Hormone replacement therapy (HRT) and menopause
Hormone replacement therapy (HRT) and menopause

betterhealth.vic.gov.au
Menopausal symptoms can be managed with education, lifestyle changes, support and hormone replacement therapy (HRT), also known as menopausal hormone therapy (MHT).

In the early postmenopausal years, HRT is an effective therapy for menopausal symptoms. In most women with moderate to severe symptoms, the benefits outweigh the small increases in risk.

The long-term use of HRT has some benefits, but also has some risks.

The current role of HRT is for menopausal symptom relief, at the lowest effective dose and for the shortest duration required for the control of bothersome menopausal symptoms.

The decision to use HRT, and for how long it should be used, must be based on individual assessment and needs.

Menopause means ‘the last period’. It is a natural event that marks the end of the reproductive years, just as the first menstrual period during puberty marks the start.

Many women, although not all, experience uncomfortable symptoms before and after menopause, including hot flushes, night sweats, sleep disturbance and vaginal dryness. These symptoms and physical changes can be managed in various ways, including lifestyle changes such as healthier eating and increased exercise, and by hormone replacement therapy (HRT).

Hormone replacement therapy (HRT)

HRT, also known as hormone therapy (HT) or menopausal hormone therapy (MHT), is medication containing the hormones that a woman’s body stops producing after menopause. HRT is used to treat menopausal symptoms.

While HRT reduces the likelihood of some debilitating diseases such as osteoporosis, colorectal (bowel) cancer and heart disease, it may increase the chances of developing a blood clot (when given in tablet form) or breast cancer (when some types are used long-term).

‘Premature menopause’ is when the final menstrual period occurs before a woman is 40. ‘Early menopause’ is when the final menstrual period occurs before a woman is 45. For women who experience premature or early menopause, HRT is strongly recommended until the average age of menopause (around 51 years), unless there is a particular reason for a woman not to take it.

Menopause symptoms and HRT

Menopause symptoms that may be relieved by HRT include:

- hot flushes and night sweats
- vaginal dryness
- thinning of vaginal walls
- vaginal and bladder infections
- mild urinary incontinence
- aches and pains
- insomnia and sleep disturbance
- cognitive changes, such as memory loss
- reduced sex drive
- mood disturbance
- abnormal sensations, such as ‘prickling’ or ‘crawling’ under the skin
- palpitations
- hair loss or abnormal hair growth
- dry and itchy eyes.

Other therapies, including vaginal oestrogen products, antidepressants or other medications, may be used depending on the symptoms and risk factors. Seek advice from your doctor.

Added benefits of HRT

HRT reduces the risk of various chronic conditions that can affect postmenopausal women, including:

- diabetes – taking HRT around the time of menopause reduces a woman’s risk of developing diabetes
osteoporosis – HRT prevents further bone density loss, preserving bone integrity and reducing the risk of fractures, but it is not usually recommended as the first choice of treatment for osteoporosis, except in younger postmenopausal women (under the age of 60)

bowel cancer – HRT slightly reduces the risk of colorectal cancer (bowel cancer)

cardiovascular disease – HRT has been shown to reduce cardiovascular disease markers when used around the time of menopause.

Side effects of HRT

HRT needs to be prescribed for each woman individually. Some women experience side effects during the early stages of treatment, depending on the type and dose of HRT. These side effects will usually settle within the first few months of treatment and may include:

• breakthrough bleeding
• breast tenderness
• bloating
• nausea.

HRT-related health risks

While HRT/MHT reduces the risk of some debilitating diseases, it may increase the risk of others. These small risks must be balanced against the benefits of HRT for the individual woman. Talk to your doctor about any concerns you may have.

Breast cancer and HRT

Women over 50 years of age who use combined oestrogen and progestogen (progestosterone) replacement for less than five years have little or no increased risk of breast cancer. Women who use combined HRT for more than five years have a slightly increased risk. Women on oestrogen alone have no increased risk up to 15 years of usage.

