



# Hormone Replacement Therapy (HRT)

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## The current position on Hormone Replacement Therapy (HRT)

Knowledge regarding Hormone Replacement Therapy (HRT) is changing constantly as new studies become available. Below is summarised the current known facts regarding the benefits and risks of this treatment. Each woman must decide for herself whether to start or continue with HRT in light of all the known facts. To put these facts into perspective, the risk of a woman over the age of 40 being killed or seriously injured in a road accident is 18 per 10,000 women per year.

The paper produced by the Women's Health Initiative (W.H.I.) 2002 and others has shown the following:

### **BENEFITS**

1. Menopausal Symptoms - Improvement in menopausal symptoms, such as hot flushes, urogenital symptoms (dryness of vagina and cystitis) painful intercourse, quality of life, such as depression, loss of concentration and forgetfulness. HRT works better (80%) than placebos and Phytoestrogens, such as Promensil, (40%).
2. Fractures - There is a reduction in hip fractures of 5 per 10,000 women per year and a reduction in total fractures of 44 per 10,000 women per year.
3. Colorectal Cancer - There was a reduction in bowel cancer of 6 per 10,000 women per year

### **RISKS**

1. Breast Cancer - There was an increase in breast cancer of 8 per 10,000 women per year
2. Heart Attacks - There was an increase in heart attacks of 7 per 10,000 women per year
3. Strokes - There was an increase in strokes of 8 per 10,000 women per year
4. Thromboembolic Events (e.g. DVT and Pulmonary Embolus) - There was an increase of 18 per 10,000 women per year
5. Dementia - There was a probable increase in dementia of 1 extra case per 100 women per 4 years

## COMMENT

The W.H.I. studies were performed with asymptomatic women over the age of 65 years using conjugated oestrogens from equine urine (Premarin) and Medroxyprogesterone (Provera). It has been shown in the Million Women Study (Lancet 2003; 362: 419-427) that the risk of breast cancer varies little between specific oestrogens and progestogens or their doses, or between continuous or sequential regimes. Risk increases with total duration of use. After 10 years use the risk of breast cancer increases by 5 per 1,000 with oestrogen only users and 19 per 1,000 in users of oestrogen-progestogen combinations.

Tibolone (Livial) has a similar effect in reducing menopausal symptoms and increases bone density. It stimulates cardiac output, blood flow and vessel relaxation. It decreases total cholesterol, Triglycerides and Lipoproteins. Animal studies suggest a strong anti-atherosclerotic effect and to date, there is no evidence of an increase in Coronary Heart Disease (CHD) risk. It also causes a decrease in breast density on mammographic studies.

Estriol is probably the best of the hormones used in HRT. There is some evidence that it has the least adverse effect on the body.

## RECOMMENDATIONS

1. HRT should only be prescribed for symptomatic women, in the lowest possible dose to control the symptoms
2. Attempts should be made after 5 years to wean the woman off HRT, best done gradually
3. HRT remains the best method of preventing osteoporosis in symptomatic women
4. Asymptomatic women at risk of osteoporosis should be treated with other modalities, such as bisphosphonates

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