



Education

Menopausal Hormone Therapy

What is menopausal hormone therapy?

Menopausal hormone therapy is a treatment that can relieve the symptoms many women have during menopause. Regular doses of hormones are taken to replace some of the natural hormones that decrease at menopause. The 2 main female hormones are estrogen and progesterone.

Menopause is the time when menstruation stops permanently. It is usually a gradual process, but it can occur suddenly in some cases. The ovaries begin to produce less hormone. The reduced amount of hormone causes menstrual periods to become irregular. Eventually they stop completely. Menopause can also suddenly occur when the ovaries are surgically removed.

Menopause is part of a natural aging process and not a disease. For many women menopause is an easy change. but some women have problems caused by the decrease in hormones, particularly by the decrease in estrogen. These problems may be helped by treatment that replaces some of the lost hormone.

If your uterus has been removed, you may take estrogen alone. If you still have your uterus, taking estrogen alone increases your risk of cancer of the uterus. Your provider will recommend taking progesterone with estrogen to reduce this risk.

Hormone replacement therapy (HRT) may be taken as:

- tablets to be swallowed
- patches or lotion to be put on the skin
- a vaginal ring
- a cream to be put into the vagina
- pellets placed under the skin
- shots.

When is it used?

You may never have symptoms of menopause, or they may occur for a few weeks, for a few months, or sometimes over several years. Your symptoms may come and go, or they may occur regularly. Your health care provider might recommend hormone therapy to relieve the following symptoms, especially if they are very severe:

- hot flashes
- night sweats
- vaginal dryness, which can cause discomfort or pain during sexual intercourse.

Until recently hormone therapy has been used to help prevent loss of bone density (osteoporosis). However, the routine use of HRT to prevent osteoporosis is no longer recommended. There are other, safer treatments for osteoporosis.

Sometimes hormones may be recommended for women who go through menopause early (before the age of 40). Removal of the ovaries causes a sudden decrease in hormones and early menopause.

You and your health care provider should discuss the risks and benefits of HRT for you. Factors such as your age.

race, family history, and health history must be considered. Hormone therapy can help some of the symptoms of menopause, but it can increase the risk for heart disease or stroke. It can also increase the risk of breast cancer and blood clots.

What are the benefits of hormone therapy?

- Relief of menopausal symptoms, such as hot flashes and vaginal dryness
- Prevention and treatment of osteoporosis Osteoporosis is a disease that thins and weakens bones. This makes it easier for the bones to break. Bone loss begins around age 35. You start losing bone more quickly at menopause. Hormone therapy can slow down bone loss if it is begun soon after menopause. However, your provider may prescribe other medicines to help prevent osteoporosis. Weight-bearing exercise, such as walking, and making sure that you have enough calcium and vitamin D in your diet also help to keep your bones healthy. Your health care provider may recommend calcium supplements with vitamin D.

What are the risks of hormone therapy?

The risks of hormone therapy include:

- Uterine cancer: Estrogen taken without progesterone increases the risk of cancer of the uterus. To lessen this risk, health care providers prescribe estrogen combined with progesterone if you have not had your uterus removed.
- Breast cancer: Estrogen taken with progesterone (Prempro) increases the risk of breast cancer. Talk to your provider about this risk. Many providers recommend that women be checked thoroughly for any tumors and have a mammogram before beginning HRT. If you have a family history of breast cancer, it is especially important to discuss this with your provider. Estrogen taken alone appears to have no significant effect on the risk of breast cancer.
- Cardiovascular disease, strokes, and blood clots in the legs and lungs: Estrogen and progesterone taken together increase the risk of heart attack, strokes, and blood clots. When estrogen is taken alone, the risk of coronary heart disease does not seem to change, but the risk of stroke is higher than it is in women who are not taking HRT.
- Enlargement of or bleeding from a fibroid tumor in your uterus, if you have one.

Hormone therapy may also increase your risk for some gallbladder problems and dementia.

The risks of all forms of HRT are continuing to be studied. The risks described above may be different for hormone therapy that involves lower doses of estrogen and progesterone or progesterone only. You and your health care provider should discuss the risks and benefits of hormone therapy for you.

What are the side effects of hormone therapy?

The side effects of hormone therapy may include:

- uterine bleeding or vaginal discharge if your uterus has not been removed
- bloating, fluid retention, and weight gain
- breast tenderness and enlargement
- nausea
- symptoms like those of premenstrual tension (PMS), such as headaches and mood swings. when progesterone is part of the treatment
- abnormal blood clotting
- acne
- headache.

If your therapy includes both estrogen and progesterone, you will usually have some vaginal bleeding if there are days in the cycle when you are not taking hormones. Not a menstrual period, the bleeding typically lasts 2 or 3 days. Usually you will not have any cramps with the bleeding. If you take both estrogen and progesterone in low doses every day, the hormones will not cause bleeding except perhaps some spotting of blood for the first 2 to 3 months.

Who should not take hormone therapy?

Hormone therapy is not recommended for women who have any of these conditions, diseases, or medical history:

- heart attack or stroke
- uncontrolled high blood pressure
- blood clots in the legs, lungs, or eyes
- cancer of the breast or uterus
- unexplained vaginal bleeding
- liver disease
- porphyria (nerve pain or sensitivity to sunlight).

You should not take hormones if you are or think you may be pregnant.

Also, if you smoke, you should avoid hormone therapy. Smoking may increase your risk of heart attack or stroke while you are taking hormones.

If you have any of the following diseases or conditions, you should discuss with your provider the effect of hormone therapy on these conditions:

- uterine fibroids (These benign tumors may grow in response to estrogen. They begin to shrink at menopause unless you are taking estrogen.)
- endometriosis
- fibrocystic breast disease
- migraine headaches
- gallbladder disease.

What can I do to take care of myself?

If you are thinking about taking hormones:

- Talk to your health care provider about the risks and benefits.
- Get a mammogram before you begin HRT to check for breast cancer. Then get a mammogram every 1 to 2 years, according to your provider's recommendation.

Ask your health care provider about:

- the different types and dosages of hormone therapy
- any side effects or special precautions you should know about while you are taking hormones
- when you should start and stop the taking hormones.

If you are already taking hormones:

- Ask your provider about any special precautions or side effects.
- If you are taking estrogen combined with progesterone, tell your provider if bleeding occurs at any time other than the days when you do not take the hormones.
- Be sure to have a yearly pelvic exam with a Pap test.
- Do not change your hormone dose without checking with your provider.
- Eat a healthy diet and exercise regularly according to your provider's recommendations.
- Do not smoke.
- Have a mammogram every year. Examine your breasts monthly.
- Have a complete physical exam every year. Your blood should be tested regularly for cholesterol levels and liver function.

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