**IS HORMONE REPLACEMENT THERAPY WORTH THE RISKS?**

The risks and benefits of hormone replacement therapy (HRT) have long been the source of confusion and controversy. Here we summarise the latest evidence to assist pharmacists in supporting patients thinking about HRT.

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**THE MENOPAUSE**

The menopause occurs when a female’s oestrogen levels decline and menstruation ceases. Symptoms can start several years before a person’s final menstrual period and can continue for up to 12 years. Premature menopause starts before the age of 40 years and early onsets are defined as those that occur before the age of 45 years.

**Types of HRT**

**Oestrogen only:** suitable for females without a womb or who are using a progesteron coil.

**Combined oestrogen and progesteron:** suitable for females with a womb. Can be sequential (for people who still have periods) or continuous (for people who have stopped menstruating).

**HRT** should be prescribed for the shortest time needed to relieve symptoms.

**POSSIBLE ONE EFFECTS**

- Hot flushes
- Night sweats
- Low mood and anxiety
- Low libido
- Vaginal dryness, pain, itching or discharge during sex
- Recurrent urinary tract infections
- Joint aches and pains
- Headaches
- Problems with memory and concentration
- Palpitations

**BENEFITS OF HRT**

HRT can relieve the following menopausal symptoms:

- Hot flushes
- Night sweats
- Low mood and anxiety
- Low libido
- Vaginal dryness, pain, itching or discharge during sex
- Recurrent urinary tract infections
- Joint aches and pains
- Headaches
- Problems with memory and concentration
- Palpitations

**MINIMISING THE RISKS**

- Only prescribe HRT to relieve menopausal symptoms that are adversely affecting quality of life, or in early or premature menopause to minimise long-term cardiovascular and osteoporosis risks.
- Regularly review patients;
- Remind current and past HRT users to be vigilant for symptoms of breast cancer.

**OTHER OPTIONS**

- **LIFESTYLE CHANGES** — including exercise, improving diet, reducing consumption of alcohol and spicy foods, and stopping smoking may provide relief from menopausal symptoms, regardless of whether the person is taking HRT.

- **TIBOLONE** — when taken every day, this synthetic hormone has the combined effects of oestrogen and progesterone. It is only suitable for patients who had their last period more than one year ago and carries a similar risk to combined HRT in females under the age of 60 years. The risks may outweigh the benefits for females aged over 65 years starting HRT for the first time.

- **ANTIDEPRESSANTS** — selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors may help with hot flushes and night sweats.

- **CLONIDINE** — a non-hormonal medicine that may help reduce hot flushes and night sweats in females who cannot take oestrogen, but may cause unacceptable side effects in some patients.

- **TESTOSTERONE** — testosterone may be appropriate in low doses in a minority of females, but most will require appropriate systemic oestrogen HRT before testosterone may be prescribed.

- **VAGINAL SELECTIVE OESTROGEN RECEPTOR MODULATORS** — these may be taken for the treatment of osteoporosis—deficiency symptoms in postmenopausal females who are not candidates for vaginal oestrogen.