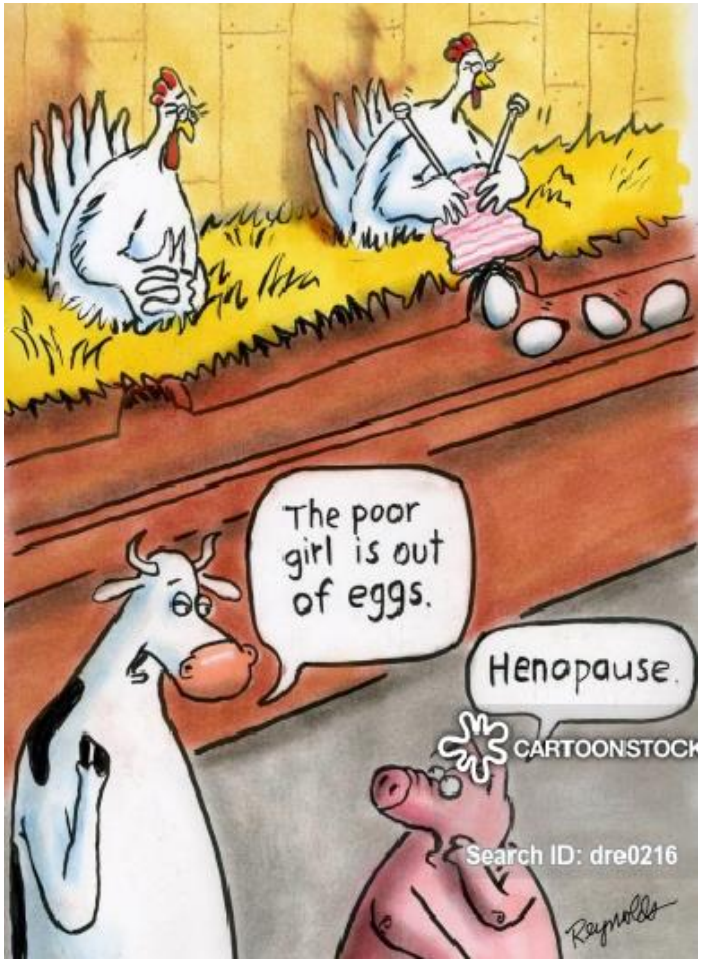
Menopause and HRT

Sonja Rees FRCOG
Specialty Doctor
in Obstetrics and Gynaecology
at Sherwood Forest Hospitals

World Menopause Day
18th October 2024

Let’s talk about the Menopause

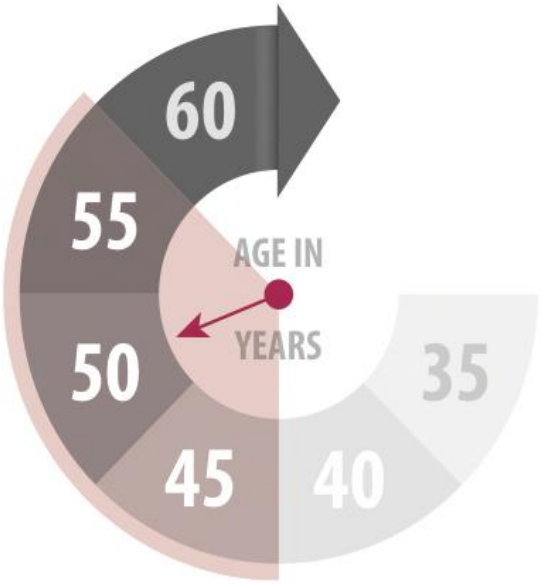


Literally :
End of Periods

Definitions

- Menopause
  - Final Menstrual Period
- Peri-menopause
  “The Change”
  - Time of symptoms caused by lack of ovarian hormones, starting up to 5 years before and up to 15years after last period
- Postmenopause
  - 12 months after last period

Menopause
“End of Menstruation”



Average age 51 years

1 in 100 women age of 40-45

1 in 100 women under age 40

(premature ovarian insufficiency)

Surgical or Induced Menopause

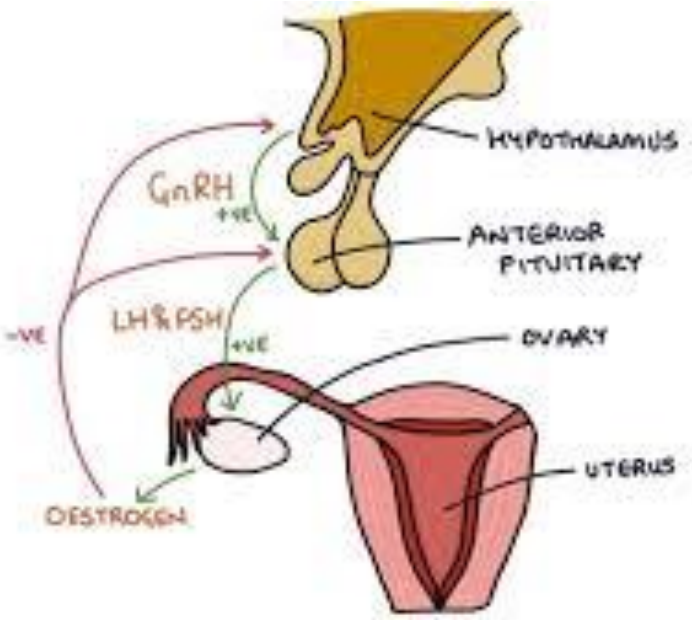
- Oophorectomy (ovaries removed)
- Certain types of chemotherapy drugs
- Radiotherapy to pelvic area as a treatment for cancer
- Hysterectomy (womb removed) even if ovaries are conserved, it is common to have an earlier menopause

Premature Ovarian Insufficiency (Premature Menopause)

- Premature Ovarian Insufficiency (POI) affects about:
  - One in every 100 women under the age of 40
  - One in 1,000 women under 30
  - One in 10,000 under 20

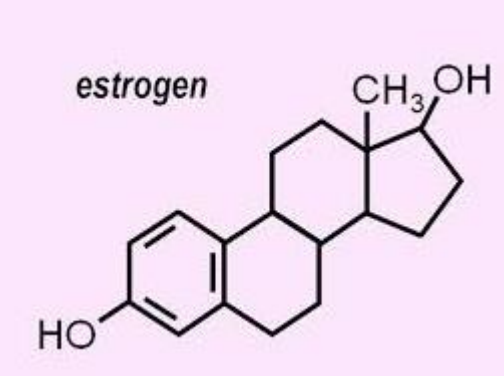
Hormones!...

- Main female affected by menopause:
  - Oestrogen
  - Progesterone



What do these hormones do?