There is no evidence to suggest that a woman with a family history of breast cancer will have an added increased risk of developing breast cancer if she uses HRT. The risk with combined oestrogen and progestogen is greater than with oestrogen alone, or with newer HRT agents such as tibolone (sold as Livial or Xyvion), and may also depend on the type of progestogen used. Studies suggest that medroxyprogesterone acetate and norethisterone have higher risks than dydrogesterone and progestrone.

Cardiovascular disease and HRT

Women over 60 have a small increased risk of developing heart disease or stroke on combined oral (tablet) HRT. Although the increase in risk is small, it needs to be considered when starting HRT, as the risk occurs early in treatment and persists with time.

Oestrogen used on its own increases the risk of stroke further if taken in tablet form, but not if using a skin patch. Similarly, tibolone increases the risk of stroke in women from their mid-60s.

Women who commence HRT around the typical time of menopause have lower risks of cardiovascular disease than women aged 60 or more.

Venous thrombosis and HRT

Venous thromboses are blood clots that form inside veins. Women under 50 years of age, and women aged 50 to 60, face an increased risk of venous thrombosis if they take oral HRT. The increase in risk seems to be highest in the first year or two of therapy and in women who already have a high risk of blood clots. This especially applies to women who have a genetic predisposition to developing thrombosis, who would normally not be advised to use HRT.

Limited research to date suggests the increased risk of clots is mainly related to combined oestrogen and progestogen in oral (tablet) form, and also depends on the type of progestogen used. Some studies suggest a lower risk with non-oral therapy (patches, implants or gels) or tibolone.

Endometrial cancer and HRT

The endometrium is the lining of the uterus. Use of oestrogen-only HRT increases the risk of endometrial cancer, but this risk is not seen with combined continuous oestrogen and progestogen treatment. There is no risk if a woman has had her uterus removed (hysterectomy).

Ovarian cancer and HRT

The increased risk of ovarian cancer is very small and estimated to be one extra case per 10,000 HRT users per year. A recent review linked HRT to two types of tumours: serous and endometrioid cancers.

Cholecystitis and HRT

Cholecystitis is a disease in which gallstones in the gallbladder block ducts, causing infection and inflammation. On average, there is a slightly higher risk that a woman will develop cholecystitis when using oral HRT, but patch treatment is associated with a lower risk. Treatment for cholecystitis includes surgery to remove the gallbladder.

HRT does not cause weight gain

Weight gain at the menopause is related to age and lifestyle factors. An increase in body fat, especially around the abdomen, can occur during menopause because of hormonal changes, although exactly why this happens is not clear. Normal age-related decrease in muscle tissue, and a decrease in exercise levels, can also contribute to weight gain.

Most studies do not show a link between weight gain and HRT use. If a woman is prone to weight gain during her middle years, she will put on weight whether or not she uses HRT.

betterhealth.vic.gov.au
Some women may experience symptoms at the start of treatment, including bloating, fluid retention and breast fullness, which may be misinterpreted as weight gain. These symptoms usually disappear once the therapy doses are changed to suit the individual.

**Contraception and HRT**

HRT is not a form of contraception. The treatment does not contain high enough levels of hormones to suppress ovulation, so pregnancy is still possible in women in the perimenopause (the time of hormonal instability leading up to menopause).

Periods can be erratic in perimenopause, and egg production will be less frequent, but can still occur until menopause. For women younger than 50, contraception is recommended for at least two years after the final period. For women aged 50 and above, contraception is recommended for at least one year after their final period.

**Long-term use of HRT**

It is currently believed that, overall, the risks of long-term (more than five years) use of HRT outweigh the benefits. HRT should not be recommended for disease prevention, except for women under 60 years of age with substantially increased risk of bone fractures, or in the setting of premature menopause.

No alternative therapy has yet been clinically proven to reduce a menopausal woman’s risk of osteoporosis, including the use of soy products, phytoestrogens (plant estrogens) and herbal medicines.

Women with liver disease, migraine headaches, epilepsy, diabetes, gall bladder disease, fibroids, endometriosis or hypertension (high blood pressure) need special consideration before being prescribed HRT. In these situations HRT is often given through the skin (transdermally).

Despite the risks of long-term use, in women with severe and persistent menopausal symptoms, HRT may be the only effective therapy.

