

Menopause – to HRT or not to HRT?

What is menopause?

Literally this means the 'pause' or end of the menstrual cycle. Monthly periods become irregular and then stop. This is when all the eggs that a woman is born with have been used up and generally occurs around the age of 50 years but may be earlier or later for some women.

Why does the menopause matter?

With age the ovaries stop making the hormone (oestrogen). Oestrogen is one of the hormones that control the menstrual cycle. The fall in oestrogen levels affects different parts of the body. Various symptoms may occur (see table below) and usually, the lower the oestrogen levels the worse the symptoms. Some of these symptoms (hot flushes) may go away with time while others (eg vaginal dryness) may get worse.

At the same time menopause is an important milestone in your life and is often associated with other changes. The children grow up and go away, partners and friends go through their own life changes. You may be experiencing many changes and now you have the menopause as well!

How do I know if I'm going through menopause?

Periods may become irregular, less frequent and then stop. However, one in five women has had her womb removed (hysterectomy) and does not have periods. Other women have irregular periods and changes that might or might not be caused by the menopause. Unfortunately laboratory tests usually don't help clearly diagnose if women are menopausal. One simple way to check is to work out the symptom score (see page 2). If the score is high, talk to your doctor.

Symptom score

Check your oestrogen deficiency score by checking each problem:

No symptoms = 0, mild problem = 2, moderate = 2, and severe problem = 3.

Total scores over 15 can usually indicate significant oestrogen deficiency.

Around the menopause scores of 20 to 50 are quite common. Adequate treatment can usually return the score to under 10.

Problems	Score	Problems	Score
Hot flushes		Backache	
Light headed feeling		Joint pains	
Headaches		Muscle pains	
'Crawling' feeling under the skin		New facial hair	
Sleeplessness		Dry skin	
Irritability		Unusual tiredness	
Depression		Less sexual feeling	
Unloved feelings		Dry vagina	
Anxiety		Uncomfortable intercourse	
Mood changes		Passing urine more often	
		Total	

What is HRT anyway?

Hormone replacement therapy (HRT) involves taking oestrogen to replace the oestrogen not being made by the ovary. In addition women who have not had a hysterectomy will require progesterone to protect the uterus from risk of cancer.

Oestrogen comes in various preparations – pills, patches, pellets, pastes and pessaries. See table on page 5. As women start the menopause they can take full dose HRT. Progesterone can also be taken in 10-12 day cycles each 1-3 months. Continuous use of progesterone is usually not recommended because it is often associated with intermittent vaginal bleeding – ‘spotting’. Different women prefer different forms and schedules of medication.

Some women find oestrogen tablets cause symptoms and prefer to apply an oestrogen-containing patch on the skin (eg lower back) every few days. Daily oestrogen cream is also available. Patches and creams release oestrogen gradually.

Other women prefer to take an oestrogen pellet inserted underneath the skin. Pellets release oestrogen continuously for several months. The doctor can check oestrogen levels (eg six monthly) to see when and if another oestrogen pellet is needed.

Vaginal oestrogens (pastes and pessaries) are useful to tackle vaginal problems (dryness or infections) and bladder problems (infections, incontinence or discomfort). If the HRT is not being used, or is not controlling vaginal or bladder problems, vaginal oestrogen can be very effective. The preparation (paste or pessary) is applied every day for a week or so and then every two to three days thereafter.

Should I take HRT?

This is an individual decision for each woman. There are various pros and cons.

Pro

- > Many women find they feel and sleep better and others find the disappearance of menopausal problems a relief.
- > Women taking HRT also get protection against osteoporosis (the thinning of bones that makes fractures more likely).
- > HRT helps prevent bladder problems that can be troublesome to older women eg incontinence, urinary tract infections, cystitis, ‘leaking’ urine.
- > HRT also reduces the risk of developing colon cancer.

