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Myths and facts about Menopause and HRT

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Myth: One size does fit all

Onset of menopause and symptoms vary

Average age of menopause is 51 y in the UK

Over the age of 45

- Perimenopause: Irregular periods and **symptoms that can start 5-8 years before periods stop**
- Menopause: No periods for 12 months
- No need for laboratory confirmation

- Bloods will not predict menopause
- Women should seek treatment if symptomatic

Premature Ovarian Insufficiency (POI)

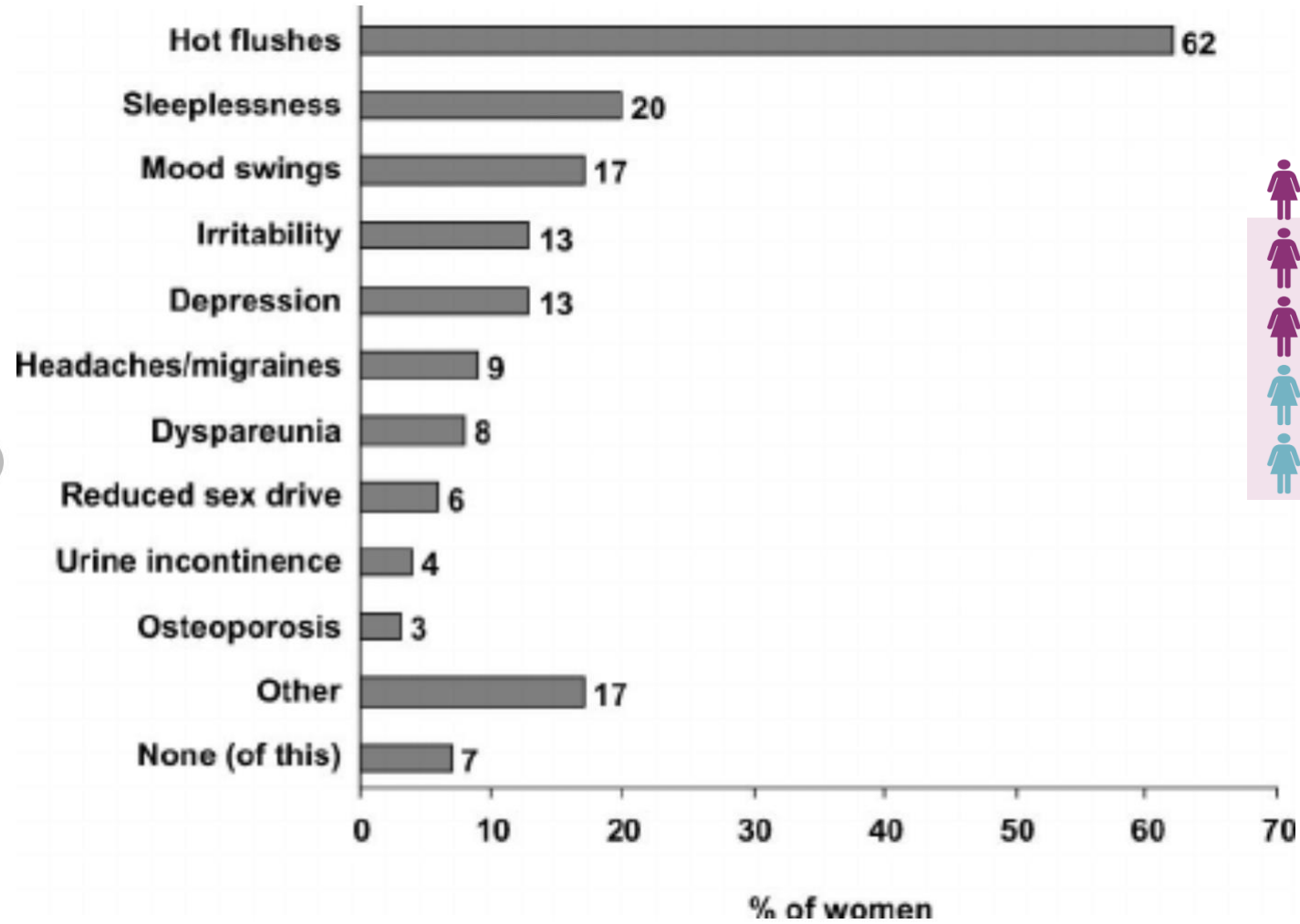
- < 40years with no periods or less frequent periods (1%)
- Blood test can be helpful: High FSH hormone x2 will be helpful
- Exclude other medical conditions

