

Hormone Replacement Therapy

Many of the diseases affecting older women are influenced by their post-menopausal oestrogen-deficiency state. Prevention is therefore of prime importance for these conditions. While HRT is not a panacea for all problems relating to the menopause, it is an appropriate treatment for menopausal symptoms and has a role in the management of some of the long-term consequences of oestrogen deficiency, notably osteoporosis.

Indications for prescribing HRT

HRT may be prescribed either for symptomatic treatment, for the prevention of osteoporosis or to achieve a combination of benefits. Each woman's management plan needs to be developed following assessment of her individual benefit/risk profile.

Indications for symptomatic treatment

Strong indications

- Vasomotor symptoms:
 - Hot flushes
 - Night sweats
- Urogenital atrophy:
 - Genital atrophy
 - Incontinence
 - Recurrent UTIs
- Perimenopausal menstrual cycle disruption

Possible indications

- Other climacteric complaints and symptoms
 - Atypical complaints and lack of well-being
 - Depressive mood changes
 - Joint and muscle complaints
 - Epithelial atrophy of skin, mouth and eyes.

Indications for preventative therapy

- Osteoporosis

Risks of HRT

HRT and breast cancer

Small increased risk among current and recent (stopped within previous five years) users: about a 2.3% increase in relative risk for each year of use. This level of risk is similar to that associated with a delay in the menopause.

HRT and venous thromboembolism

Women on HRT have a two fold increased risk of developing VTE. Most cases occur in the first year of use, suggesting the unmasking of an underlying genetic predisposition. Women with a history of VTE or with a strong family history require special consideration. In women without such risk factors the absolute risk is very low.

Adverse effects of HRT

The most common side effects are:

- Menstrual irregularities
- Breast tenderness

- Headache
- Weight gain
- PMS-type symptoms.

Successful management of side effects is important to facilitate continued use of HRT, particularly in women with persistent symptoms or at high risk of osteoporosis.

It is important to explore a woman's complaints of side effects. Sometimes, simple reassurance is sufficient. Encouraging women to persist with any one formulation for at least three to six months is frequently advisable, as many symptoms will settle within that time frame.

Options

No single regimen will suit all women and optimum compliance requires both proper counselling and selection of suitable therapy, route of administration and regimen for each individual patient.

Choice of preparation

- Sequential combined HRT
- Oestrogen only HRT
- Continuous combined HRT

Routes of administration

- Oral preparations
- Patches
- Implants
- Gel
- Local

Assessments based on the 'average' woman may not be applicable individually and the decision whether to use HRT needs to be taken by each individual woman and her doctor, taking account of the woman's specific risk profile.

A woman should understand the probable risks and benefits of HRT, decide how valuable she considers each of the potential effects of therapy, and participate with her doctor in deciding whether to take preventative HRT. Ideally, all women should be given sufficient information and opportunity to consider HRT.

In light of recent evidence from the WHI study that HRT does not prevent cardiovascular disease in healthy post-menopausal women, regular review of the continuing indications for use has become more important. This requires structured risk assessment on a regular basis and active consideration of alternative treatments should be undertaken by the GP in consultation with the woman. Longterm use is likely to be dictated by risk of osteoporosis.

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