



Overview

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) is medicine to treat the symptoms of the menopause ^[1].

The menopause is when you stop having periods and can no longer get pregnant naturally. Menopausal symptoms include:

- hot flushes
- night sweats
- vaginal dryness
- feeling tired and irritable
- lower sex drive

Important: The information on this page is for people who are prescribed HRT medicine. You should read it together with the patient information leaflet from the manufacturer of your medicine.

How HRT works

Your body stops making a hormone called oestrogen when you go through the menopause, or if you have surgery to remove your ovaries.

HRT replaces oestrogen to help with the symptoms of the menopause. You can also have HRT if medical treatment causes the menopause (a medical menopause).

If you use HRT in the long term, it can help to lower the risk of bone thinning (osteoporosis) and bowel cancer. However, there are known risks of HRT ^[2] (such as an increased risk for some types of cancer).

Your doctor or nurse talks to you about your age, symptoms and medical conditions. They then explain the risks and benefits of HRT that apply to you.

For some people, taking HRT is not an option. This is usually if someone has had a cancer caused by hormones or a blood clot.

You might have heard of bioidentical or 'natural' hormones as another option to HRT. These are not used in treatment because they have not been approved by organisations that regulate medicines. They have not been researched and proved safe to use.

Always talk to your doctor if you are thinking about other options to HRT.

Types of HRT

There are 2 types of HRT. The type you take depends on where you are in the menopause, and if your periods have stopped completely for a year.

Oestrogen only (no progestogen)

Oestrogen-only HRT is used if you have had surgery to remove your womb (a hysterectomy) or use an IUS (intrauterine system) [3], such as Mirena®. An IUS is a small plastic device put in your womb to stop you from getting pregnant.

Oestrogen-only HRT does not contain the hormone progestogen to protect the lining of the womb.

Combined HRT (oestrogen and progestogen)

Combined HRT is used if you still have your womb. It can be given in 2 ways.

- **Continuous combined HRT.** You take oestrogen and progesterone (a type of progestogen hormone) together once a day for 28 days. This means that you do not have any withdrawal bleeds.
- **Sequential HRT.** You take oestrogen only for the first 14 days. Then you take oestrogen and progesterone together for the next 14 days. This usually results in monthly withdrawal bleeds.

Information and support

Daisy Network ^[4] is a charity supporting people affected by premature menopause.

Women's Health Concern ^[5] is a charity that gives women advice and information.

NHS website ^[6] has more information about HRT.

Menopause Matters ^[7] has information on the menopause.

Taking HRT

How you take hormone replacement therapy (HRT) depends on what type you have.

HRT is often taken as tablets, but there are also other ways (called preparations) to take this medicine. Examples are a patch or gel.

Everyone reacts differently to HRT. No preparation is better than any of the others. It is often a personal choice which you try first.

Prescriptions for HRT

HRT is only available on prescription. The cost of HRT is the current prescription charge.

Sometimes your HRT involves 2 medicines and you might need to pay 2 prescription charges.

You can get a repeat prescription from your GP.

HRT preparations

Tablets

You take tablets once a day. They help with the short-term symptoms of the menopause ^[8].

If you take the tablets for a longer time, they also help with the long-term complications of the menopause. There are different tablets available.

Patches

You apply HRT patches once or twice a week to any area below the waist. They help with the short-term symptoms of the menopause and, if taken for longer, the long-term complications of the menopause.

Gel

Oestrogen is available as a gel that you put on once a day. You put the gel on a clean, dry and unbroken area of skin. It usually goes on the upper arm, shoulder or inner thigh.

You rub in the gel and it takes a few minutes to dry. The gel is clear and not greasy.

If you have a womb, you also need to take progesterone to protect the womb lining. You may have this as tablets or an IUS (intrauterine system) ^[9], such as Mirena®. Your doctor or nurse can give you more information about an IUS.

Vaginal oestrogen (local HRT)

Vaginal creams, vaginal tablets, vaginal rings or vaginal pessaries (a device put in the vagina) contain a small amount of oestrogen. This type of HRT only works for specific symptoms in the area where you put them, such as vaginal dryness and urinary symptoms.

Local HRT does not help other symptoms, such as hot flushes. It also does not protect against the longer term effects of the menopause, such as osteoporosis (a condition that weakens the bones).

Local HRT does not have the same increased risks as other types of HRT ^[10], so most people can use it.

How long HRT takes to work

It usually takes a few weeks before you feel the benefits of HRT. It can take up to 3 months to feel the full effects.

If you have not felt the benefit of HRT after 4 to 6 months, it may help to try a different type.

It can take your body time to get used to HRT. When you start HRT, you might have side effects ^[11]. Examples are tender breasts, feeling sick (nausea) and leg cramps. These side effects usually disappear within 6 to 8 weeks.

If you forget to take the medicine

If you forget to take your HRT medicine, do not take the doses that you have forgotten. Just take the next dose when you remember.

How long you take HRT

If you have HRT to help with menopausal symptoms, you should take it for 2 to 3 years.

To get the best benefit in reducing the risk of osteoporosis, you need to take HRT for at least 5 years.

