

Menopause – Oestrogen Only Therapy

Women generally undergo menopause between the ages of 45 and 55 years. Around the time of menopause many women may experience symptoms such as hot flushes, sweats, vaginal dryness, loss of libido, irritability, sleep disturbance, and muscle/joint pains. There are a number of ways of managing these symptoms, but for those whose symptoms are troublesome and disruptive, oestrogen containing HRT may be considered.

The following advice does not apply to 'bio-identical', lozenge or compounded hormone products. There are inadequate safety or efficacy data for these products and they should be avoided.

Types of hormone therapy (HRT)

- Women who have not had a hysterectomy are advised to take combined hormone replacement therapy (HRT) which contains oestrogen plus progestogen. The progestogen protects the endometrium against hyperplasia or cancer and does not have a therapeutic role.
- After hysterectomy HRT only needs to contain oestrogen.
- Young women who have had their ovaries and uterus removed may consider additional testosterone therapy.
- Women with vaginal dryness causing discomfort should consider vaginal oestrogen treatment.

How the Oestrogen-only hormones are taken

- Oestrogens are available as tablets, skin patches and gels.
- The products contain different kinds of oestrogen (oestradiol, conjugated equine oestrogen or oestrinol) which are all thought to be effective in treating menopausal symptoms
- There is no clear consensus about which delivery method is best.
- Patches or gels are better for those who have high triglyceride concentrations, are at increased risk of DVT (deep vein thrombosis) – including those with hypertension, overweight or smokers, and those who may not absorb tablets adequately. (See Menopausal Treatments and the Risk of Blood Clots).
- Vaginal oestrogen in creams, pessaries or tablets is available for women with symptomatic vaginal dryness.

The benefits of Oestrogen

- Oestrogen reduces the severity and frequency of hot flushes by around 85%.
- Oestrogen improves vaginal dryness.
- By reducing menopausal symptoms, oestrogen may improve sleep and quality of life.
- Oestrogen reduces the risk of post-menopausal bone fracture, including hip fracture. Oestrogen increases bone density.
- Oestrogen use is not associated with weight gain

Side-effects of oestrogen-only HRT

- Common side-effects, which are usually temporary, include breast enlargement and tenderness, and nausea. This may be dose related.

The risks of oestrogen-only HRT

- Oestrogen should be prescribed for the relief of troublesome menopausal symptoms.
- Women who go through menopause before 45 years are usually advised to take oestrogen until the age of average menopause at 50 years. The decision to continue oestrogen beyond 50 should be reviewed annually by the woman in consultation with her doctor. (See AMS pamphlet on Early Menopause)
- Oestrogen increases the risk of blood clots (venous thromboembolism). The risk increases with age and other risk factors such as obesity, previous thromboembolism, smoking and immobility. In low-risk women less than 60 years the risk is low. The risk may be less with the use of oestrogen gel or skin patches.
- Oral oestrogen increases the risk of stroke and the risk increases with age. Stroke risk is not significantly altered in women younger than 60 years with normal blood pressure. The risk may be less with lower doses and the use of oestrogen gel or skin patches.
- Oral oestrogen is associated with an increased risk of gallbladder inflammation (cholecystitis). There is no data regarding gel or skin patches.
- Oestrogen alone does not appear to increase the risk of breast cancer
- Oestrogen alone commenced at the time of menopause does not increase the risk of coronary heart disease and may decrease the risk.

See separate graphs of Risks and Benefits of HRT from WHI Study in AMS pamphlet list

Managing the risks

- HRT should not be prescribed unless mammographic screening is up to date
- Regular breast checks and screening mammograms should be performed in women over 50 years.
- A decision to use oestrogen should be reviewed annually by the woman in consultation with her doctor. Personal benefits versus risk should be discussed.
- Oestrogen is not a first line treatment for fracture prevention. However, some women may elect to use hormone therapy to protect against osteoporosis- this needs to be done in consultation with the woman's doctor and the woman needs to understand the risks and benefits of this therapy.
- If a woman using oestrogen develops symptoms suggesting a DVT or stroke she should stop the HRT and seek medical attention. (See Menopausal Treatments and the Risk of Blood Clots)

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