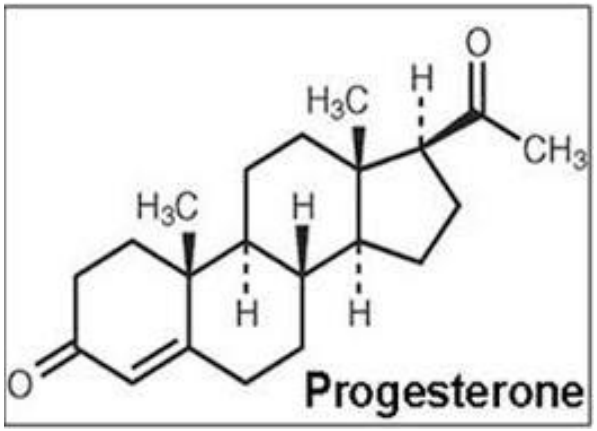
- **Oestrogen**
- Progesterone



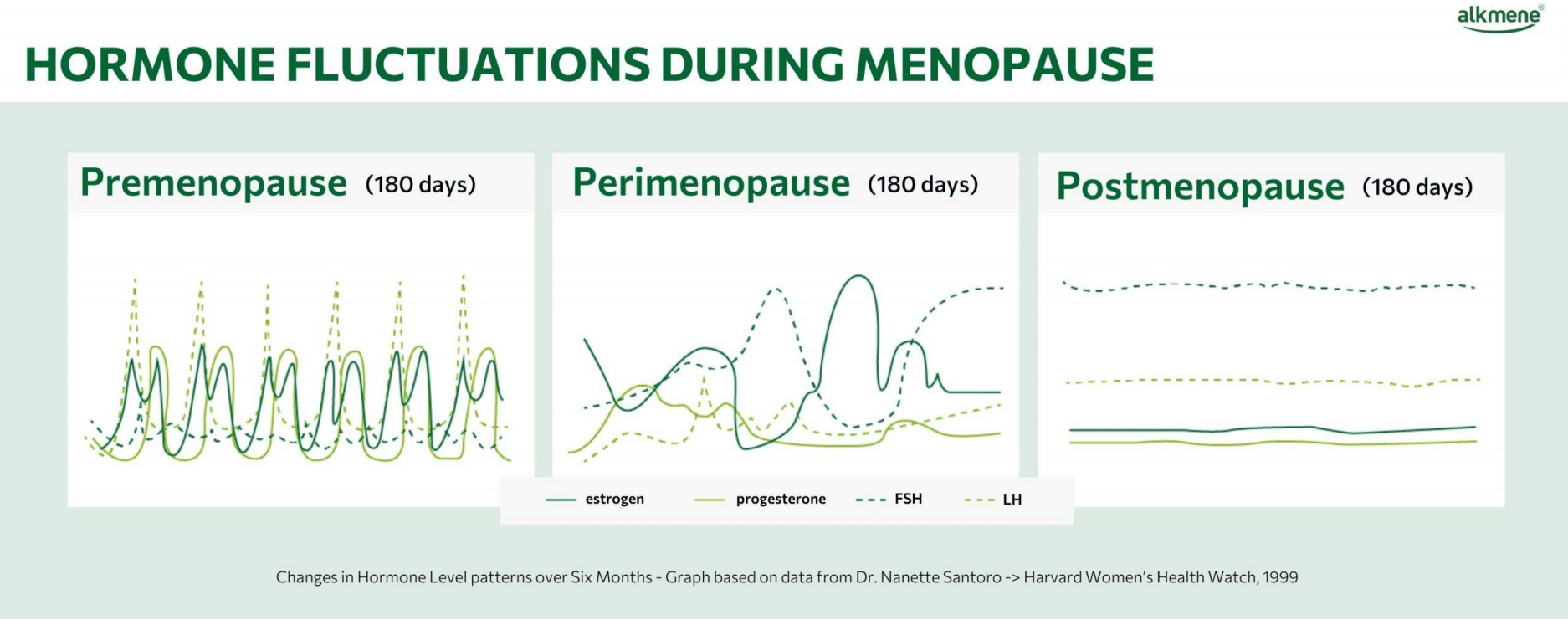
- Keeps tissues of the body elastic
- Regulates new bone turnover and reduces Osteoporosis
- Keeps heart healthy
- Maintains brainpower
- Stimulates lining of the womb to grow

What do these hormones do?

- Oestrogen
  - Protects womb lining
  - Tiredness
  - Mood swings
  - Increased appetite
  - Similar to PMT
- **Progesterone**



What's happening to a woman's hormones…



Symptoms
(average duration 7 years)

3 out 4 women

have symptoms

1 out 4 women

have severe debilitating symptoms

Menopause Symptoms…

- Many symptoms – both physical and emotional

Physical

- Hot flushes, night sweats
- Changes in periods
- Muscle and joint pains
- Headaches
- Dry skin/hair
- Dry vagina and urinary problems (later)

"Listen Buddy! After the hot flushes I've been having this is like a resort!"

Emotional

- Anxiety
- Sleep disturbance
- “brainfog”
- Depressed mood
  Tearfulness
- Irritability
- Lack of energy
- Inability to concentrate
- Memory loss

What happens to our bodies ?

Heart and circulation

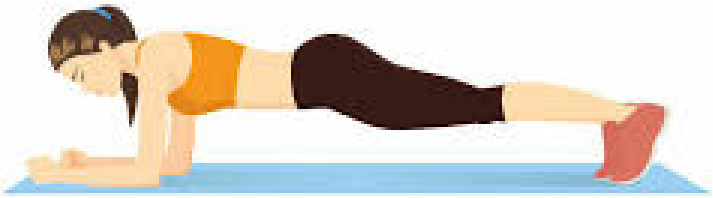
"Thank you for not giving up your seat to me. Standing is good for the cardiovascular system, which is why women outlive men."

The heart and circulation…

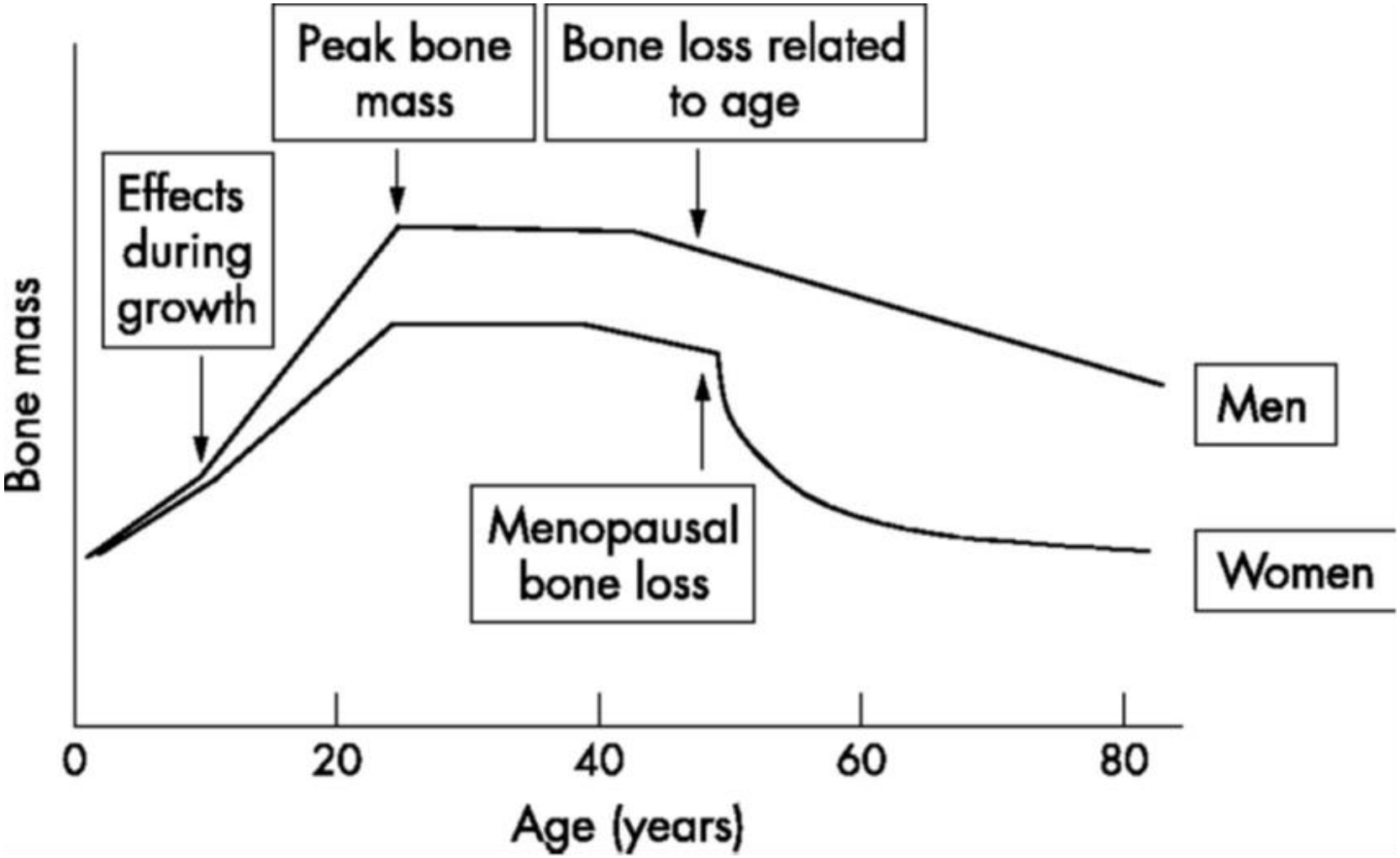
After menopause women catching up with men's risk of heart disease, largest cause of death

