Soheil A. Hanjani, MD, FACOG, FACS

Obstetrics & Gynecology

830 Oak Street, Suite 201W
Brockton, MA 02301
(508) 583-4961
Fax (508) 583-4732
Soheil.Hanjani@Steward.org

Hormone Replacement Therapy

Menopause is the time in a woman's life when she naturally stops having menstrual periods. Menopause marks the end of the reproductive years. The average age of menopause for women in the United States is 51 years. Most women enter a transitional phase in the years leading up to menopause called perimenopause. Perimenopause is a time of gradual change in the levels of estrogen, a hormone that helps control the menstrual cycle. Changing estrogen levels can bring on symptoms such as hot flashes and sleep changes. To manage these symptoms, some women may choose to take hormone therapy.

Perimenopausal Signs and Symptoms - The signs and symptoms that many women experience during perimenopause are caused by gradually decreasing levels of estrogen. You may have only a few symptoms, or you may have many. Symptoms may be mild, or they may be severe.

Changes in Your Menstrual Cycle - A common sign of perimenopause is a change in your menstrual cycle. They usually become further apart. Although changes in menstrual bleeding are normal as you approach menopause, you still should report them as abnormal bleeding may be a sign of a problem.

Although the removal of the uterus (a hysterectomy) ends menstrual periods, it does not cause menopause unless the ovaries also are removed. This type of surgery is called an oophorectomy. An oophorectomy causes immediate menopause signs and symptoms if it is done before a woman reaches menopause.

Hot Flashes - Hot flashes are one of the most common symptoms of perimenopause. A hot flash is a sudden feeling of heat that spreads over the face and body. The skin may redden like a blush. You also may break out in a sweat. A hot flash may last from a few seconds to several minutes or longer. Hot flashes are not harmful, but they can be distressing, sometimes are embarrassing and may interfere with daily life. Some women have hot flashes a few times a month. Others have them several times a day. Hot flashes that happen at night (night sweats) may wake you up and cause you to feel tired and sluggish during the day.

Vaginal and Urinary Tract changes - As estrogen levels decrease, changes take place in the vagina. Over time, the vaginal lining gets thinner, dryer, and less elastic. Vaginal dryness may cause pain during sexual intercourse. Vaginal infections also may occur more often.

In the urinary tract, the urethra can become dry, inflamed, or irritated. Some women may need to urinate more often. Women may have an increased risk of urinary tract infections after menopause.

Bone Changes and Osteoporosis - Bones are constantly changing throughout life. Old bone is removed in a process called resorption. New bone is built in a process called formation. During the teen years, bone is formed faster than it is broken down. The amount of bone in the body (sometimes called the "bone mass") reaches its peak during the late teen years. In midlife, the process begins to reverse: Bone is broken down faster than it is made. A small amount of bone loss after age 35 years is normal for men and women. But during the first 4–8 years after menopause, women lose bone more rapidly. This rapid loss occurs because of the decreased levels of estrogen. If too much bone is lost, it can increase the risk of osteoporosis. Osteoporosis increases the risk of bone fracture. The bones of the hip, wrist, and spine are affected most often.

Types of Hormone Therapy - Hormone therapy can help relieve the symptoms of perimenopause and menopause. Hormone therapy means taking estrogen and, if you have never had a hysterectomy and still have a uterus, progestin. Progestin is a form of progesterone. Taking progestin helps reduce the risk of cancer of the uterus that occurs when estrogen is used alone. If you do not have a uterus, estrogen is given without progestin. Estrogen plus progestin sometimes is called "combined hormone therapy" or simply "hormone therapy." Estrogen-only therapy sometimes is called "estrogen therapy."

Systemic Therapy - Hormone therapy can be either "systemic" or "local." These two terms describe where and how the hormones act in the body. With systemic therapy, the hormones are released into your

bloodstream and travel to the organs and tissues where they are needed. Systemic forms of estrogen include pills, skin patches, and gels and sprays that are applied to the skin. If progestin is prescribed, it can be given separately or combined with estrogen in the same pill or in a patch.

For women taking estrogen-only therapy, estrogen may be taken every day or every few days, depending on the way the estrogen is given. For women taking combined therapy, there are two types of regimens:

Cyclic therapy: Estrogen is taken every day, and progestin is added for several days (usually 1-14days) each month.
Continuous therapy: Estrogen and progestin are taken every day.

Local Therapy - Women who only have vaginal dryness may be prescribed “local” estrogen therapy in the form of a vaginal ring, tablet, or cream. These forms release small doses of estrogen into the vaginal tissue. The estrogen helps restore the thickness and elasticity to the vaginal lining while relieving dryness and irritation.

Benefits of Hormone Therapy: Systemic estrogen therapy (with or without progestin) has been shown to be the best treatment for the relief of hot flashes and night sweats.
Systemic and local types of estrogen therapy relieve vaginal dryness.
Systemic estrogen protects against the bone loss that occurs early in menopause and helps prevent hip and spine fractures.
Combined estrogen and progestin therapy may reduce the risk of colon cancer.

Risks of Hormone Therapy: Hormone therapy may increase the risk of certain types of cancer and other conditions:
Estrogen therapy causes the lining of the uterus to grow and can increase the risk of uterine cancer. Adding progestin decreases the risk of uterine cancer.
Combined hormone therapy is linked to a small increased risk of heart attack. This risk may be related to age, existing medical conditions, and when a woman starts taking hormone therapy. Some research suggests that for women who start combined therapy within 10 years of menopause and who are younger than 60 years, combined therapy may protect against heart attacks. However, combined hormone therapy should not be used solely to protect against heart disease.
Combined hormone therapy and estrogen-only therapy are associated with a small increased risk of stroke and deep vein thrombosis (DVT). Forms of therapy not taken by mouth (patches, sprays, rings, and others) have less risk of causing DVT than those taken by mouth.
Combined hormone therapy is associated with a small increased risk of breast cancer. Women with a history of breast cancer should avoid hormones.
There is a small increased risk of gallbladder disease associated with estrogen therapy with or without progestin. The risk is greatest with forms of therapy taken by mouth.

Side Effects: Combined hormone therapy may cause vaginal spotting. Some women may have heavier bleeding like that of a menstrual period. If you are postmenopausal, it is report any bleeding. Although it is often an expected side effect of hormone therapy, it also can be a sign of endometrial cancer. All bleeding after menopause should be evaluated.
Other side effects reported by women who take hormone therapy include fluid retention and breast soreness. This soreness usually lasts for a short time.

Current Recommendations: Hormone therapy can help relieve some of the symptoms that affect women at menopause. However, it is important to weigh the benefits and the risks for your individual situation. In general, hormone therapy use should be limited to the treatment of menopausal symptoms at the lowest effective dose for the shortest amount of time possible. Continued use should be reevaluated on a yearly basis.

Follow-up: If you choose to take hormone therapy, regular follow-up is important. Your need to take hormone therapy may change. Benefits and risks also may change over time.