stop; starting HRT during perimenopause may help.

Surgical Menopause: If you've had your ovaries removed, HRT can replace the hormones that would naturally occur until around age 51.

Early Menopause: Occurs if your periods stop before age 45.

Primary Ovarian Insufficiency (POI): Also called premature menopause, it affects those under 40. The Daisy Network provides support for women with POI.

Benefits and Risks of HRT

Benefits:

Relief from menopausal symptoms and improved quality of life.
Lower risk of osteoporosis and heart disease if started within 10 years of menopause. Potentially lower risks for type 2 diabetes, bowel cancer, and dementia.

Risks:

Breast Cancer: Some HRT combinations show slightly increased risks for breast cancer diagnosis, though risks vary based on the HRT type.

Blood Clots: Older forms of oral HRT were linked to clots, but newer transdermal forms (patches, gels, sprays) do not carry this risk.

HRT Options Types:

If you do not have a uterus: You may need oestrogen-only HRT.
If you have a uterus or history of endometriosis: A combination of oestrogen and progesterone is necessary to reduce risks of endometrial cancer.

Delivery Methods:

Oral Pills: Have slightly higher clotting risks.

Transdermal (Patches, Gel, Spray): No increased clot risk.

Cyclical vs. Continuous: Your doctor will recommend a regime based on your age and time since your last period.

Body Identical vs. Bioidentical:

Body Identical HRT: Regulated and tested, available through the NHS.

Bioidentical HRT: Unregulated and not recommended by the British Menopause Society (the specialist authority for menopause and post-reproductive health in the UK).



Common Side Effects and Monitoring

Side effects, such as breast tenderness or bloating, are common in the first three months and often improve over time. Any unusual bleeding that persists beyond 3–6 months should be discussed with your GP.

Stopping HRT

When and if to stop HRT should be a personal decision, assessed annually based on benefits and risks. You may stop gradually or abruptly, though some symptoms may temporarily return if stopped abruptly.

Important Recommendations

Screening: Regular breast and cervical screenings are recommended.

Follow-Up: After starting HRT, a follow-up with updated blood pressure in three months is advisable, with annual reviews afterwards.

Three quarters of
women going through
the menopause will
experience symptoms.

