

North East, North Cumbria Menopause resources:

HRT

What should I know about hormone replacement therapy (HRT)?

There are a few key issues that you will want to explore with your GP if you are having thoughts about trying HRT because your symptoms are affecting your daily life. You should prepare your questions for your GP or nurse and expect a discussion which helps you to make your own decision. (See the advice sheet on 'Your GP appointment').

- **HRT is made up to 2 hormones;** Estrogen and Progesterone. If you have a uterus (womb) you will need progesterone and estrogen. This is because you need to protect the lining of your womb just as you did when you had periods and had a bleed. If you do not have a uterus/womb any longer (if you have had a hysterectomy), you only need estrogen.
Mention to your GP if you had endometriosis as your GP may want to consider your treatment with this in mind.
 - The third hormone that we might think about is testosterone as this is also reduced in our bodies through menopause. This is for you to consider if you struggle with low libido/low sex drive *after you have started on HRT*. (See NICE guidance on this if this applies to you). Estrogen has to be in place before this can be considered though, so it is important to discuss with your GP/Nurse.
- **Can I have a blood test to confirm menopause?** A blood test is not needed in a healthy person of 45 years and over. (see NICE guidance¹). This is because your hormone levels rise and fall across your 28 day menstrual cycle and the hormone levels would not be reliable.
- **What should I expect or ask for if I want to talk about HRT?** You should expect a discussion that places your views and preference at the centre. You may want to do some research before your GP appointment. The risks of taking HRT are very low and even lower when we take body identical hormones taken through our skin (transdermal), such as gels, sprays, patches or creams; Eg. Estrogel, Sandrena, Estradot, Evorel, Utrogestan.
- **Can I take HRT if I am still having periods?** Yes, you can take HRT for the relief of menopausal symptoms if this is your choice.
- **I am not sure HRT will help my symptoms.** If you want to try HRT, why not try a 3 month trial and monitor your symptoms over that time. You could start by recording your

¹ [Diagnosing menopause | Information for the public | Menopause: diagnosis and management | Guidance | NICE](#)

most difficult 3 symptoms and how well you sleep. You can review your list after 3 months of taking the HRT and determine if the HRT is right for you. GPs will usually be keen to give it 3 months before you have a review. Balance the need for a bit of trial and error. For example, you may find some relief which could indicate your treatment can be tweaked to achieve better control of your symptoms; HRT is very individual.

- **HRT doesn't seem to be working.**
 - Consider trying a different method of application – are you absorbing the one you've been trying? Women of colour may find that absorption through a patch or gel needs some tweaking to find the right medication and dose for them. Even patches can vary between manufacturers, so try another one.
 - Consider a different place to apply it – could you try moving the place it sticks and even a different time of day. Try a change for a few months before you rule that one out so that you can fully evaluate the alternative. Remember clothing and moisturisers can interact. Ensure skin is clean and dry before application.
 - Progesterone changes can also be made, so may be an issue especially if you struggled with Progesterone in earlier years, such as premenstrual low mood. Mention this to your GP if you struggled in the past. Progesterone can be given in various way; Mirena coil, or vaginally – ask your GP/Nurse about alternatives.
 - If you continue to have symptoms, discuss your dose. If you need relief from problematic symptoms that seem persistent, trial and error is they key (remember an annual pre-payment for prescriptions covers all payments for a year so you will not be charged to change your prescriptions.

- **I can't have HRT.** There are a number of conditions that are assumed not to be compatible with HRT – this is being updated and resolved with research and advice is changing.
 - Check the advice specifically on clots, migraines and cancers that are not 'estrogen receptive' – discuss with your GP and manage your own risk, however small, with an informed choice.
 - New medication, a daily pill known as Veoza or Fezolinetant has been licensed to alleviate hot flushes/night sweats. This is currently available in private clinics and will be reviewed by NICE for consideration of NHS supply (expected early 2024).

- **When do I stop HRT?** With oversight from your GP you could stop and see how you feel if you want to. There's no need to stop if you feel better on it. For some, symptoms don't subside (or stay the same). If this happens you might consider HRT for longer and think about it again later (if you want to stop HRT). Many women feel confident and well, so they continue on their HRT without plans to stop. This is a personal choice based on your personal risk factors.