Menopausal Hormone Therapy or MHT (also known as Hormone Replacement Therapy or HRT) covers a range of hormonal treatments that can reduce menopausal symptoms.

- MHT is the most effective way to control menopausal symptoms while also giving other health benefits.
- MHT is safe to use for most women in their 50s or for the first 10 years after the onset of menopause.
- The risk for blood clots, stroke and breast cancer while taking MHT are very small and lower than for many other risk factors such as being overweight.
- Different types of MHT are associated with different risks. Your doctor can work with you to reduce your risk by using different hormonal treatment options.

At menopause, a decrease in oestrogen levels can cause symptoms such as hot flushes, vaginal dryness, mood and sleep changes. If your symptoms are bothering you and you would like to know more about MHT, your doctor can help. Your doctor can tell you about the changes in your body and offer options for managing your symptoms.
What is Menopausal Hormone Therapy (MHT) and is it safe? continued

Oestrogen alone
Oestrogen alone is suitable for women who have had a hysterectomy.

Safety facts:
- Blood clots – patches and gels have minimal or no risk. When using tablets the risk doubles, but is still very low (1 extra case per 1000 women).
- Heart disease – may decrease the risk of heart disease if started within 10 years of menopause or before the age of 60.
- Breast cancer – no increased risk for the first seven years of use and a 12-year follow-up study suggested a possible decreased risk.
- Stroke – no increased risk for women without underlying stroke risk factors who are in their 50s or during the first 10 years of menopause. Women with risk factors can probably safely use a patch or gel form of treatment.

Vaginal oestrogen therapy
Vaginal oestrogen therapy is useful for women who have local symptoms such as vaginal dryness.

Safety fact:
- If used as supplied, vaginal oestrogen therapy is safe to use long-term, except after breast cancer.

Tibolone
Tibolone is taken as a single tablet and has some oestrogen, progesterone and testosterone effects. Many, but not all, women find tibolone helps with symptoms and may also improve sexual function. Tibolone is also suitable to reduce the risk of osteoporosis (thinning of the bones) in post-menopausal women.

Safety facts:
- Blood clots – no increase in risk.
- Heart disease – no increase in risk.
- Breast cancer – reduces breast density/tenderness and no increase in breast cancer risk with three years of use.
- Stroke – increase in risk if started after the age of 60.

Oestrogen combined with a SERM
SERMS (selective oestrogen receptor modulators) are a newer treatment option for menopause. They have anti-oestrogen or oestrogen-like effects that vary in different parts of the body.
A tablet containing conjugate equine oestrogen combined with the SERM bazedoxifene improves menopausal symptoms, bone density and reduces breast density. Bazedoxifene, like progestogen, reduces the risk of cancer of the lining of the uterus in women who have not had a hysterectomy.

Safety fact:
- SERMs can be combined with oestrogen to improve symptoms, improve bone density and reduce the risk of uterine cancer.

Where can you find information about other treatment options?
If your symptoms are bothering you, your doctor can help. Your doctor can tell you about the changes in your body and offer options for managing your symptoms. Other fact sheets about treatment options include:
- Non-hormonal treatment options (See AMS fact sheet – Non-hormonal treatment options for menopausal symptoms)
- Lifestyle changes and menopause (See AMS fact sheet – Lifestyle and behaviour changes to manage menopausal symptoms)
- Complementary therapies (See AMS fact sheet – Complementary therapies for menopausal symptoms).

Information for your doctor to read includes AMS Information Sheets:
- Risks and benefits of MHT
- AMS Guide to equivalent MHT/HRT doses
- Combined MHT
- Oestrogen only MHT
- Tibolone for post-menopausal women

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.

Note: Medical and scientific information provided and endorsed by the Australasian Menopause Society might not be relevant to an individual's personal circumstances and should always be discussed with their own healthcare provider. This Information Sheet may contain copyright or otherwise protected material. Reproduction of this Information Sheet by Australasian Menopause Society Members, other health professionals and their patients for clinical practice is permissible. Any other use of this information (hardcopy and electronic versions) must be agreed to and approved by the Australasian Menopause Society.