Treatment of POI with HRT

- **Regardless of symptoms** treatment should be offered
- Increased risk of mortality (80% risk of heart attack and 50% of fractures- 65% osteopenia)
- Treatment with contraceptive pill or HRT
- **No greater risk** of breast cancer until the average age of menopause
- Benefits outweigh any risks until the average age of menopause

Myth: It is just hot flashes

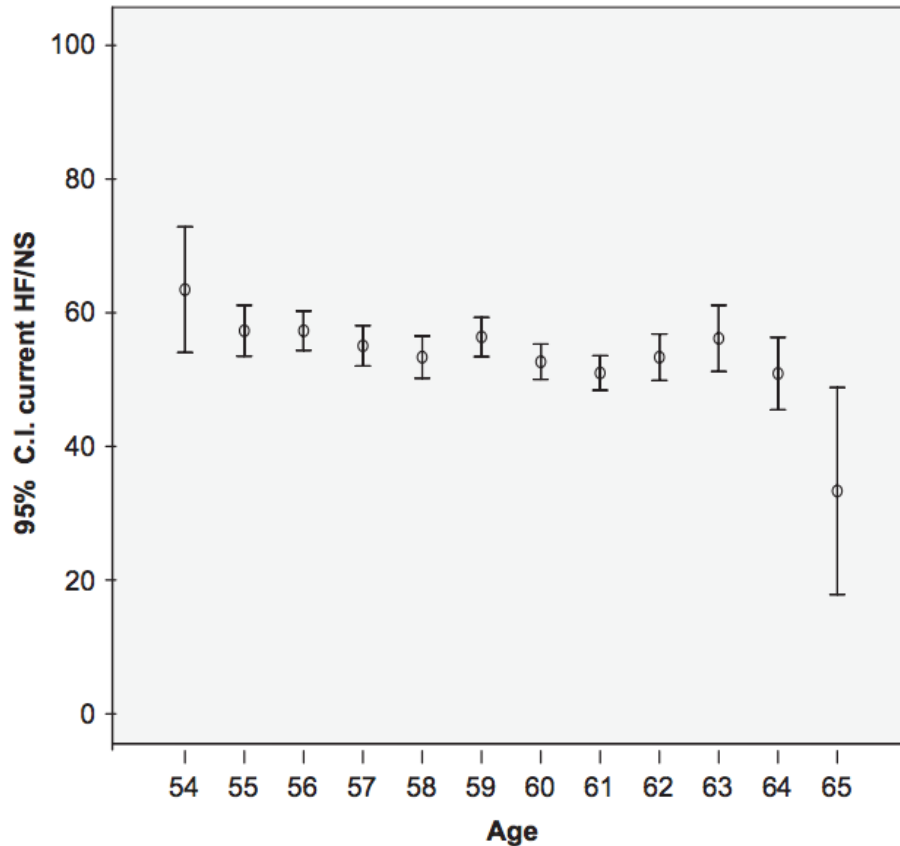
Other Menopausal Symptoms- Only 1 in 2 women seek treatment



