

# Latest evidence on using hormone replacement therapy for treating menopausal symptoms

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Hormone replacement therapy (HRT) is the most effective treatment for menopausal symptoms, in particular for younger women at the onset of the menopause, suggests a new review published today in *The Obstetrician & Gynaecologist (TOG)*.

The review highlights that [menopausal symptoms](#), including hot flushes and night sweats are common, affecting around 70% of [women](#) for an average of 5 years but may continue for many years in about 10% of women.

Every woman experiences the menopause differently; some experience one or two symptoms mildly while others have more severe symptoms. Menopausal symptoms can be debilitating and can adversely affect a woman's quality of life.

HRT is a medical treatment for the menopause. It provides low doses of the hormone estrogen, with or without progestogen, which a woman no longer produces.

The review notes that the risk-benefit ratio of HRT has always been debated and discusses previous studies examining the effects of HRT.

The Women's Health Initiative Study in 2003 examined the effect of HRT on healthy postmenopausal women with a particular interest in

cardiovascular outcomes. The study reported an increase in breast cancer, stroke and venous thromboembolism. Consequently, an 80% reduction in HRT use was reported. However, the re-analysis in 2007 demonstrated that giving HRT to women within 10 years of the menopause was associated with fewer risks and a reduction in cardiovascular problems.

The Million Women Study in 2001 suggested that HRT use increased the risk of breast cancer significantly and the Cochrane Collaboration systematic review identified an increased risk of similar conditions.

However, the authors of the TOG review highlight that such studies failed to address the effect of HRT in symptomatic younger postmenopausal women and have not addressed the benefits of HRT given at the window of opportunity, for example, administering HRT for symptom relief during the early phase of the menopausal transition.

Additionally, the review advises that any woman with relative contraindications should be offered the option of discussing this further with a menopause specialist. Women with premature ovarian insufficiency should be strongly advised to consider taking HRT until the average menopausal age of 51.4 years, state the authors.

The authors conclude that doctors should not be concerned about discussing the risks and benefits of HRT with women who have menopausal symptoms, or be hesitant to offer a trial of appropriate treatment. They also emphasise that HRT is a patient choice.

Shagaf Bakour, Honorary Senior Lecturer and Consultant Obstetrician and Gynaecologist at City Hospital, Birmingham, and co-author of the review said:

"Women are sometimes concerned about the increased risk of [breast](#)

[cancer](#) related to HRT. However, this risk is much lower than that associated with other factors such as obesity, alcohol consumption and later maternal age.

"HRT is the most [effective treatment](#) for symptoms of the [menopause](#) and when HRT is individually tailored, women gain maximum advantages and the risks are minimised.

"There are various types and regimens of HRT and healthcare professionals will be able to advise on the suitability of HRT to any woman."

Jason Waugh, TOG Editor-in-chief added: "The use of HRT is an individual decision, which a woman can only make once she has been given correct information and advice from healthcare professionals.

"If women have any concerns about menopausal symptoms or HRT, they should talk to their doctor who will be happy to discuss treatment options further."

**More information:** S H Bakour, J Williamson. Latest evidence on using hormone replacement therapy in the menopause. *The Obstetrician & Gynaecologist* 2014; [onlinelibrary.wiley.com/doi/10.1111/tog.12155/](https://onlinelibrary.wiley.com/doi/10.1111/tog.12155/)

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