How to reduce the risk…

- Aerobic exercise
- Reduce salt intake
- **Keep weight in normal range** (BMI 18.5 - 24.9)
- Stop smoking
- Yoga/Meditation to reduce stress hormones



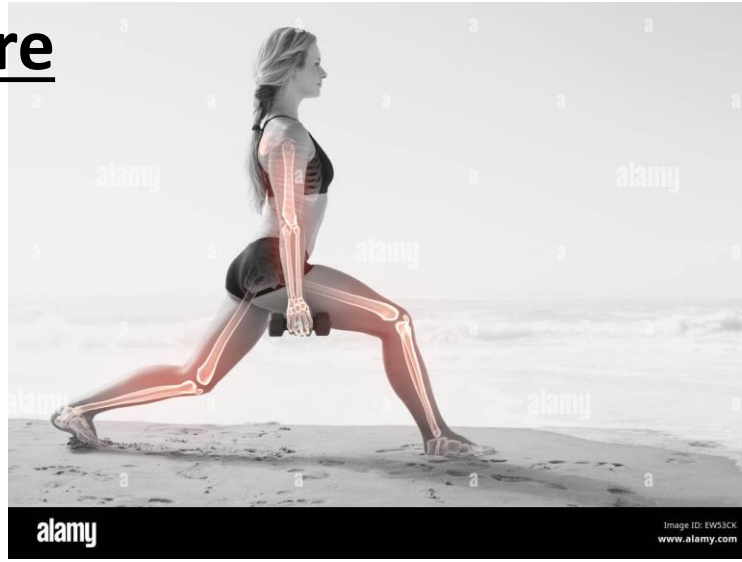
Osteoporosis



The musculoskeletal system – Bones and Muscles

1 in 3 will have fragility fracture,

1 in 6 hip fracture



How to reduce the risk…

- Weight-bearing exercises
- Vitamin D supplements
- Dietary calcium
- Pilates for core strength and flexibility
- Stop smoking

Ageing and frailty

At any age after the menopause, women have **fewer healthy years** ahead then men, despite longer life expectancy

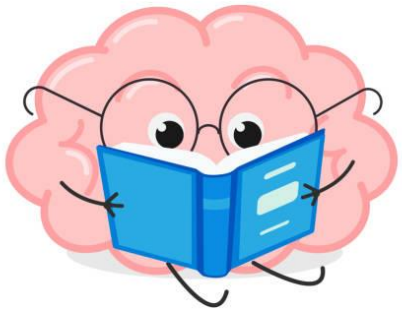
Brain Function…

Good news!!!

The reduction in mental capability appears to be temporary

Things you can try to help…

- Learn and use foreign language
- Use memory aids – lists, apps, stickers
- Don’t panic!



HRT

Hormone Replacement Therapy

(also known as **MHT,** Menopausal Hormone Therapy)

"You need strong medicine to relieve your symptoms. I'm prescribing chocolate."

HRT Principles…

- Replaces hormones no longer produced by ovaries
- Partially reverses menopausal changes
- “Postponing” rather than avoiding menopause
- It is safe to **start** HRT for the majority of women under 60 years,
- The right HRT preparation, in the right woman, has very low overall risks and has significant benefits
- Women under 45 years MUST take hormones to protect their hearts, bones and brains

Oestrogen replacement

Most effective way to treat flushes/night sweats (vasomotor symptoms)

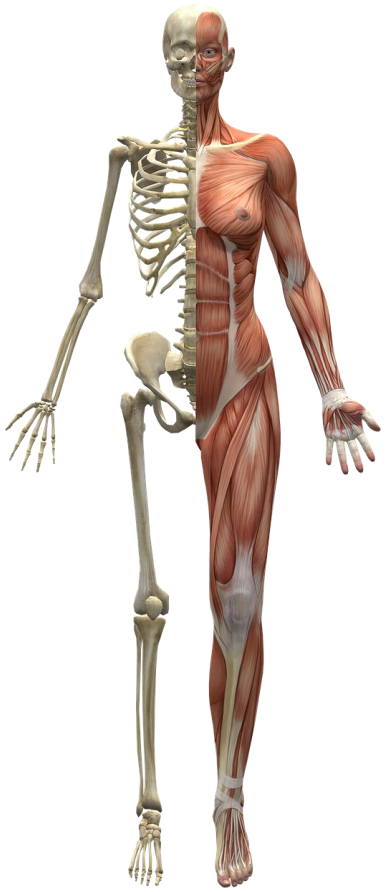
The Heart and Circulation

- Continued protection
  if HRT started early in the menopause,
  reduction in heart attacks (50%)
  and reduced risk if death

- Possibly evidence of “early harm”
  if started more than 10 years
  after final menstrual period

The Bones and Muscles

- HRT = most effective intervention to prevent osteoporosis
- Preserves collagen (cartilage)
- Partially reverses muscle loss



Emotional Symptoms

- HRT = Most effective treatment
- NICE guidelines state…

"Offer HRT first line for vasomotor symptoms and low mood"

Remember, if <u>not</u> caused by lack of oestrogen,

HRT will <u>not</u> improve mood

Known Risks…

- **DVT/PE (Blood clot):**

  Slight increased risk with tablets, no evidence for increased risk with gel/patches/spray

- **Angina/Heart attack:**

  Increased when combined HRT started in older women(>60),

  or with pre-existing heart disease.