Women with premature or early menopause are prescribed HRT around the age of 50 years. Seek specialist advice from a menopause clinic or menopause specialist. Regular check-ups are recommended.

**HRT for breast cancer survivors**

It is advisable for women with a history of breast cancer to avoid HRT unless other treatments are ineffective, and their quality of life is made intolerable by menopausal symptoms. In these circumstances, HRT should only be prescribed in consultation with the woman’s breast surgeon or oncologist.

Evidence has not conclusively shown that HRT will increase the risk of breast cancer recurring in a woman with a history of the disease. However, oestrogen and progestogens (forms of progesterone) may stimulate some types of cells in the breast and some types of HRT use have been associated with an increase in the risk of breast cancer in women without a history of breast cancer.

**Phytoestrogens and history of breast cancer**

It is not recommended that women at high risk of breast cancer, or breast cancer survivors, take highly processed soy supplements (which are high in phytoestrogens), but eating moderate amounts of whole soy foods appears to be healthy.

**Other treatments for menopausal symptoms**

Studies have shown that some prescription medications can reduce hot flushes and sweats. These treatments may be an option if HRT cannot be used for health or other reasons, and should be discussed with a doctor.

The herbal medicine, black cohosh, may take the edge off hot flushes and sweats, but there is no data to support long-term use. There is also a rare liver condition that may be associated with the use of black cohosh.

Other complementary and alternative medicines have not been shown to be effective for menopausal symptoms when compared with ‘dummy’ or placebo treatment in research studies.

Commercially available vaginal moisturisers (such as Replens) may reduce vaginal dryness if used regularly. Consult your doctor about what will work best for you.

**Where to get help**

- Your GP
- Your oncologist
- Jean Hailes for Women's Health Tel. (03) 9562 7555
- Australasian Menopause Society Tel. (03) 9428 8738

**References**


**Send us your feedback**

- Rate this website

betterhealth.vic.gov.au
1/4 How would you rate this website?

- Excellent
- Good
- Average
- Fair
- Poor

Next Submit Now Cancel

Send us your feedback

- Rate this website
- Your comments
- Questions
- Your details

Please note that we cannot answer personal medical queries. If you are looking for health or medical advice we recommend that you:

- talk to your doctor or pharmacist
- dial triple zero (000) in an emergency
- ring NURSE-ON-CALL Tel. 1300 60 60 24.

2/4 Your Comments

Tell us who you are

[ ] Select an option

Enter your comments below (optional)

Next Submit Now Cancel

Send us your feedback

- Rate this website
- Your comments
- Questions
- Your details

3/4 Questions

What are you here to do? [ ] Looking for information on

Did you find what you were looking for?

- Yes
- No

Next Submit Now Cancel

Send us your feedback

- Rate this website
- Your comments
- Questions
- Your details

4/4 Your details

Postcode

Email Address

Submit Now Cancel

Thank you. Your feedback has been successfully sent.
More information

Hormonal system (endocrine)

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Hormonal system explained
- Adrenal gland
- Pituitary gland
- Thyroid gland

Hormonal system explained

- Metabolism
  Your metabolism is influenced by your age, gender, muscle-to-fat ratio, the food you eat, physical activity and hormone function.
- Obesity and hormones
  The hormones leptin, insulin, oestrogens, androgens and growth hormone are factors in obesity.

Adrenal gland

- Addison's disease
  Most cases of Addison's disease are caused by an autoimmune response that attacks and damages the adrenal glands over time.
- Congenital adrenal hyperplasia (CAH)
  CAH is a rare genetic disorder, but it is well understood and treatment is readily available.
- Cushing's syndrome
  Some people have Cushings' syndrome symptoms when they take glucocorticoid hormones to treat inflammatory conditions such as asthma, lupus or rheumatoid arthritis.
- Hormones – cortisol and corticosteroids
  Cortisol helps to maintain blood pressure, immune function and the body's anti-inflammatory processes.

