

## Hormone Replacement Therapy

### What are hormones and why do we have them?

Hormones are chemicals that are made in our body, which send out messages that affect other parts of the body. They help control many body functions such as growth, energy, repair, reproduction, sexual function, digestion and internal body temperature.

When a woman reaches menopause, her hormone production decreases because there are fewer eggs left in her ovaries (see '*Menopause*' factsheet for more information). These hormones include oestrogen and progesterone. As a result, some women may experience symptoms such as hot flushes, vaginal dryness, urinary frequency, insomnia and mood swings. Lifestyle, diet and physical activity play an important role in managing symptoms associated with menopause. In some women, lifestyle changes may not help to reduce menopause symptoms and they may require medical or pharmaceutical treatment such as hormone replacement therapy.

### What is hormone replacement therapy?

Hormone replacement therapy (HRT) (also known as hormone therapy (HT)) is medication combining the hormones oestrogen and progestin (synthetic form of progesterone), and sometimes also the hormone testosterone. HRT is usually prescribed to women to help relieve severe symptoms associated with reduced levels of hormones, particularly oestrogen, where lifestyle changes are not effective (approximately 20 per cent of women suffer severe menopause symptoms). HRT can also preserve bone mass and prevent fractures in women with osteoporosis.

The following hormones are used in HRT:

#### **Oestrogen**

- helps to alleviate symptoms
- helps to protect bone, genital tract and possibly the cardiovascular system (heart and blood vessels)

#### **Progesterone**

- helps to protect the uterus

#### **Testosterone**

- maintains bone density, muscle strength, energy and libido

A range of HRT options exist; some are combined hormone therapies and some are single hormone therapies. Speak to your general practitioner to learn more about the different types.

HRT is usually taken in the form of tablets, skin patches, gels, implants, injections, creams or pessaries (vaginal suppositories). HRT can only be prescribed by a doctor, with ongoing supervision and management. Changes to an initial prescription may be required in the process to find the ideal method and dose.

### What is meant by 'short-term' HRT and 'long-term' HRT?

Short-term HRT is usually taken for one to five years. Long-term HRT is given for five years and longer. For many women, menopause symptoms disappear within five years of menopause. Therefore, short-term HRT is usually all that is required.

### What are the possible side effects of HRT?

Some women experience:

- bleeding between periods
- breast enlargement and discomfort
- increase in risk of blood clot
- bloating
- nausea
- weight gain

## What are the risks of HRT?

While HRT can potentially help protect you against certain health conditions such as osteoporosis, it can also sometimes increase your risk of other conditions. It is important to talk to your health practitioner about what these possible risks can be. Any decision about HRT is an individual one and should be made after talking to your health practitioner about individual benefits, risks, needs and concerns.

## When is HRT not recommended?

Generally, HRT is not recommended for women who have any of the following:

- history of breast cancer
- endometrial cancer
- unexplained vaginal bleeding
- history of blood clots in the veins
- history of, or increased risk of, heart disease or stroke

However, if you have any of the above, HRT may still be beneficial to some women if the risks and benefits are well understood. Conditions such as liver disease, migraine headaches, epilepsy, diabetes, gall bladder disease, fibroids, endometriosis and hypertension must be considered before HRT is prescribed.

## What do I ask my doctor?

Prior to commencing HRT, explore your options and the risks and benefits with your doctor. Once you have been prescribed HRT, a follow-up doctor's visit is necessary after a couple of months and an annual review check-up is essential.

## Who may benefit from testosterone therapy?

Women in their 30s, 40s or post-menopause who are experiencing a loss of libido (sexual interest and desire), together with tiredness, may benefit from testosterone therapy, providing these symptoms are not related to psychosocial and/or relationship factors. Testosterone may also be used alongside HRT in young women experiencing premature menopause or following surgical removal of the ovaries (oophorectomy), with or without a hysterectomy.

Testosterone is given as an implant or cream and is usually prescribed short-term. If you are considering testosterone therapy, talk to your general practitioner to obtain a clear understanding of what is currently known about this therapy. Decisions on testosterone therapy should be made in partnership with your health practitioner. **Note: there are further research questions to be answered on the use of testosterone therapy. Currently in Australia, no form of testosterone therapy for women is officially approved by the Therapeutic Goods Administration (TGA).**

## Things to remember

Menopause symptoms can be managed with support, education, lifestyle changes and HRT if necessary. The decision to use HRT must be based on individual assessment by you and your general practitioner.

## Where can I get more information?

[www.jeanhales.org.au](http://www.jeanhales.org.au)

[www.managingmenopause.org.au](http://www.managingmenopause.org.au)

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

[www.menopause.org.au](http://www.menopause.org.au) - Australasian Menopause Society

[www.healthinsite.gov.au](http://www.healthinsite.gov.au) - Health/insite

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This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your health practitioner

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