**A summary of the risks and benefits of hormone replacement therapy (HRT).**

All women are unique, and every woman’s experience of the menopause is different. When trying to decide whether to take HRT, it is important to be aware of the pros and cons, in order to be able to make an informed decision. This leaflet summarises the risks and benefits of HRT.

**Risks associated with taking HRT**

**Breast cancer.** Many women are concerned that HRT might increase the risk of breast cancer. In 2002, the WHI study was published in the Lancet, suggesting that HRT ‘might’ increase the risk of breast cancer. Sadly, this lead to significant fear and confusion and many women stopped taking their HRT. Doctors stopped prescribing HRT. However, it is has since been shown that this study had major flaws. We now know that oestrogen-only HRT actually decreases the risk of breast cancer. It is important that women with a womb take progesterone alongside oestrogen to protect their endometrium (the lining of the womb). Doctors used to prescribe synthetic progesterone, which is associated with a very small increased risk of breast cancer – 1 additional case per 1000 women taking HRT per year. This is similar to the risk of breast cancer associated with the pill. It is significantly lower than the risk of breast cancer due to being overweight (5 additional cases per year). Nowadays, doctors prescribe body-identical progesterone (Utrogestan). Utrogestan does not increase the risk of breast cancer for the first six years. Thereafter there is a small increased risk, which is less than the risk associated with the older, synthetic progesterone. Importantly, no study has ever shown an increased risk of breast cancer death in women taking HRT.

Women often gain weight after the menopause. Reasons include: fatigue and loss of motivation to exercise, changes in metabolism and body fat distribution, joint and muscle aches and pains. Many of these symptoms are related to hormone deficiency. Hormone replacement in women who are overweight can reduce symptoms, enabling women to exercise and facilitating weight loss. This will lead to a net reduction in breast cancer risk, as well as reducing the incidence of other chronic health conditions (such as heart disease and diabetes).

**Blood clots.** Transdermal oestrogen (oestrogen gel, patch or spray) does not increase the risk of blood clots. Even women who suffer from migraine, or who have had a previous blood clot, can safely use transdermal oestrogen.

Oral oestrogen and synthetic progesterone have a small increased risk of blood clot, about half the risk associated with taking the pill or from being pregnant.

**Benefits of taking HRT**

In addition to relief from incapacitating menopausal symptoms, which can last for many years, HRT also has a number of long-term health benefits.

**Dementia.** Dementia is the leading cause of death in women in the UK. Alzheimer’s disease is twice as common as breast cancer, and there is no cure. A study published in 2021 demonstrated that HRT reduces the risk of dementia by 57%, and by 79% if HRT is taken for more than 6 years. The benefit was greater in women prescribed body-identical HRT and transdermal oestrogen.

**Ischaemic heart disease.** Cardiovascular disease kills 7 times more women than breast cancer each year. HRT started within 10 years of the menopause halves the risk of cardiovascular disease.

**Osteoporosis.** Thenumber of women who die following an osteoporotic hip fracture each year is about the same as the number of women who die from breast cancer. Osteoporosis is also associated with significant pain, loss of mobility and loss of independence. HRT reduces the risk of an osteoporotic hip fracture by 20-30%.

**Other benefits.** Other benefits include reduced risk of depression, diabetes, osteoarthritis, colorectal cancer and Covid-19 (HRT reduces the risk of death from Covid-19 by more than 50%).

Overall, it can be seen that when started within 10 years of the menopause, or under the age of 60, the benefits of HRT will greatly outweigh the risks for most women. Please speak to your doctor if you are still unsure if this is the right decision for you.

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