

# ***HRT***

## ***Does it have a future ?***

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# *SYMPTOMS*

- 52% vs 48% -



# ***SYMPTOMS -***

- Early
  - Vasomotor / Psychological / Menstrual
- Intermediate ( **VVA**)
  - Urogenital ( Dys / Urgency/Incon) / Skin
- Late
  - Osteoporosis
  - ( ?CVS / ?STROKE / dementia)
- Sexual -
  - ↓libido

# *Diagnosis*

- Symptoms
- Investigations ( not recommended above 50years)
  - ↑ FSH ( > 30 ) -
  - normal- E ( > 150 -300ngm)

# *HRT - Indications*

- Every women's right? –
  - **SYMPTOMS : \*\*\*\***
- Vasomotor – quality of life
- **VVA**
- Bones ( **No role in prophylaxis Rx**)
- Urogenital ( Urge & Stress)
  - *urinary symptoms - 12 months & systemic*

# *Vasomotor symptoms*

- Insomnia / Night Sweats /Hot flushes
- Mood changes – irritable/tired/depressed
- **LIFE STYLE CHANGES – Difficult**
  - Outdoor/ yoga/ food
- CBT/ Clonidine /Gabapentin /  
Antidepressants use limited ??

*Waiting for the future  
developments*

# VVA

- Chronic / lack of care / skin
- Significant impact on QOL
  - Sexual dysfunction 60%
  - Itching / Irritation – 40%
  - Sleep affection – 35%
- Local treatments DHEA ( androgen metabolites / E2 & androgen)



# *VVA – Local Treatments*

- Local emollients
- Local Oestrogen
- DHEA ( androgen metabolites – pessaries – daily ) – gets oestrogen & androgens
- Laser – ? NHS

# *Urinary Symptoms & Libido*

- Local creams & oestrogen
- Specific treatment to urgency & incontinence
- General Measures

# *Future*

- Symptomatic – Yes
- Bone ?
- Prophylactic – *very limited*
- Dose - micro

# *Regimes -HRT*

- Sequential
- Continuous combined ( E + P)
- Period free – tibolone
- Hysterectomised : Oestrogen only
- SERM

# ***ROUTES - When?***

- **Oral - 1 - 2 mg**
- **Transdermal patches- 50 mcg/ 25 mcg**
- **Transdermal gel -1 - 5 gm**
- **Uterine**
- **VAGINAL :**
  - **Local vag creams, tabs & Ring**

# *Breast & HRT -*

**Combined** – per 1000

- >50 yrs - **↑by 6 per (5yrs) & ↑ 24(10yrs)**
- >60 yrs- **↑ by 9 per (5yrs) & ↑ 36 (10 yrs ) )**

**Oestrogen**

- > 50 yrs - **↑by 2 ( 5 yrs) & 6 ( 10yrs)**
- >60 yrs - **↑by 3 ( 5 yrs) & 9 ( 10 yrs)**
- **risk ↓after stopping & disappears after 5 years ( NO NO NO )**
- **Risk ↑ higher if Rx started after menopause**

# *RECENT Information –Aug19*

- Risk of breast cancer is increased during use of **all types** of HRT, except vaginal oestrogens (**VVA**)
- have also shown that an excess risk of breast cancer **persists for longer** after stopping HRT than previously thought
- Prescribers of HRT should discuss the updated **total risk with women using HRT** at their next routine appointment

# *Statistic – Breast & HRT –*

- < 1 year – no risk
- Local – No risk (VVA)
- 5 years use :
  - 63/1000 ( all population )
  - E2 – 68 / 1000 ( ↑ 5 )
  - Combined – sequential – 77/1000 ( ↑14 )
  - CC – 83/1000 ( ↑ 20 )
- 10 years use - DOUBLE



## *Breast Recent 2*

- only prescribe HRT to relieve post-menopausal symptoms that are **adversely affecting** quality of life and **regularly review** patients using HRT to ensure it is used for the **shortest time** and at the **lowest dose**
- remind current and past HRT users to be vigilant for signs of breast cancer and encourage them to attend for **breast screening** when invited

# *Premature Menopause < 40 years*

- No information on increased risk
- MHRA TABLE

# ***FUTURE – Not brighter!***

- **Low dose ( 100→ 75→ 50→ 25 →)  
25 mcg**
- **Ultra low dose – 12.5 mcg**
- **Testosterone patches**
  - **Surgical menopause**
  - **Concomitant E2**
  - **Max 1 yr**

## *HRT & the law*

- 1000 claims against GPs – 9 claims were related to HRT

# ***SUMMARY - 1***

- History /Examination
- Routes - oral or not
- **LOW DOSE \*\*\***
- Types -
  - type of progestogen
- **FOLLOW UP-**
- **MOST RISKS** remains for at least 10 to 15 years

# *Summary 2 –facts*

- **CHD** - ↑7 /10,000
- **Breast carcinoma** -↑ 8/10,000
- **Stroke** - ↑ 8/10,000
- **VTE** - ↑ 7-10/1000
- **Ovarian** - ↑
- **Endometrium** - ↑ ( E2)
  
- **Colorectal carcinoma** -↓ 6 /10,000
- **Hip fracture** - ↓ 8/10,000

## *Summary -3*

- Short term benefit for most women
- **DEFINED OBJECTIVES -VVA**
- Thorough regular review even after stopping HRT
- If necessary change to different route or group
- Individualised treatment

# ***PRIMARY CARE SET UP\*\*\*\****

- Monthly clinic – Regional / Local ( Primary care)
- Team
- Corporate support
- Develop into WWC
- **THINKING CAP**



# ***CASE SCENARIO - 1***

- 29 with Premature Ovarian failure - requires HRT

***QUESTION TIME ????***

**THANK YOU**