Con

- > Some women feel that medication is not needed for this natural event in their lives and feel that HRT is ‘medicalising’ the menopause. HRT also means getting, paying for and taking medication.
- > Also if the uterus hasn’t been removed (by hysterectomy) another hormone (progesterone) must be taken to protect the lining of the womb and prevent cancer. This means menstrual periods will occur. If progesterone is taken every day, no period will occur.
- > Side effects can occur in older, post-menopausal women who start HRT.
- > Women who have had blood clots (thrombosis) should talk to their doctor about possible problems with HRT.

What about cardiovascular disease?

Older women (over 60) starting HRT and women who have had a heart attack are more likely to have a heart attack than women not taking HRT.

There is no evidence that starting HRT at any age protects against heart attacks or strokes.

For these reasons, generally women are not advised to start HRT if they have recently had a heart attack. All women should discuss the cardiovascular pros and cons of HRT with their doctor.

Checking risk factors (family history, smoking, lifestyle, blood pressure, blood glucose and blood fats) and tackling the correctable risk factors is important. Sometimes low dose aspirin is advised to reduce the risk of heart attacks or strokes.

What about breast cancer?

Although there is no increase in the number of women taking HRT who die of breast cancer, there probably is an increase in risk of developing breast cancer (eg 1.2 times more likely).

To put this risk into perspective, calculate your risk of breast cancer and work out the possible increase associated with HRT (go to the website www.yourcancerrisk.harvard.edu). Then you can decide.

For example, if your risk equals 1% in the next year, your risk on HRT equals 1.2 times this equals 1.2%. The extra risk is 0.2% (or 2 in 1,000).

Women on HRT should have regular breast checks and mammograms – just as women who are not taking HRT should.

HRT fallacies and facts

There is lots of misleading information about HRT. Some of the common fallacies are:

- > *HRT makes you fat.* If anything HRT is associated with a small decrease in weight and is also associated with a healthier body fat distribution.
- > *HRT causes high blood pressure and diabetes.* Once again HRT is associated with a small decrease in blood pressure and decreased risk of developing diabetes.
- > *HRT should be taken for one or two years then stopped.* Stopping HRT can be like having the menopause and may be associated with the same symptoms and long term problems. Usually women who start HRT review the situation after 5 years. Some continue it long term.
- > *HRT causes thrush.* Oestrogen keeps the vaginal lining healthy and helps maintain the usual defences that are present before menopause. In the usual doses, HRT actually protects against thrush.

Are there side effects from HRT?

The dose of oestrogen is a 'replacement' dose only and less than the oral contraceptive pill. The side effects associated with the contraceptive pill usually don't occur with HRT but some women experience sore breasts, nausea and fluid retention. This can be a special problem if a high dose of oestrogen is used or if the dose is increased too quickly in women starting HRT five years or more after the menopause.

Sometimes surgeons prefer that HRT is not given close to an operation. If HRT is stopped for this or any other reason, some women come off HRT gradually over several weeks.

Are there substitutes for HRT?

There are other ways to manage some of the problems associated with the menopause if HRT is not used.

Menopausal symptoms: there are other medications that can help and usually many of these pass, over a period of months to years.

Bones: check for risk factors for osteoporosis (mainly family history, previous fractures, slight stature and some diseases and medications). Sometimes doctors will suggest a check on bone density as well. Maintain a healthy activity pattern, adequate calcium intake and normal vitamin D levels. Calcium supplements are often needed to meet the extra calcium requirements after menopause. Vitamin D supplements (1,000 units per day) are also often needed. However, if there is a risk of osteoporosis, specific treatment to protect the bones is needed if HRT is not used.

Vagina: instead of oestrogen other vaginal creams can be used for lubrication.

What about alternative / complementary therapies?

Some women try alternative therapies for menopausal symptoms and to maintain health after the menopause. These include herbs, vitamins, minerals and plant phyto-oestrogens. These preparations are not always prepared with the same strict control as pharmaceutical medications and may vary in strength and quality. For some women these therapies work but for most women pharmaceutical HRT is more beneficial. It is important to consult a medical practitioner to check what is best for you.