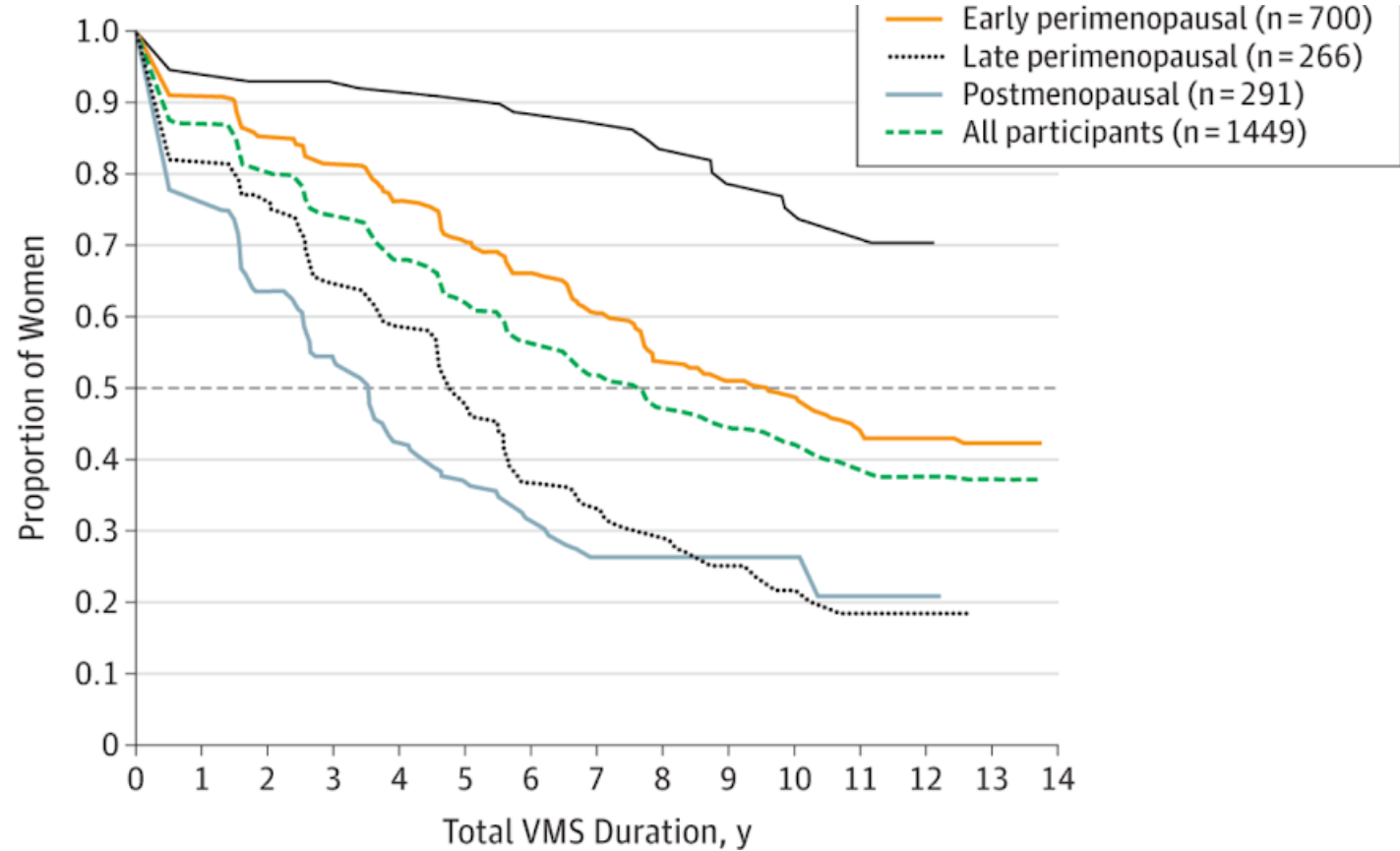
Myth: Hot flushes will go away soon

Hot flushes affect 70% of women and can last for over 11 years

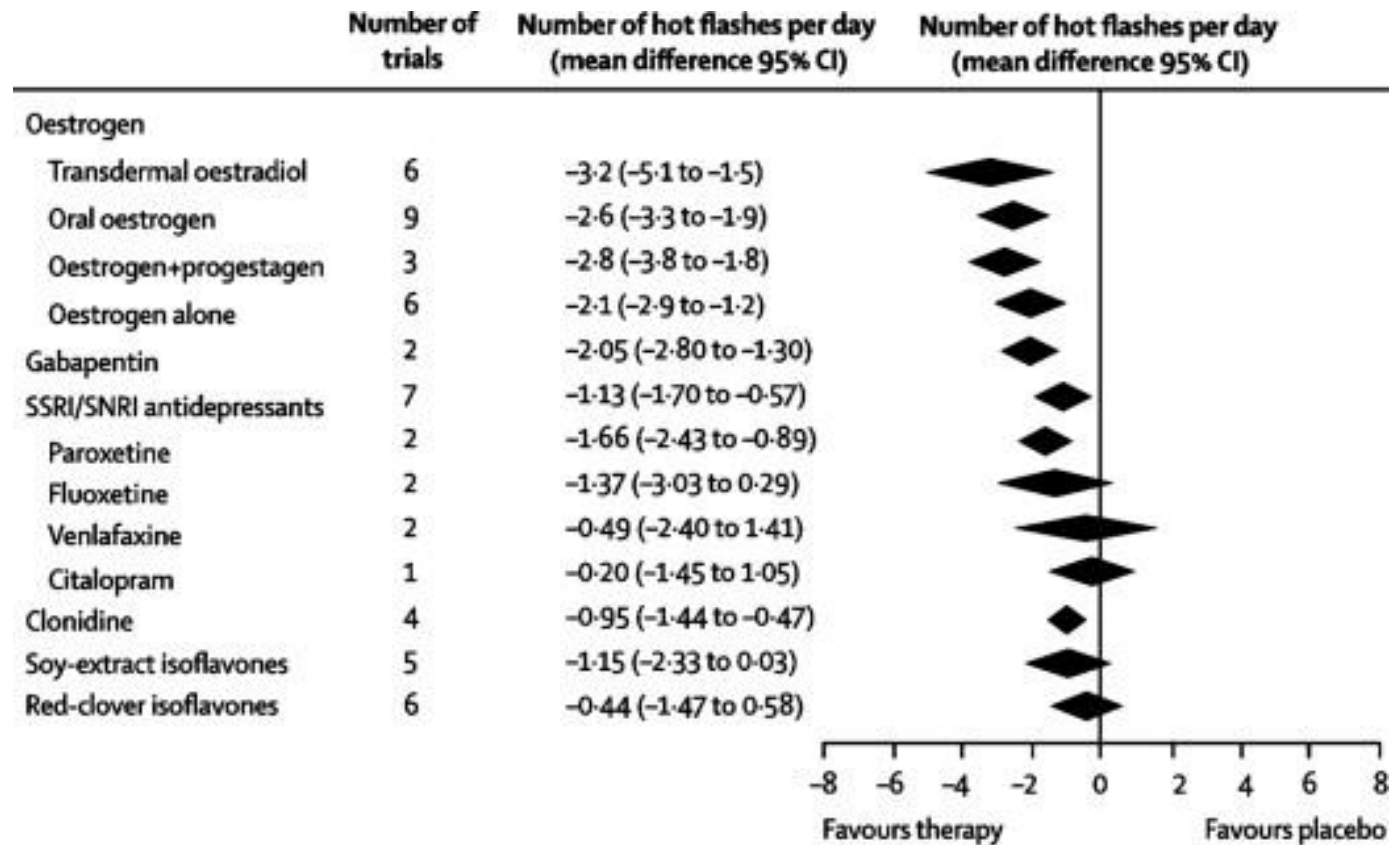
Prevalence of Hot flushes



Duration of Hot flushes



HRT: the most effective treatment against hot flashes and night sweats



What is Hormone Replacement Therapy (HRT)

- Oestrogen
- Progestogen – either a synthetic version of the hormone progesterone, or a version called micronised progesterone (sometimes called body identical, or natural)
- Combined HRT- cyclical (peri-menopause/ within a year) or continuous
- Oestrogen only- when womb has been removed (hysterectomy)

Types of HRT



- Individualized approach
- Transdermal lower risk of blood clots

HRT CAN DOUBLE RISK OF BREAST CANCER

WOMEN today face a stark warning over links between HRT and breast cancer.

