



# HRT – TIPS FROM NICE GUIDELINES(2015), BENEFITS AND RISKS

Wednesday 21<sup>st</sup> November 2018  
Dr Rukhsana Hussain

# NICE: Menopause, Diagnosis and Management – from Guideline to Practice

## Top Ten Tips



- 1** Do not use FSH for diagnosis in women > 45
- 2** Offer women HRT as first line treatment for vasomotor symptoms and low mood/anxiety related to menopause after discussing the short-term and longer-term benefits and risks
- 3** Consider CBT to alleviate low mood or anxiety that arise as a result of the menopause
- 4** Offer vaginal oestrogen to women with urogenital atrophy (including those on systemic HRT) and continue treatment for as long as needed to relieve symptoms
- 5** Offer women who are stopping HRT a choice of gradually reducing or immediately stopping treatment. There is no arbitrary time limit.



**6**

Women with POI should be advised to continue HRT until at least the age of natural menopause

**7**

Consider transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m<sup>2</sup>

**8**

HRT does not increase cardiovascular disease risk when started in women aged under 60 years

**9**

Any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT

**10**

Refer women to a healthcare professional with expertise in menopause if:

- > treatments do not improve their menopausal symptoms
- > they have ongoing troublesome side effects
- > they have contraindications to HRT
- > there is uncertainty about the most suitable treatment options for their menopausal symptoms.

<https://thebms.org.uk/wp-content/uploads/2016/04/NICE-Menopause-Diagnosis-and-Management-from-Guideline-to-Practice-Top-Ten-Tips.pdf>



# CONTRAINDICATIONS TO HRT <sup>2</sup>

- **Active arterial thromboembolic disease (e.g. angina or myocardial infarction)**
- Active thrombophlebitis
- Dubin-Johnson syndrome (or monitor closely)
- **History of breast cancer**
- **History of recurrent venous thromboembolism (unless already on anticoagulant treatment)**
- **Oestrogen-dependent cancer**
- Recent arterial thromboembolic disease (e.g. angina or myocardial infarction)
- Rotor syndrome (or monitor closely)
- **Thrombophilic disorder**
- **Undiagnosed vaginal bleeding**
- Untreated endometrial hyperplasia
- **Venous thromboembolism**



# BENEFITS OF HRT<sup>3</sup>

For the treatment of menopausal symptoms the benefits of short-term HRT (less than 5 years) outweigh the risks in the majority of women, especially in those aged under 60 years.

## **Proven benefits**

- Control of menopausal symptoms – use as long as it is felt that the benefits and improvement in quality of life outweigh the risks
- Maintenance of Bone Mineral Density and reduced risk of osteoporotic fractures. Benefits reduce once treatment stops. HRT is licensed for osteoporosis prophylaxis.
- Limited evidence suggesting that HRT may improve muscle mass and strength



- **CVD** risk is NOT increased when starting HRT in women **under 60**.
- **Stroke** - There appears to be a small increased risk of stroke with oral but not transdermal HRT but baseline risk in women under 60 is very small.
- **Diabetes** – HRT does not affect risk of developing diabetes and is unlikely to affect glucose control.
- **Dementia** – The likelihood of HRT either reducing or increasing the risk of dementia is unknown.





# RISKS WITH HRT – BREAST CANCER<sup>3</sup>

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 least 2½ hours moderate exercise per week**



<https://thebms.org.uk/wp-content/uploads/2016/04/WHC-UnderstandingRisksofBreastCancer-MARCH2017.pdf>

# RISKS WITH HRT – BREAST CANCER<sup>4</sup>

- **Women aged 60- 69**

Oestrogen only HRT for 5 years – additional 3 cases per 1000 women

Combined HRT for 5 years – additional 9 cases per 1000 women

- Mortality is not increased<sup>3</sup>
- Risk returns to baseline after stopping HRT suggesting HRT acts as a promoter not an initiator for breast cancer<sup>3</sup>
- There is **no** increased risk of breast cancer in women who take HRT under the age of 50 years.<sup>5</sup>





# RISKS WITH HRT – VTE<sup>4</sup>

- 2-3 x background risk with oral oestrogens over the age of 50
- Greatest risks in the first 12 months
- Risk with transdermal HRT is no greater than population risk<sup>3</sup>
- **Women aged 50-59**

Background incidence per 1000 women in Europe not using HRT – over 5 years = 5

Oestrogen only oral HRT over 5 years – 2 additional cases per 1000 women (estimated)

Combined HRT over 5 years – 7 additional cases per 1000 women (estimated)



# RISKS WITH HRT – VTE<sup>4</sup>

- **Women aged 60-69**

Oestrogen only HRT over 5 years – additional 2 cases per 1000 women (estimated)

Combined HRT over 5 years – additional 10 cases per 1000 women (estimated)



# RISKS WITH HRT – OVARIAN CANCER<sup>4</sup>

- **Women aged 50- 59**

Background incidence per 1000 women in Europe not using HRT – over 5 years = 2

Oestrogen only HRT over 5 years - <1 additional case per 1000 women (estimated)

Combined HRT over 5 years - <1 additional case per 1000 women (estimated)

- **Women aged 60-69**

Additional cases per 1000 women same as above for Oestrogen only and Combined HRT



# RISKS WITH HRT – ENDOMETRIAL CANCER<sup>3</sup>

- Risk is only present if Oestrogen only preparations are given when the uterus is present
- Risks are reduced by addition of progestogen



# RISKS WITH HRT – STROKE<sup>4</sup>

- Tibolone increases risk of stroke about 2.2 times from the first year of treatment – risk of stroke is age-dependent and therefore absolute risk of stroke with tibolone increases with age.
- **Women aged 50-59**

Background incidence per 1000 women in Europe not using HRT – over 5 years = 4

Oestrogen only HRT over 5 years - 1 additional case per 1000 women (estimated)

Combined HRT over 5 years - 1 additional case per 1000 women (estimated)



# RISKS WITH HRT – STROKE<sup>4</sup>

- **Women aged 60-69**

Oestrogen only HRT over 5 years - 3 additional case per 1000 women (estimated)

Combined HRT over 5 years - 3 additional case per 1000 women (estimated)



# PATIENT INFORMATION LEAFLETS/RESOURCES

- <https://patient.info/health/menopause-hrt/hormone-replacement-therapy-hrt>
- <https://www.womens-health-concern.org/wp-content/uploads/2015/02/WHC-FACTSHEET-HRT-BenefitsRisks-NOV17.pdf>
- <https://www.menopausematters.co.uk/>





# KEY POINTS ...

- For the treatment of menopausal symptoms the benefits of short-term HRT (less than 5 years) outweigh the risks in the majority of women, especially in those aged under 60 years.
- There is **no** increased risk of breast cancer in women who take HRT under the age of 50 years.
- Women aged 50-59 with a BMI > 30 not on HRT have a 6 x higher risk of developing breast cancer over 5 years than women with a normal BMI on HRT. (24 additional cases as opposed to 4 cases respectively)
- Oestrogen only HRT is associated with much lower risks than combined HRT.
- Risk of VTE with transdermal HRT is no greater than population risk and so can be considered with a BMI > 30.



# REFERENCES

1. [NICE Guideline: Menopause Diagnosis and Management- November 2015](#)
2. <https://bnf.nice.org.uk/drug/estradiol.html#contraIndications>
3. <https://thebms.org.uk/publications/tools-for-clinicians/>
4. [BNF HRT risk table](#)
5. <https://patient.info/health/menopause-hrt/hormone-replacement-therapy-hrt>