HRT – which is for me?

Formulation	Trade name
Tablets	
Oestrogen (taken continuously)	Estrofem, General, Ogen, Ovestin, Premarin, Progynova, Zumenon
Progesterone (taken continuously or cyclically as an adjunct to oestrogen)	Medroxyhexal, Microlut, Micronor, Noriday, Primolut, Provera N, Ralovera, Duphaston
Oestrogen (daily) and Progesterone (cyclical)	Kiliogest, Kliovance, Premia, Angeliq ½
Oestrogen and Progesterone (continuous)	Estalis continuous
Tibolone (has oestrogen, progesterone, and androgen effect, continuous)	Livial
Oestrogen (daily skin gel)	Sandrena
Patches (changed 1-2 times / week)	
Oestrogen	Climara, Estraderm MX, Estraderm, Femtran
Oestrogen and Progesterone (continuous)	Estalis continuous
Oestrogen and Progesterone (cyclical)	Estracombi, Estalis Sequi
Implant	
Implanted every 4-18 months as needed	Oestradiol
Pessaries and creams	
Inserted into the vagina daily for two weeks, then 1-2 times per week Daily at first then every 3-4 days	Ovestin cream, Ovestin, Ovula pessaries Vagifem pessaries
Nasal spray	
Oestrogen daily (continuous)	Aerodial

What are SERMS?

In the 1990's medications were developed which have some of the effects of oestrogen but not others. These are selective in their effects on oestrogen receptors in different tissues and they are called selective oestrogen receptor modulators (SERMS). The latest SERM is raloxifene (Evista) which has the effects of oestrogen on bone and the cardiovascular system but does not affect the breast or uterus. Raloxifene is currently available on a special prescription for post-menopausal women with osteoporosis who have had a fracture with minimal trauma.

Where can I go for help?

There are several menopause clinics in Adelaide.

- > Menopause Clinic, The Queen Elizabeth Hospital, Woodville Rd, Woodville SA 5011. Telephone (08) 8222 6821.
- > Menopause Clinic, Royal Adelaide Hospital, Cnr North Tce and Frome Rd, Adelaide SA 5000. Telephone (08) 8222 4000.
- > Menopause Clinic, Women's and Children's Hospital, 72 King William Rd, Adelaide SA 5000. Telephone (08) 8161 7000.
- > Menopause Clinic, East Adelaide Medical Centre, 50 Hutt St, Adelaide SA 5000. Telephone (08) 8210 9444.
- > Menopause Clinic, Flinders Medical Centre, Flinders Dve, Bedford Park SA 5042. Telephone (08) 8204 5197.
- > Endocrine Bone & Menopause Centre, 130 Sydenham Rd, Norwood. SA 5067. Telephone (08) 8364 3274.

There is also a range of Women's Health Centres and information about women (see under 'Woman' and 'Women' in the White Pages phone book) and specific organisations providing information about menopause, osteoporosis and cardiovascular disease.

- > Australasian Menopause Society. www.menopause.org.au.
- > Amarant National Menopause Foundation Inc., Private Bag No 1, Darlinghurst, NSW 2010. Telephone (02) 9968 3706.
- > Osteoporosis South Australia, 207 Glen Osmond Rd, Fullarton SA 5063. Freecall 1800 242 141. Telephone (08) 8379 5711. www.osteoporosis.org.au.
- > Heart Foundation, 155 Hutt St, Adelaide SA 5000. Telephone (08) 8224 2888 or 1300 362 787. www.heartfoundation.org.au.
- > The Cancer Council SA, 202 Greenhill Rd, Eastwood SA 5061. Freecall 1800 188 070. Helpline 13 1120. Telephone (08) 8291 4111. www.cancersa.org.au.



Diabetes Outreach

8 Woodville Rd

Woodville South SA 5011

Telephone: (08) 8222 6775

www.diabetesoutreach.org.au

Disclaimer: This resource is not a substitute for, nor is it intended to replace, the services of a qualified health practitioner.