  'window of opportunity' within 10 years of menopause

- **Stroke:**

  Increased when HRT started in older women (> 60 years)
  Less with patch/gel/spray

Breast cancer

Understanding the risks of breast cancer

Women's Health Concern

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause: Diagnosis and management November 2015

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 least2½ hours moderate exercise per week

HRT – The Hormones…

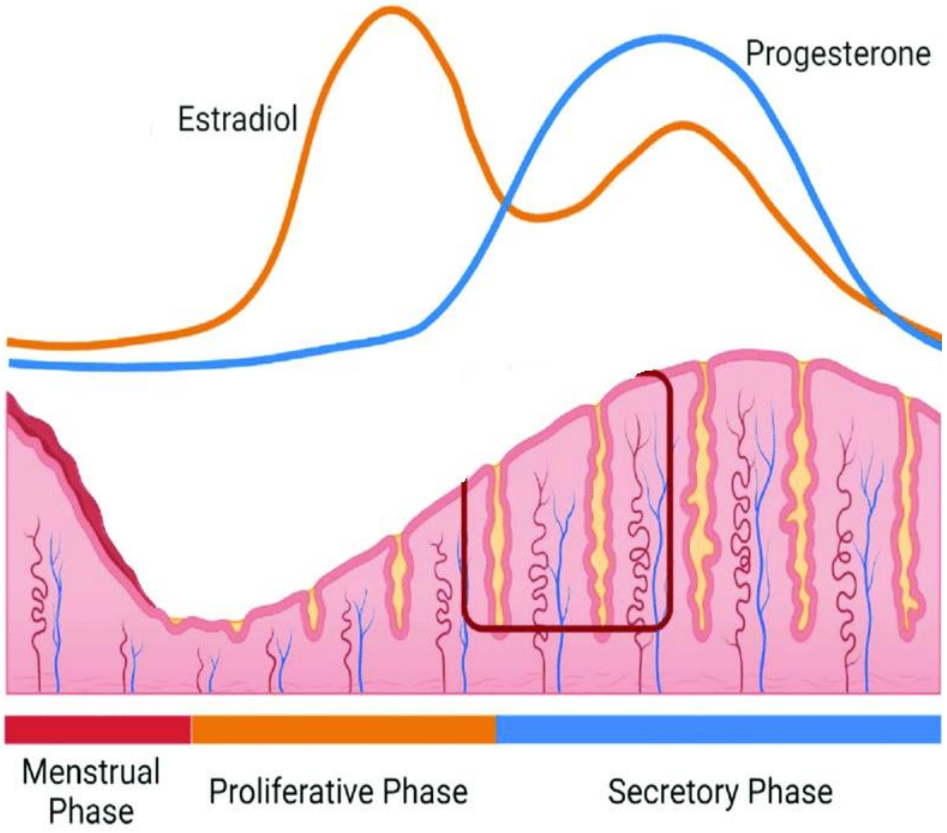
- **Oestrogen** for all the benefits

- **Progesterone** to protect womb lining from overgrowth/cancer

Womb Lining (endometrium) and bleeding

- Oestrogen stimulates growth/overgrowth/cancer

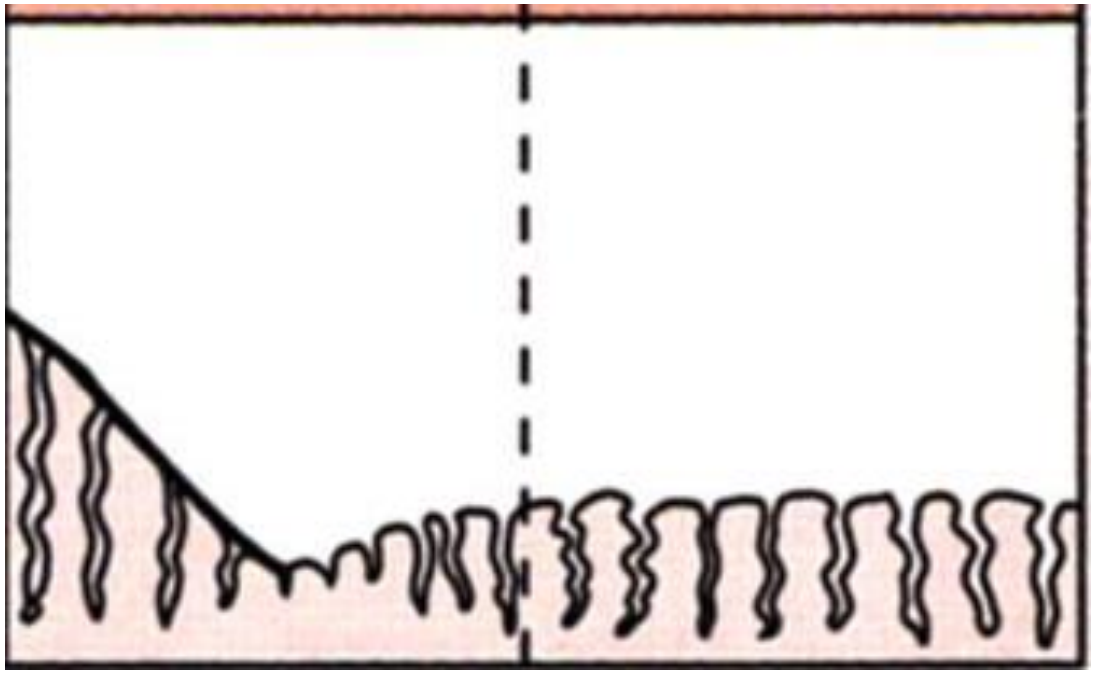
- Natural Progesterone changes tissue



Womb Lining (endometrium) and bleeding

- High dose Progesterone or Synthetic Progestogens

cause flattening

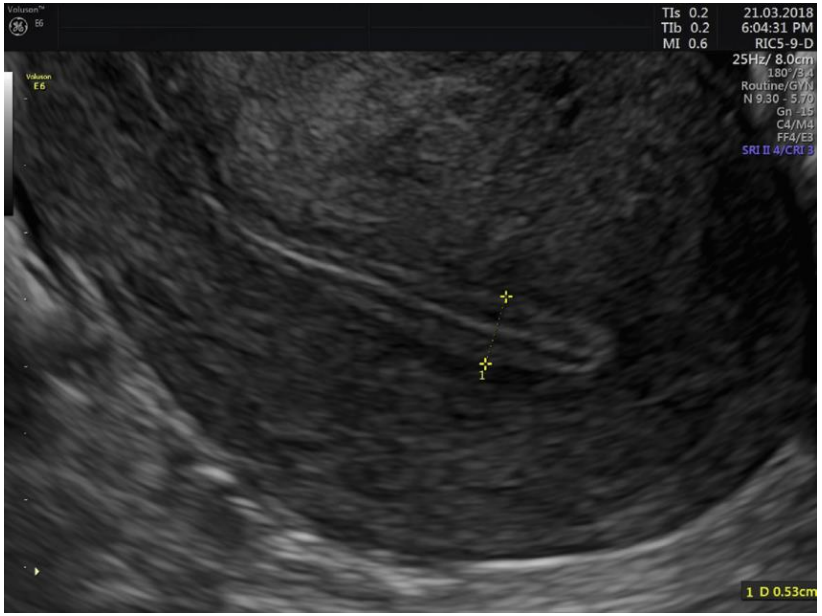


Vaginal Bleeding
Risk assessment

- Overall Oestrogen “Burden”
  - Natural (un-ovulatory cycles)
  - Fat tissue
  - External sources (HRT, “herbal HRT”)
- Protective Progestogens
  - Combined HRT
  - Mirena
  - Progestogen contraceptives

