9 myths and misunderstandings about Menopausal Hormone Therapy (MHT)

Menopausal Hormonal Therapy (MHT) is the best treatment to improve hot flushes and quality of life for menopausal women. In the early 2000s, the Women’s Health Initiative (WHI) studies of postmenopausal women caused confusion among women, the media and doctors. New information about MHT and the WHI studies means doctors better understand the risks and benefits of MHT.

1. Misunderstanding – MHT will make you put on weight

Women who use MHT do not gain any more weight than women who do not use MHT. Ageing, social, lifestyle and medical factors are the main causes of midlife weight gain. The hormonal changes of menopause do cause fat to move from the hips to the abdomen.

2. Myth – Breast cancer is the most common cause of death in postmenopausal women

Fear of breast cancer is a major reason why women do not use MHT. Many postmenopausal women believe they are more likely to die from breast cancer than heart disease or stroke. The opposite is true. For example, in Australia in 2014, 12 in every 100 women died from coronary heart disease, nine in 100 from stroke and four in 100 from breast cancer.

3. Misunderstanding – One-quarter of women who take MHT get breast cancer

This misunderstanding came about because some journalists incorrectly reported the early WHI study results. New information combined with better understanding suggests that:
- Five years taking combined MHT (oestrogen plus progestogen) did not increase breast cancer risk in women aged 50 to 59 or in women who started treatment within 10 years of menopause. After 13 years, women had a small increase in breast cancer risk (nine extra cases of breast cancer per 10,000 women).

4. Misunderstanding – MHT increases the risk of heart disease

An analysis of all studies (40,410 women) showed MHT did not increase the number of deaths from heart and blood vessel disease or heart attacks. MHT also did not increase the number of cases of angina in healthy women or in women with pre-existing heart and blood vessel disease.

5. Myth – A blood test is necessary to diagnose menopause

Blood tests for hormone levels and other tests are not needed to diagnose menopause. A woman is considered postmenopausal when she is over the age of forty-five and has had at least 12 months without a period. Blood tests can be helpful for women who are younger than forty years of age or who have had a hysterectomy and have menopausal symptoms.

6. Myth – Complementary medicines and therapies are as effective as MHT and safer

MHT remains the most effective way to control menopausal symptoms. Some complementary medicines and therapies are promoted as natural and safe without evidence that they work. Some products (such as soy) should be avoided if you are unable to take prescribed MHT for safety reasons. Often there is no way to know if complementary therapies are safe or uncontaminated, especially if they are bought online. Speak with your doctor about complementary medicines or therapies. They might not be suitable for your situation.

If you have any concerns or questions about options to manage your menopausal symptoms, visit your doctor or go to the Find an AMS Doctor service on the AMS website.
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7. Myth – Compounded bioidentical hormone therapy is safer than conventional MHT
Doctors advise against the use of compounded bioidentical hormone therapy. “Bioidentical hormones” are chemically the same as those produced by the body. Some MHTs prescribed by your doctor are “bioidentical”. There is no evidence that compounded bioidentical hormone therapy is better than prescribed MHT.

Compounded bioidentical hormone therapy offers no advantages and many disadvantages because there are:
- no regulations for their use
- no standards for quality of manufacturing
- no testing of the products for negative effects, quality or safety.
- serious side effects such as endometrial cancer
- possible higher costs

8. Misunderstanding – All progestogens have the same risks
Therapy combining progestogens and oestrogen is used to reduce the risk of cancer of the uterus in women who still have a uterus. Progestogen is a term that covers both progesterone (naturally occurring in humans) and progestins (synthetic progesterones).

Different types of progestogens have different risks. Your doctor can discuss the different MHT options available and work with you to reduce your risk.

9. Misunderstanding – Non-hormonal medications are as effective as MHT for hot flushes
Evidence suggests non-hormonal treatments are not as effective as MHT, although more studies are needed. You should ask your doctor about non-hormonal treatment options if you are not able to use MHT for medical reasons or you do not want to use MHT.

Where can you find information about MHT and other treatment options?
If your symptoms are bothering you, your doctor can help. Other AMS fact sheets about treatment options include:
- What is Menopausal Hormone Therapy (MHT) and is it safe?
- Non-hormonal treatment options for menopausal symptoms
- Complementary medicine options for menopausal symptoms
- Lifestyle and behaviour changes for menopausal symptoms.

Information for your doctor to read includes AMS Information Sheets:
- Risks and benefits of MHT/HRT
- Non-hormonal treatments for menopausal symptoms
- Lifestyle and behavioural modifications for menopausal symptoms
- Complementary and herbal therapies for hot flushes