A massive British study of a million women found the risk of cancer can be twice as high for

By **Beezy Marsh**
Health Correspondent

those taking the most common form of HRT for ten years.

Government experts are now issuing an alert to GPs and hospitals over the treatment, which is being blamed for 20,000 cancer cases in

the past ten years. HRT, taken by 1.7million women in Britain to relieve symptoms of the menopause, was already at the centre of growing concern over cancer, heart disease and strokes.

The new study, published in the Lancet today, provides conclusive

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HRT: does not increase breast cancer mortality

- No risk when Oestrogen only or combined with micro-ionized progesterone
- Possible small risk of Breast Cancer over the age of 50 years when combined and when over 5 years
- No greater risk of Breast cancer mortality
- Risk is regressed to background after 5 years of discontinuation

5 year HRT is safer than drinking 2 units/ day or being obese

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)

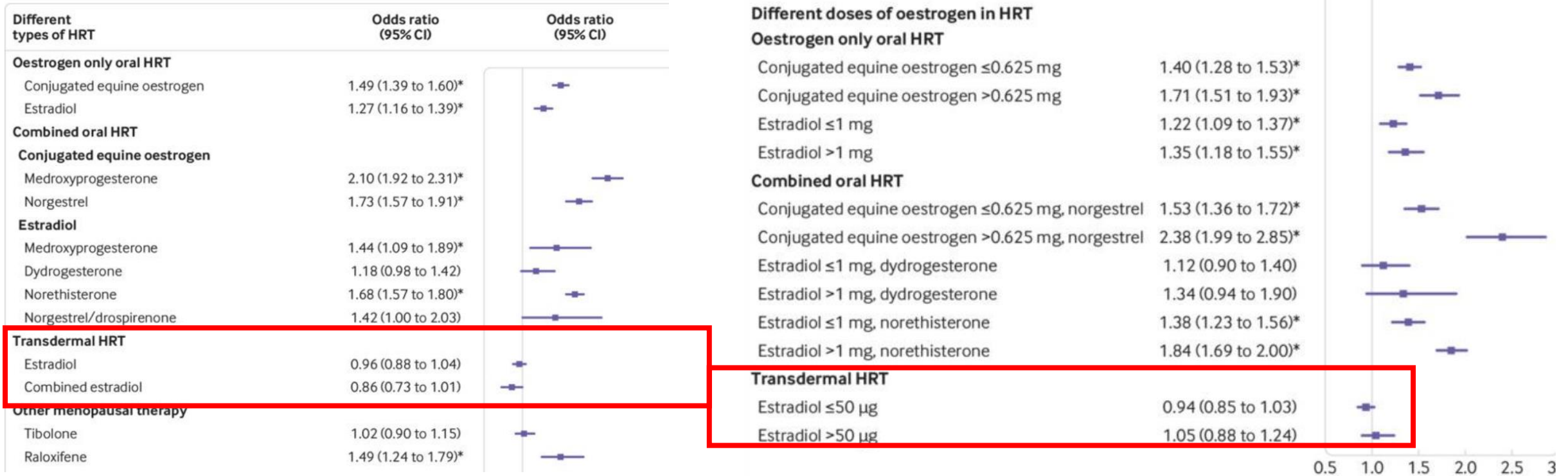


Seven fewer cases in women who take at least 2½ hours moderate exercise per week



Transdermal HRT does not increase the risk of clots

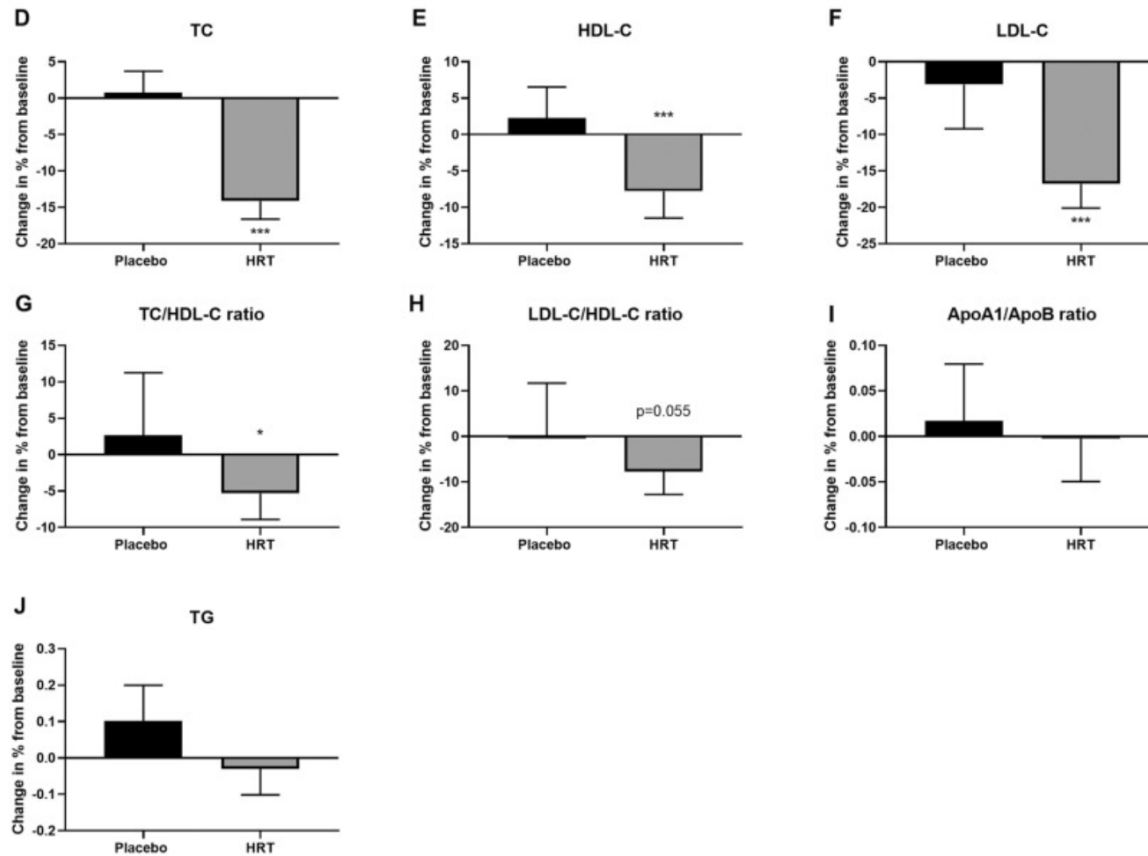
This is irrespective the dose



HRT does not increase the risk of heart attack or stroke up to the age of 60 years