Understanding USS

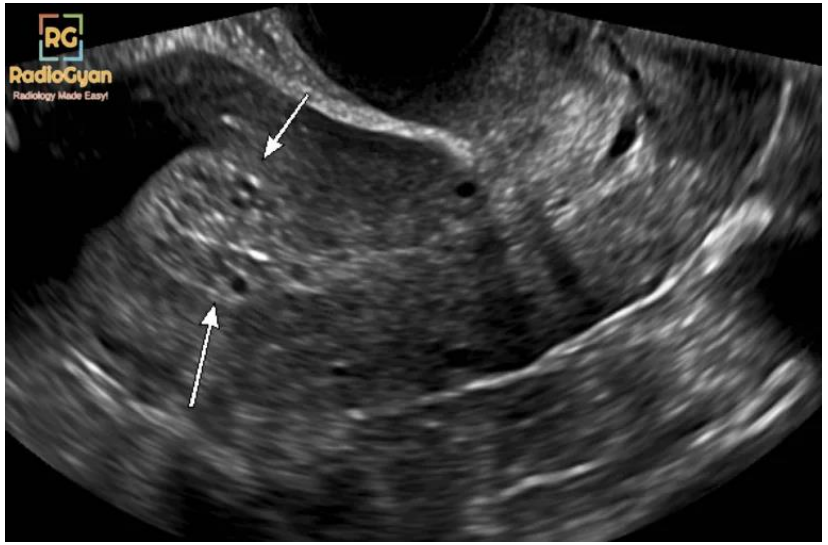
- Shadow image
- Not a diagnosis, just tool for risk assessment



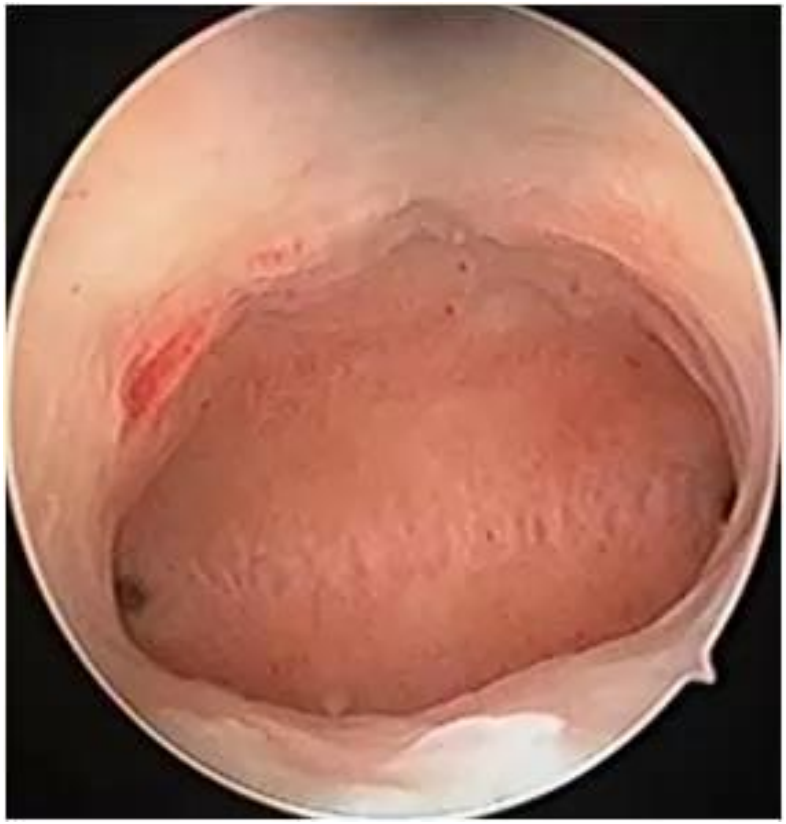
Science:

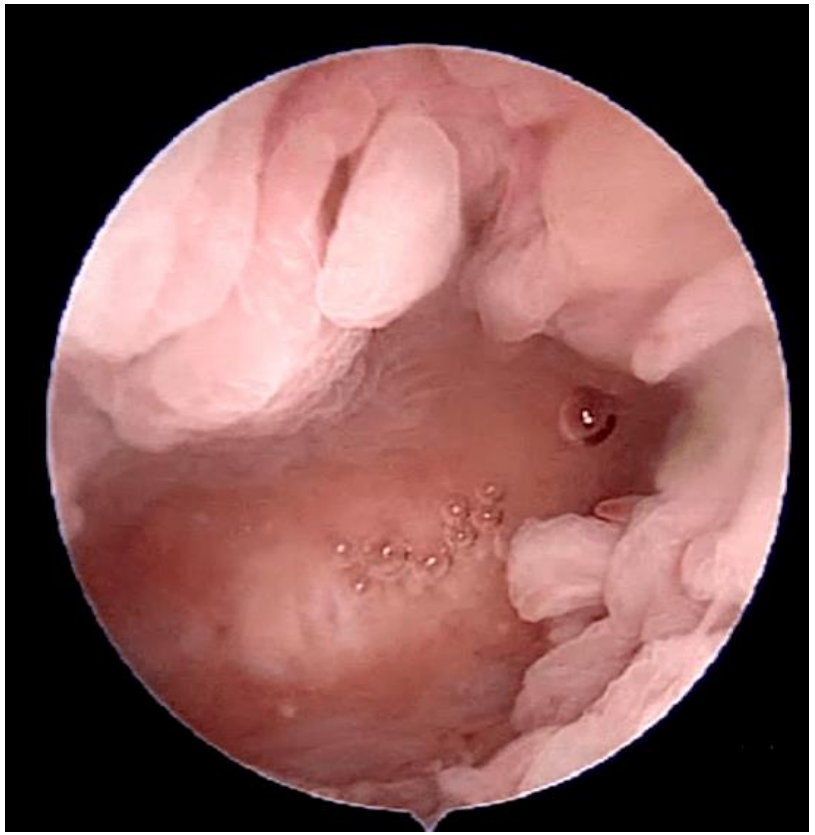
Postmenopausal bleeding,

Very low risk if 4mm or less



Hysteroscopy (Telescope)





Types of HRT


Oestrogel
Pump-pack
750 micrograms/
actuation gel
Estradiol
80 gram
Transdermal Gel
BESINS


Evorel
Sequi
ESTRADIOL/NORETHISTERONE ACETATE
STORE BELOW 25°C
KEEP OUT OF THE REACH AND SIGHT OF CHILDREN
DISPOSAL AFTER USE
SEE PATIENT INFORMATION LEAFLET
Evorel Conti
08/2022
59125


Kliofem® 2 mg/1 mg
film-coated tablets
Estradiol/
3 × 28 film
novo nordisk


Lenzetto
Estradiol
Solución
1.53 mg/dosis


UTROGESTAN® 100 mg
CAPSULES
30 Soft Capsules
(progesterone)
Each capsule contains 100mg micronised progesterone
Also contains soya lecithin.
See leaflet for further information.
Oral use. Read the package leaflet before use.
A medical examination is necessary before and periodically
during the course of treatment.
OXFORD