If you had an early menopause or surgery to remove your ovaries, the time is not counted until you reach the age of 50. This is the average age of the menopause.

You can talk about stopping or lowering the amount of HRT that you take with your doctor. Each year, you and your doctor review the benefits and risks of continuing to take HRT.

Side effects of HRT

Hormone replacement therapy (HRT) is medicine used to treat the symptoms of the menopause.

It is common to have side effects in the first few months of taking HRT. These usually settle on their own within 6 to 8 weeks.

Side effects include weight gain, irregular bleeding, feeling sick (nausea) and skin irritation. They can also include:

- tender and enlarged breasts
- leg cramps
- bloating
- headache
- pre-menstrual symptoms
- lower tummy (abdominal) pain
- backache
- a depressed mood
- acne or greasy skin

If you still have side effects after 3 months of treatment, you might need to change the type (preparation) of HRT ^[12] or amount (dose) that you take. Your doctor or nurse talks to you about this.

Weight gain

It's been proven that the menopause leads to weight gain. Any weight gain might not be a result of taking HRT. Your body's fat distribution also changes during the menopause. You might have more fat around the waist and less fat around the hips and buttocks.

You may have water retention when taking HRT. This is when too much water builds up in your body. If this happens, it might be worth trying a different preparation of HRT ^[13].

Blood pressure

There is no evidence that blood pressure increases with taking HRT. You should have your blood pressure checked and treated in the usual way.

Irregular bleeding

Irregular bleeding in the first few months of taking HRT is quite common. This usually settles on its own.

We need to investigate any bleeding after the first 6 months with an ultrasound scan ^[14].

In some cases, you might have a hysteroscopy. This is a test that looks inside the womb, through the vagina, using a small telescope at the end of a narrow tube.

Feeling sick (nausea)

You might feel sick when having HRT. Taking the HRT tablet at night with food instead of in the morning can help with this.

Changing from tablets to another preparation of HRT ^[15] (such as a gel or patch) might also help.

Risks of HRT

There are possible risks of taking hormone replacement therapy (HRT). These risks include:

- breast cancer
- cardiovascular disease (conditions affecting the heart and blood vessels)
- a stroke
- a blood clot

Your doctor or nurse talks to you about the risks and how they might affect you.

The information leaflet that comes with your HRT might just talk about risks for people over the age of the natural menopause (about 50 years old). If you're younger and are given HRT after a hysterectomy or for early menopause, there might be more benefits to taking HRT than in those who are older.

The benefits and risks of HRT explained here are taken from National Institute of Clinical Excellence (NICE) guidelines [16].

Breast cancer

If you are under the age of 50 and take HRT, there is no extra risk of breast cancer. You still have the same risk of breast cancer as the rest of the population.

There is an increased risk for people over 50 who take combined HRT (oestrogen and progesterone taken together).

Research suggests that for every 1,000 people taking combined HRT for between 7 and 8 years, there are between 5 and 17 more cases of breast cancer than in those not taking HRT.

The risk of breast cancer increases the longer you take HRT, and lowers when you stop HRT.

The latest research shows that breast cancers found in people who take HRT are easier to treat.

Cardiovascular disease and stroke

There is a slightly increased risk of cardiovascular disease and a stroke for women over 60 who take HRT. This is more likely if they started HRT late into the menopause and use combined HRT.

The risk can depend on the amount (dose) of HRT and how you take it. The risk is lower if the dose of HRT is smaller, or if you are use an HRT gel or patch.

Blood clot (deep vein thrombosis or DVT)

There is a risk of getting a blood clot if you take HRT. This depends on other things, such as if you smoke, your weight, your age and the way that you take HRT ^[17]. It's thought that there is less risk if you use skin patches or a gel.

There is a slight increase in the risk of blood clots during the first year of treatment.

The risk of a blood clot is much lower than if you take the contraceptive pill or are pregnant.

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Links referenced in this resource

- ◆ [1] - <https://www.nhs.uk/conditions/menopause/>
- ◆ [1] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/risks-hrt>
- ◆ [2] - <https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/>
- ◆ [3] - <https://www.daisynetwork.org/>
- ◆ [4] - <http://www.womens-health-concern.org/>
- ◆ [5] - <http://www.nhs.uk/conditions/hormone-replacement-therapy-hrt>
- ◆ [6] - <http://www.menopausematters.co.uk/>
- ◆ [7] - <https://www.nhs.uk/conditions/menopause/symptoms/>
- ◆ [8] - <https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/>
- ◆ [9] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/risks-hrt>
- ◆ [10] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/side-effects-hrt>
- ◆ [11] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/taking-hrt>
- ◆ [12] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/taking-hrt>
- ◆ [13] - <https://www.guysandstthomas.nhs.uk/our-services/ultrasound>
- ◆ [14] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/taking-hrt>
- ◆ [16] - <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#long-term-benefits-and-risks-of-hormone-replacement-therapy>
- ◆ [17] - <https://www.guysandstthomas.nhs.uk/health-information/hormone-replacement-therapy-hrt/taking-hrt>