| Primary Endpoints | CEE+MPA Trial | | | | | | CEE Alone Trial | | | | | |
|-------------------------------|---------------|--------------|-------------------------------|------|--------------|---------|-----------------|--------------|-------------------------------|------|--------------|---------|
| | Active N(%) | Placebo N(%) | Diff per 10K pys [^] | HR | 95%CI | P-trend | Active N(%) | Placebo N(%) | Diff per 10K pys [^] | HR | 95%CI | P-trend |
| Coronary heart disease | | | | | | | | | | | | |
| 50-59 | 38(0.23) | 27(0.17) | +5 | 1.34 | (0.82, 2.19) | 0.81 | 21(0.17) | 35(0.28) | -11 | 0.60 | (0.35, 1.04) | 0.08 |
| 60-69 | 79(0.37) | 73(0.37) | 0 | 1.01 | (0.73, 1.39) | | 100(0.61) | 108(0.63) | -3 | 0.95 | (0.72, 1.24) | |
| 70-79 | 79(0.82) | 59(0.63) | +19 | 1.31 | (0.93, 1.84) | | 83(0.97) | 79(0.90) | +7 | 1.09 | (0.80, 1.49) | |
| Stroke | | | | | | | | | | | | |
| 50-59 | 26(0.15) | 16(0.10) | +5 | 1.51 | (0.81, 2.82) | 0.50 | 19(0.16) | 21(0.17) | -1 | 0.99 | (0.53, 1.85) | 0.77 |
| 60-69 | 72(0.34) | 46(0.23) | +11 | 1.45 | (1.00, 2.11) | | 84(0.51) | 57(0.33) | +18 | 1.55 | (1.10, 2.16) | |
| 70-79 | 61(0.63) | 47(0.50) | +13 | 1.22 | (0.84, 1.79) | | 66(0.77) | 52(0.59) | +17 | 1.29 | (0.90, 1.86) | |

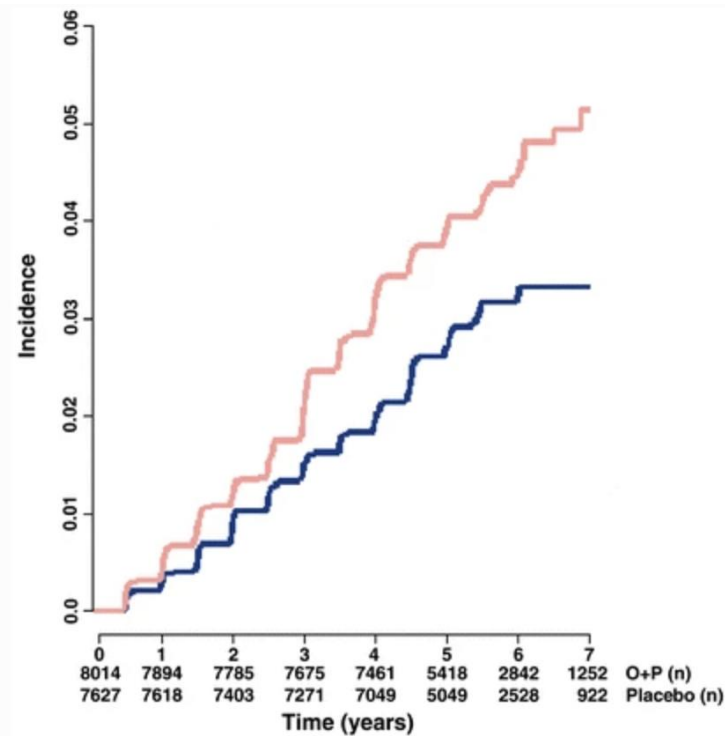
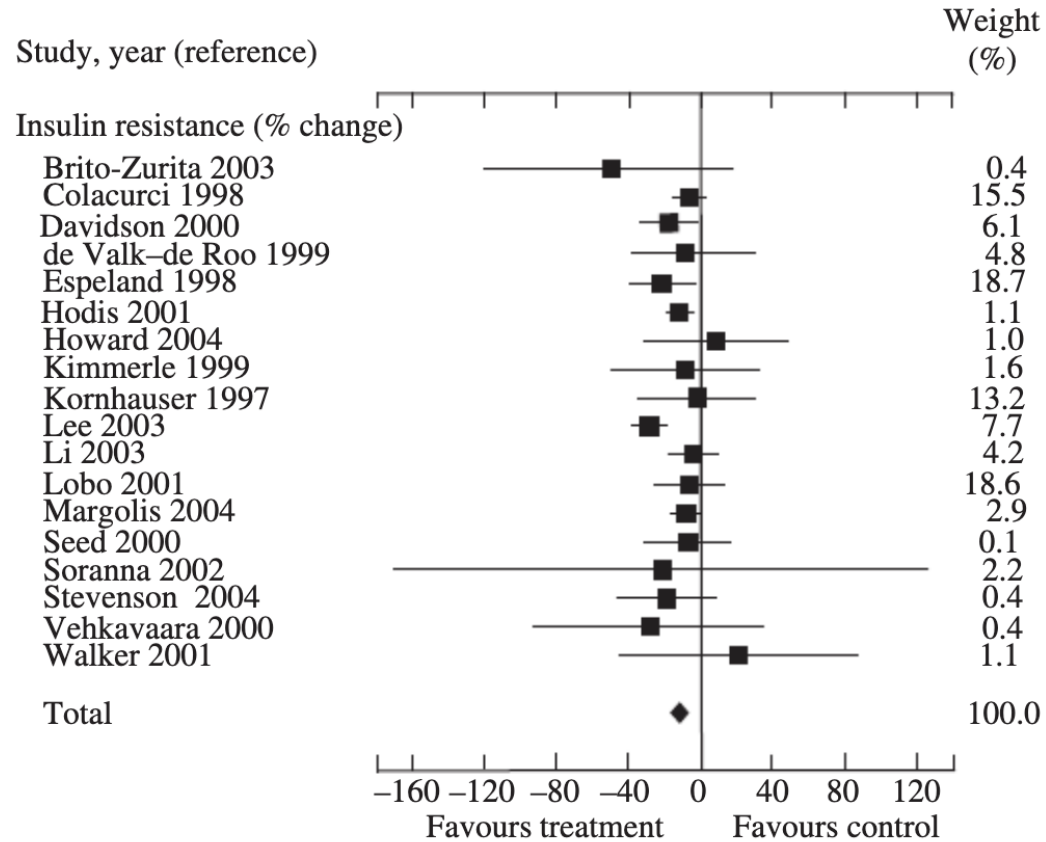
HRT is not contraindicated in dyslipidaemia or hypertension