For Women with a womb

Oestogen and Progestogen

Less than 12 months from last period

Sequential HRT

- Mimicking menstrual cycle
- Patches
- Tablets
- “Tailor made” combinations

More than 12 month from last period or Minipill

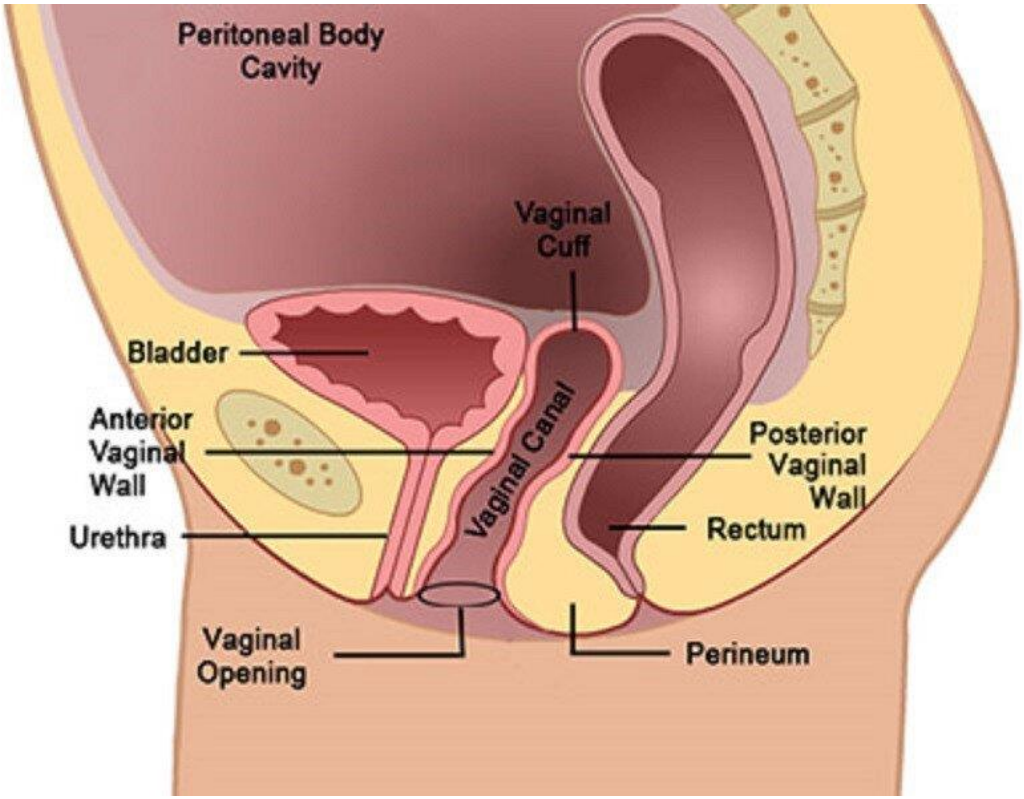
Continuous combined HRT

- “No period”
- Patches
- Tablets
- “Taylor made” combinations

For Women without a womb or with a valid Mirena coil

Oestrogen only replacement

- Patches
- Gel
- Spray
- Tablets



Actual size of Mirena

Side effects

- Unscheduled bleeding,

  common in first 6 months

  no need to investigate unless heavy or increasing

- Unspecific side effects, generally progestogen related

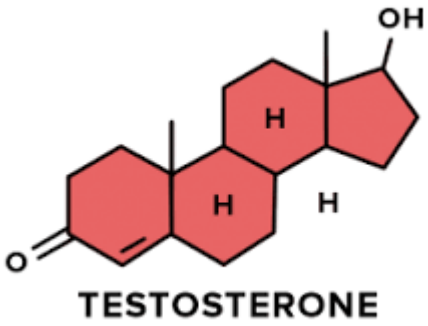
  breast tenderness, fluid retention, effects on mood, headaches and many more

Principles of Use…

- Lowest dose of Oestrogen to control symptoms
- Transdermal (patches/gel/spray) if any additional risk for stroke or blood clot
- Regular review by GP
- No arbitrary time limit
- Risk/benefit assessment
- Wean off rather than stop

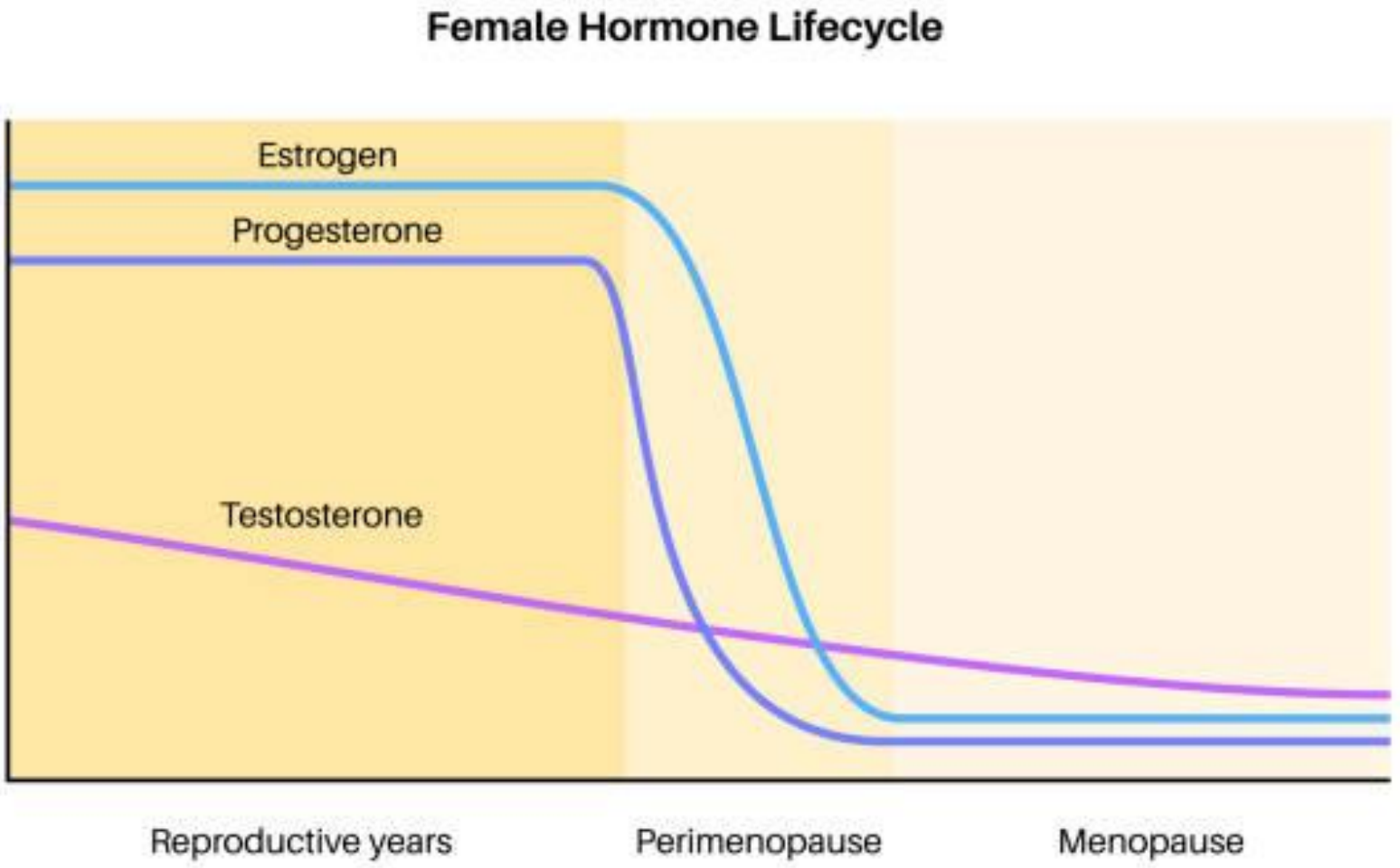
Testosterone

- **Testosterone**



- Helps sex drive
- Helps motivation and optimism, feel brighter and more assertive
- Supports and increases bone density
- Turns fat into muscle
- Helps improve cognitive function