Pituitary gland

- Acromegaly
  Acromegaly is caused by an excess of growth hormone in adults, which causes the overgrowth of bones in the face, hands, feet and internal organs.
- Growth hormone
  Some athletes and bodybuilders wrongly believe that taking synthetic growth hormone will help build up their muscles.
- Pituitary tumour
  Generally, pituitary tumours are benign and slow growing, and pituitary cancers are extremely rare.

Thyroid gland

- Goitre
  Symptoms of a goitre can include enlargement of the throat, swallowing problems and breathing problems.
- Iodine
  Good sources of iodine include fortified bread and any type of seafood, including seaweed.
- Parathyroid glands
  The parathyroid glands make hormones that regulate calcium, phosphorus and magnesium in the bones and blood.
- Thyroid cancer
  Anyone can develop thyroid cancer, regardless of age or gender.
- Thyroid gland
  If the thyroid gland is overactive or sluggish, the metabolism will be affected, leading to a variety of symptoms.
- Thyroid - Hashimoto's disease

betterhealth.vic.gov.au
Hashimoto's disease progresses very slowly over many years, so the symptoms may go unnoticed.

- **Thyroid - Hyperthyroidism**

  Hyperthyroidism can be diagnosed with a simple blood test that measures thyroid hormone levels.

- **Thyroid - Hypothyroidism**

  Hypothyroidism means the thyroid gland is underactive which causes the person's metabolism to slow down.

### Related Information

- **Premature and early menopause**

  The symptoms of premature or early menopause are the same as for menopause at any age.

- **Menopause**

  Menopause is a natural occurrence and marks the end of a woman's reproductive years.

- **Menopause and weight gain**

  Weight gain at menopause can be managed using healthy eating and exercise; HRT may also be beneficial.

- **Menopause and complementary therapies**

  The use of complementary therapies to manage menopausal symptoms is popular, but the sources of information available to consumers are of variable quality and reliability.

- **Antipsychotic medications**

  Antipsychotic medications don't cure mental illnesses, but they can reduce, or even eliminate, symptoms.

### Home

#### Related information on other websites

- Australasian Menopause Society
- Hormone Replacement Therapy, National Health and Medical Research Council
- Hormone replacement therapy, Therapeutic Goods Administration

### Jean Hailes

This page has been produced in consultation with and approved by: Jean Hailes for Women's Health

Last updated: February 2018

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.
My Health Life helps you manage your health

With tools, information and recommendations tailored to you, it’s your personal and secure health dashboard.

Learn more

Medical Dictionary

Enter a search term

Search

Search for your topic using the Merriam Webster medical dictionary

Service Search

Find services near you

Service: Select a service

Location:

Type a minimum of three characters then press UP or DOWN on the keyboard to navigate the autocompleted search results

Find a service

Find a doctor

Need to find a doctor in your local area? Take a look at the general practitioners entry in our health service profiles.

see general practitioner

Recent Activity

Polls polled today are 1.
42 people have watched a video today

• Health topics
Bee Pollen and Menopause: An Evidence-Based Review

Bee pollen is a complex mixture of plant material, enzymes, and hormones harvested by bees. It is often marketed as a natural remedy for various health conditions, including menopause. However, evidence for its effectiveness in treating menopausal symptoms is limited. This review critically examines the current evidence to determine the efficacy of bee pollen in treating menopausal symptoms.

Methods:

A systematic review of the literature was conducted to identify studies evaluating the use of bee pollen in menopause treatment. Studies were included if they met specific criteria related to study design and the treatment of menopausal symptoms.

Results:

The review identified several studies that investigated the effects of bee pollen on menopausal symptoms. Most of these studies were small, of short duration, and suffered from methodological limitations. The results were often conflicting, and there was no consistent evidence supporting the use of bee pollen for menopause treatment.

Conclusion:

Bee pollen may have some benefits for menopausal symptoms in some studies, but the evidence is insufficient to recommend it as a standard treatment. Further research with larger, well-designed studies is needed to clarify its role in menopause management.

Key Points:

- Bee pollen is marketed as a natural remedy for menopausal symptoms.
- Evidence for its efficacy is limited and conflicting.
- Further research is needed to determine its role in menopause treatment.

References:


This article is a summary of the evidence and should be read in conjunction with the original sources for a comprehensive understanding.