

Menopause & PMS

This leaflet has been written by staff working in the Menopause & PMS service at Chelsea and Westminster Hospital for clinics at Chelsea and Westminster Hospital and West Middlesex Hospital.

Take home messages

- Body or bio identical estradiol and progesterone are structurally identical to natural ovarian hormones
- Body or bio identical estradiol and progesterone are converted from soy or plant extracts
- Compounded bio-identical progesterone cream is an unlicensed unregulated product with no endometrial safety data. There may be a risk of endometrial cancer if used in HRT
- Oral estradiol is convenient and effective but may be associated with an increased risk of VTE
- Transdermal estradiol patches or gel have a lower incidence of VTE
- Oestrogen only HRT should only be prescribed following a hysterectomy
- HRT choices are based upon a personal risk versus benefits discussion with your health care practitioner
- Results should be fax to 020 3315 3050

Full more details on risk and benefits see separate information leaflet.

Contact information

Gynaecology Outpatients Department
Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

If you need to re-schedule your appointment please ring the appointments office on 020 3315 6666.

Further advice and support

www.the-bms.org (British Menopause Society)
www.menopausematters.co.uk
www.womens-health-concern.org

Patient Advice & Liaison Service (PALS)

If you require information, support or advice about our services, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception. Alternatively, you can feed back your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals. We value your opinion and invite you to provide us with feedback.

T: 020 3315 6727

E: pals@chelwest.nhs.uk

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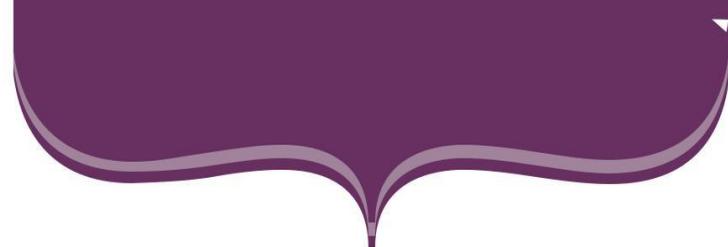
T: 020 3315 8000

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Speak to your clinician



Hormone replacement therapy (HRT)

Information for patients



Chelsea and Westminster Hospital
NHS Foundation Trust

What is the menopause?

The perimenopause refers to the period when a woman's fertility starts to decline because of reduced production of ovarian hormones. The time before the last menstrual period is associated with fluctuating hormone levels causing altered menstrual cycle length and associated symptoms. Because there is still a risk of pregnancy during this time it is advised to discuss your contraceptive needs with your healthcare practitioner.

The menopause is the last period and is retrospectively diagnosed after one year of not bleeding. Most women find that their menopausal symptoms stop within 4-5 years of the last period.

What symptoms may occur in the menopause?

The ovaries produce estrogen, a hormone that affects all areas of the body. Lack of estrogen can cause many short-term symptoms but most commonly: hot flushes, night sweats, altered mood and depression, vaginal dryness or painful intercourse and headaches or migraine.

Long-term effects of lack of estrogen include: vaginal atrophy, osteoporosis, increased breast cancer risk, cardiovascular disease, Alzheimer's disease.

Why does estrogen replacement help?

Replacing estrogen to pre-menopausal levels can alleviate symptoms, improve quality of life and has long-term health benefits.

What hormone replacement options are there?

This depends upon your personal choices, menopausal status and personal risk factors. Your GP or specialist healthcare practitioner should be able to advise you. There is a lot of information to guide your choices from many organisations; some are listed at the end of this leaflet.

Hormone replacement therapy (HRT)

In the menopause both estrogen and progesterone may be prescribed. Cyclical or sequential HRT (giving a regular monthly bleed) is used in the perimenopause to reduce the risk of irregular bleeding. This is advised for two years if started before the age of 51, or one year after the age of 51, before changing to a non-bleed HRT.

HRT after a hysterectomy and oophorectomy

Following a surgical menopause, where both the ovaries and uterus (womb) are removed, you may be recommended to take estrogen replacement. This is more important if you are under the age of 45 at the time of surgery, to ensure long-term bone and heart health. Only estrogen replacement is required, except in specific cases advised by your specialist.

Bio-identical estradiol and HRT

HRT estradiol is converted from soy or plant extracts and is structurally identical to natural ovarian estrogen. It is body or bio-identical and available in all HRT products. Premique and Premarin are the exceptions, containing equine oestrogens, but these may suit some women.

Why is progesterone required?

Unopposed estrogen significantly increases the risk of endometrial cancer. The increased risk may continue for up to five years even when estrogen replacement has been stopped.

Progesterone protects the endometrium (womb lining) from the effects of estrogen. Your menopause status will determine if you need to take progesterone every day or sequentially. It should be taken as per the licenced dose and timeframe unless directed by your specialist.

Progestogens and progesterone

Progestogens are synthetic hormones that bind strongly to the progesterone receptors in the womb. This makes them excellent choices where bleeding control is required. Some progestogens are associated with higher breast cancer risks.

Body or bio-identical progesterone is derived from soy or plant extracts and is structurally identical to natural ovarian progesterone. It may have a lower breast cancer risk.

Oral or transdermal estrogen

Oral estrogen is convenient but may slightly increase the risk of strokes or clots (VTE) due an effect on clotting factors in the liver. Transdermal (absorbed through the skin) estrogen avoids the liver so has a lower VTE risk.

Transdermal choices included estrogen patches or gel. Natural progesterone cream is not a regulated licensed product in the UK. It cannot be recommended with HRT due to a lack of safety data and lack of data about risk of endometrial cancer.

What are the HRT prescription choices?

Using a combined estrogen and progesterone therapy is convenient but may be limited by the available dose needed to effectively treat your symptoms. Separate estrogen and progesterone therapy allows for greater flexibility to individualise treatment. Risk and benefits from HRT are modifiable by the correct selection of the lowest effective dose and route of administration.