Testosterone



Testosterone supplementation

- Indication: persistent low sex drive (Hypoactive sexual desire disorder, HSDD)
- Insufficient evidence for: low energy, low mood, fatigue or brain fog
- Risks: Skin changes, facial hair growth, deepening of voice, male type baldness, enlargement of clitoris, increase risk of heart disease

Testosterone supplementation

- No “female preparation” licensed in UK
- Unlicensed use of “male” products
  - 1/8 sachet every day
  - One pump every other day
- Blood test monitoring

Testosterone
Indication and limitations

- Considered for women with low sex drive, after exclusion of other causes
  - Medical (dry vagina, pelvic or joint pain amongst many other
  - Relationship problems
  - Medication induced (Fluoxetine and similar)
- Randomised clinical trials of testosterone to date have **not** demonstrated the beneficial effects of testosterone therapy for brain function, mood, energy and musculoskeletal health

Testosterone unwanted effects

- Common:
  - Acne
  - Excess hair growth
  - Weight gain
- Rare:
  - Male pattern baldness
  - Deepening voice
  - Enlargement of clitoris

“Herbal” HRT

- Plant based oestrogens
- Effective for symptoms
- Unknown safety
- <u>No protection of womb lining</u>

Genitourinary Syndrome of Menopause
(late symptoms)

- Vaginal dryness
- Vulval irritation
- Painful intercourse
- Prolapse

- Overactive Bladder
- incontinence
- Recurrent bladder infection

Local Oestrogen for dry vagina and urinary symptoms

- Start at any age
- Use long-term
- No concern about Cancer
- Cream with applicator (Ovestin)
- Oestradiol 10mcg pessarie
- Estring vaginal delivery ring. (for women who cannot insert pessary or applicator)

Prescribable alternatives to HRT
generally more side effects

- Clonidine – Blood pressure drug
- Gabapentin / Pregabalin
- SSRI (Antidepressants)
  (Fluoxetine, Citalopram, Sertraline, Paroxetine)
  adverse effect on sexual function do **not use with Tamoxifen**
- Venlafaxine safest with Tamoxifen

Can all cause dependence

CBT better than any of the above

Fezolinetant

- New Drug for Hot Flushes only
- Statistically significant improvement
- Clinically not significant improvement

  not meeting minimum clinically important difference (MCID)
- Small improvement only, but large number of patients
- Not yet endorsed by NICE/available on NHS

Summary

- Menopause – overrated
- HRT optional – exercise mandatory
- HRT generally suitable and safe to start in women < 60 years
- HRT first line for flushes and low mood
- HRT best for prevention of osteoporosis
- Preferred route for Oestrogen patch/gel/spray
- No arbitrary time limits
- Local oestrogen for (almost) any woman, any age
- Testosterone not quite living up to expectations

Any Questions?

Further Information…

- www.womens-health-concern.org
- www.menopausematters.co.uk
- www.managemymenopause.co.uk

Women's Health Concern

BMS British Menopause Society

HRT and Medical conditions

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HRT and Medical conditions

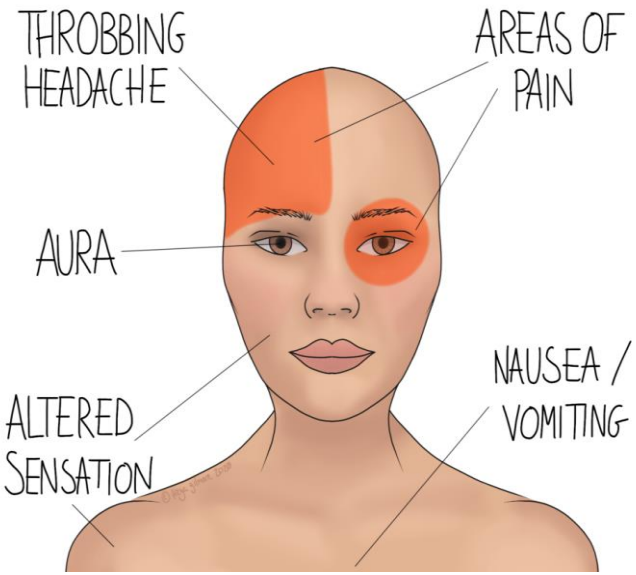
- MS (multiple sclerosis)
- Migraine
- Endometriosis
- Breast cancer
- Genetic predisposition to cancer
- HRT after cancer treatment

MS

- More common in women
- Disability worse in men
- Postmenopausal women tend to develop "male type" disease pattern
- HRT will improve menopausal symptoms
- HRT may improve MS (Neuro-protective effect), but evidence lacking

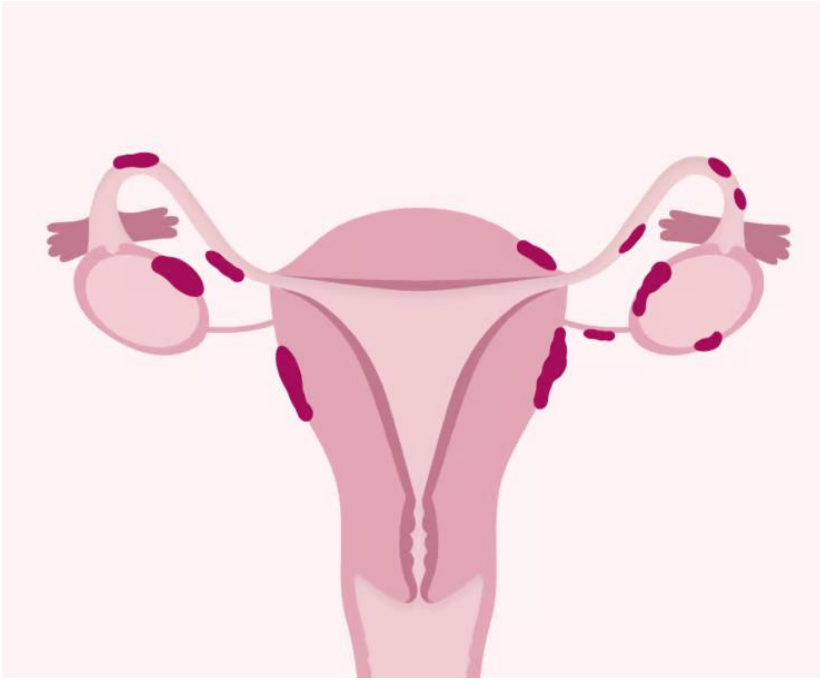
Migraine with Aura

- Often related to menstrual cycle, hence improvement with declining ovarian function
- COCP (combined pill) contra-indicated because of risk of stroke
- HRT not contraindicated
- Preferred route gel/patches/spray
- May need to avoid sequential (period inducing) HRT



Endometriosis

- Womb lining (Endometrium) outside the womb
- Responding to hormones in the same way as inside the womb
- “Cured” by Menopause
- Potentially re-activated by HRT



HRT choices - Endometriosis

- Tibolone
  - Highest risk of bloodclot
- Desogestrel and Oestrogen
  - Not licensed, but works well
- Mirena and Oestrogen
- Continuous combined, even after Hysterectomy

