

# Hormone Replacement Therapy

## What is it?

- Hormone replacement therapy, or HRT, involves taking estrogen and sometimes progesterone supplements after menopause. Both of these hormones are naturally produced by the ovaries during a woman's child-bearing years.
- After menopause, levels of these hormones fall as the ovaries stop working.
- Estrogen can be taken as a pill or it can be supplied as a skin patch or vaginal cream.
- Progesterone is usually taken in pill form.

## What are the benefits?

- HRT can help relieve some of the symptoms of menopause, such as hot flashes, vaginal dryness and itching, and emotional disturbances.
- Estrogen has been shown to decrease risk of death from heart disease in women over 50 years of age by helping to decrease cholesterol levels.
- Estrogen has also been shown to decrease the risk of osteoporosis and resulting hip fractures by slowing down the bone loss that occurs after menopause.

## What are the risks?

- In a woman who has not had her uterus removed by hysterectomy, estrogen taken may increase the risk for endometrial cancer (cancer of the lining of the uterus). This is why women who have not had hysterectomies usually take estrogen in along with progesterone. Progesterone helps to decrease the risk of endometrial cancer.
- Progesterone may keep the estrogen from decreasing cholesterol. However, combination therapy (estrogen and progesterone) does have beneficial effects on the prevention of heart disease.
- There is a slight increased risk of breast cancer in women who take estrogen therapy for more than ten years. In other words, short-term use of estrogen at the time of menopause does not seem to increase a woman's risk for breast cancer.

## What are the side effects?

- The most common side effect of estrogen is breast tenderness.
- Progesterone can cause bloating, headaches, irritability, and depression. Your doctor may lower the dose of progesterone to reduce these side effects.

- In women who have not had a hysterectomy, HRT may cause menstrual periods or irregular bleeding to begin. By 12 months of therapy, however, 95% of women will have stopped having periods again.

**Who should not use HRT?**

- A woman with any of the following problems should not take estrogen:
  - unexplained vaginal bleeding
  - active or chronic liver disease
  - recent blood clot
  - breast cancer, or breast cancer in a mother or sister
  - endometrial cancer
- A woman with any of the following problems may not be a candidate for estrogen. These problems should be discussed with your physician before starting estrogen therapy:
  - seizures
  - hypertension (high blood pressure)
  - uterine fibroids
  - family history of high cholesterol
  - migraine headaches
  - phlebitis
  - endometriosis
  - gall bladder disease
- Remember that HRT is not for everyone. However, the benefits as far as decreasing heart disease and osteoporosis are clear.
- HRT may improve the quality of your life by reducing symptoms of hot flashes, vaginal itching and dryness, and emotional disturbances. These issues should be discussed with your physician as you approach menopause.