- No evidence that HRT affects lipid profile –prefer transdermal
- Hypertension is not a contraindication for HRT- optimize and monitor- prefer transdermal
- Obesity is not a contraindication for HRT- opportunity for lifestyle modification advice- prefer transdermal

HRT delays type 2 diabetes and improves insulin resistance

Oral may be better



Diabetes incidence by treatment arm (Oestrogen Plus Progestin [O+P] versus Placebo). Hazard ratio (95% CI), 0.79 (0.67–0.93). Blue line: Oestrogen Plus Progestin; red line: Placebo

Myth: Natural alternatives or bio-identical are safer

- Less research on natural alternatives/ bio-identical
- Interaction with other medications eg anticoagulants which is less known
- Not appropriate absorption
- Individualized approach with healthier lifestyle, weight loss, exercising (strength) and less alcohol and processed food diet

Myth: Menopause means less sex

- Low oestrogen can be associated with low libido
- But less sleep/ relationship challenges/ vaginal atrophy due to menopausal symptoms exaggerate this
- HRT can contribute to improving low libido
- Testosterone can be considered

Myth: Pregnancy cannot happen while on HRT

- Small chance of pregnancy while on HRT
- Menopause and no chance of pregnancy after > 1year of no periods without the impact of hormones/ treatment
- Contraception till 55 if on HRT (and not clear when menopause happened)

Key Facts

- Always treatment if periods stop before 40 years
- Menopausal symptoms onset can vary
- Hot flashes are the commonest symptoms can last ~7-8 years for over 50%
- Other menopausal symptoms are common too
- HRT especially oestrogen only or combined with micro-ionised progesterone does not increase the risk of breast cancer mortality
- Transdermal HRT does not increase the risk of clots
- HRT does not increase risk of stroke or heart attack up to the age of 60 years
- HRT is not contraindicated in hypertension or dyslipidaemia
- T2DM is not a contraindication for HRT
- Seek advise if symptoms- discuss with your manager too
- **In most cases, HRT benefits outweigh risks when for symptom relief**

THANK YOU

Ask for advice if symptoms
In most cases, HRT benefits outweigh risks when for symptom relief



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