HRT after breast cancer

- Generally contra-indicated even with triple negative cancer
- Exceptions to be discussed with Oncologist rather than Gynaecologist
- Tamoxifen protects bones
- Vaginal Oestrogen does not increase risk
  - Exception: Women on Aromatase inhibitor

BRCA 1/2 gene and HRT

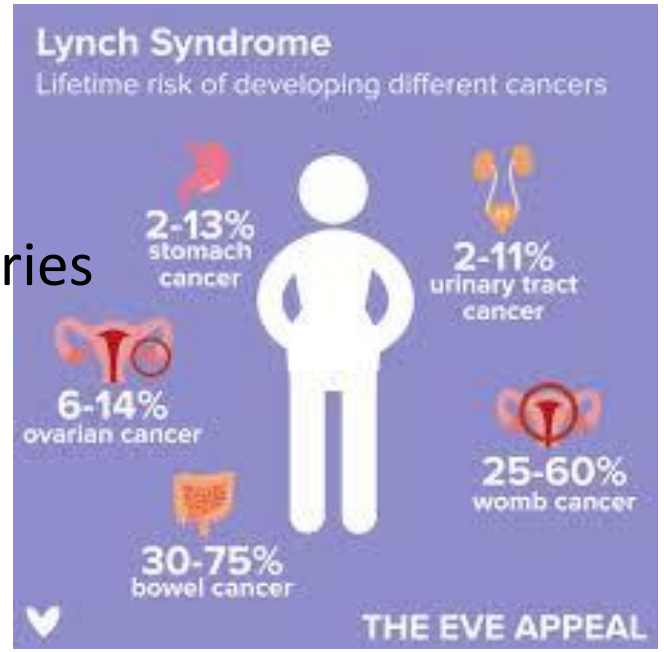
- Increased risk of breast and ovarian cancer
- Risk-reducing surgery (removal of ovaries +/- hysterectomy/mastectomy)
- HRT recommended until natural age of menopause
- No restrictions on vaginal Oestrogen

Lynch syndrome and HRT

- Increased risk of cancers

- Risk reducing surgery
  Hysterectomy with removal of tubes and ovaries once family complete

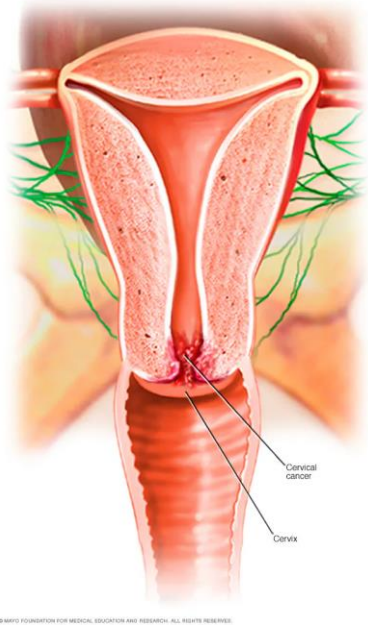
- HRT recommended until age 50, optional thereafter

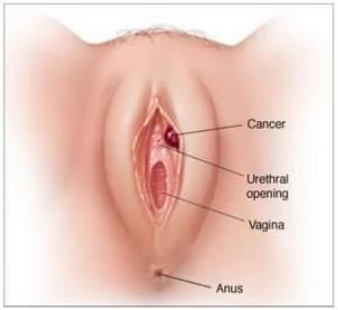


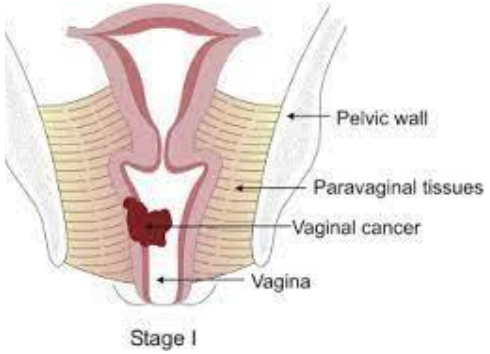
HRT after Gynaecological cancer

Cervix, Vagina, Vulva

- HPV related – **not** hormone
- No restrictions on HRT use
- HRT recommended until at least age 50
  if removal/destruction of ovaries



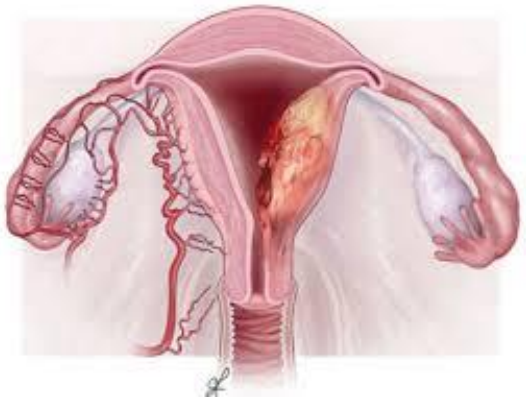




HRT after Gynaecological cancer
Uterine (Lining of womb)

Oestrogen dependent cancer

- Low/Intermediate risk cancer after surger
  Limited evidence, appears safe
- High risk/Advanced cancer: Contra-indicat
- Tamoxifen induced cancer: Switch medica



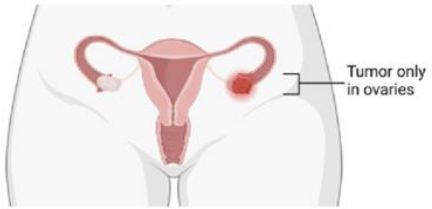
- Vaginal Oestrogen generally regarded as safe

HRT after Gynaecological cancer

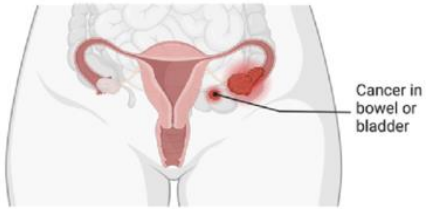
Ovary

Depends on
- type of cancer
- stage of cancer

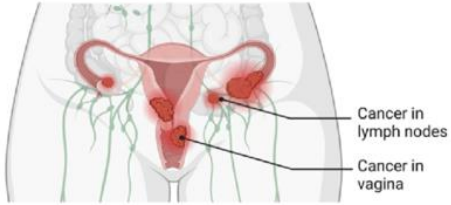
Stage 1 | Cancer is confined to one or both ovaries.



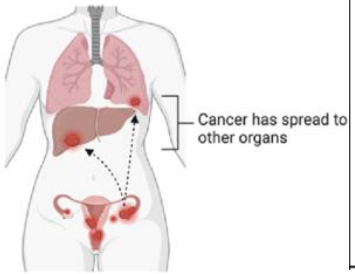
Stage 2 | Cancer spread within the pelvic region.



Stage 3 | Cancer spread to other parts of the abdomen.



Stage 4 | Cancer is growing beyond the abdomen in other parts of the body.



Primary Cancer	Subtype or Risk Group	Systemic HRT
Ovarian Fallopian tube Primary peritoneal	High grade serous	
	Low grade serous stage 1	
	Low grade serous stage 2+	
	Endometrioid stage 1	
	Endometrioid stage 2+	
	Clear cell	
	Mucinous	
	Granulosa cell stage 1	
	Granulosa cell stage 2+	
	Germ Cell	
	Borderline tumour: No residual disease	
	Borderline tumour: Peritoneal implants, microinvasive disease, residual disease, recurrence	


MAY I ASK A QUESTION?