

Background knowledge on HRT

Indications and contraindications

- Indications
 - Treatment of menopausal symptoms (when benefit outweighs risk)
 - Treatment of early menopause (until natural menopause age ~ 51 years)
 - Osteoporotic fracture prophylaxis in women <60 years (when non-oestrogen containing treatments are unsuitable)
- Contraindications
 - Current
 - Undiagnosed PV bleeding
 - Pregnancy/breastfeeding
 - Oestrogen dependant cancer
 - Acute liver disease
 - Uncontrolled hypertension
 - History
 - History of breast cancer
 - History of venous thromboembolism
 - Recent stroke/MI/angina

Risks and benefits

- Short-term benefits – relief of:
 - Vasomotor symptoms
 - Psychological symptoms (anxiety, low mood)
 - Reduced libido
 - Urogenital atrophy – *use vaginal HRT with or without systemic HRT*
- Long-term benefits
 - Reduction in osteoporosis (and related fractures)
 - Reduced risk of coronary artery disease (<65 years)
- Risks
 - Venous thromboembolism (no risk with transdermal therapy)
 - Stroke
 - Breast cancer (small increase in risk with combined HRT only)
 - Ovarian cancer (if used >5 years)
 - Endometrial cancer (only if women with uterus take oestrogen-only HRT – this is why oestrogen-only HRT is only used for women with no uterus)
- Side effects
 - Oestrogen: breast tenderness, leg cramps, nausea/bloating
 - Progesterone: pre-menstrual syndrome
 - Bleeding: PV bleeding occurs towards end of progesterone phase of cyclical HRT

Types of HRT

- Routes of administration
 - Systemic: oral; transdermal (patches or gels) – *available in oestrogen-only or combined preparations*
 - Vaginal (for urogenital atrophy): tablet, cream, pessary or vaginal ring
- Types of systemic therapy
 - **No uterus** → **oestrogen-only HRT** (oral or transdermal)
 - **Uterus**
 - **Peri-menopausal** → **cyclical HRT** (oestrogen every day, but oestrogen and progesterone given together for 12-14 days to cause bleed at the end of every menstrual cycle ('monthly') if still having regular periods or every 13 weeks ('three-monthly') if having irregular periods)
 - **Post-menopausal (i.e. no periods for >1 year or been on cyclical HRT for >1year)** → **continuous HRT** (continuous combined oestrogen and progesterone – no bleed)

Duration of HRT

- No maximum duration – individualise to women's risk vs benefits
- Risk increases after 65 years

HRT counselling

First ask a few questions

"First, I need to ask a few questions about you to check HRT is appropriate for you..."

- Age (menopause age is 45-55 years)
- Confirm menopause if possible
- Discuss their symptoms (and their effect on quality of life)
- PV bleeding
 - Still having periods: ask their regularity
 - No longer having periods: last menstrual period, any post-menopausal/post-coital bleeding
- Relevant past medical history and family history
 - PE/stroke/MI/angina
 - Oestrogen dependant cancer (breast/endometrial/other)
 - Do they have a uterus (i.e. no previous hysterectomy)

What they know already

- Determine their knowledge of HRT
- Find out if there is anything in particular they wanted to know
- Explain what you would like to do (discuss what HRT is, the risks and benefits, types of HRT and also talk about contraception if appropriate)

What HRT is and why it is used

- Explain what the menopause is
 - The time when periods cease and a woman is no longer able to get pregnant
 - Occurs because ovaries cease to produce hormones (oestrogen and progesterone)
 - These hormones (mainly oestrogen) regulate the female reproductive system but also have many other effects on the body e.g. mood, libido
 - Symptoms last for 4 years on average (but can be up to 12)
- Explain how HRT treats the symptoms
 - HRT replaces oestrogen ± progesterone
- Benefits of HRT (as above)

Discuss risks and side effects

- Discuss risks (as above)
- Discuss side effects (as above)

Discuss types of HRT

- Explain how HRT is given (as above)
- Explain routes of administration (as above)

Briefly mention contraception

- Women are potentially fertile for 1 year after last menstrual period (or 2 years if <50 years)
- Explain HRT is not contraception
- Contraceptive options for women on HRT
 - Progesterone only pill (in addition to HRT)
 - Mirena coil (can be used as progesterone component of HRT)

Discuss alternatives

- Mood: cognitive behavioural therapy, antidepressants
- Vasomotor symptoms: SSRIs, SNRIs and clonidine
- Vaginal dryness: lubricants/moisturisers
- Irregular periods: Mirena coil

Ending

- Summarise
- Let patient think about it and plan follow up
- Offer leaflets/website links