

Wednesday 21st November 2018 Dr Rukhsana Hussain



NICE: Menopause, Diagnosis and Management – from Guideline to Practice Top Ten Tips



- Do not use FSH for diagnosis in women > 45
- 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
- Consider CBT to alleviate low mood or anxiety that arise as a result of the menopause
- Offer vaginal oestrogen to women with urogenital atrophy (including those on systemic HRT) and continue treatment for as long as needed to relieve symptoms
- Offer women who are stopping HRT a choice of gradually reducing or immediately stopping treatment. There is no arbitrary time limit.



- Women with POI should be advised to continue HRT until at least the age of natural menopause Consider transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m² HRT does not increase cardiovascular disease risk when started in women aged under 60 years Any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT 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 ²

- 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 HRT³

For the treatment of menopausal symptoms the benefits of shortterm 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 <u>NOT increased</u> 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.



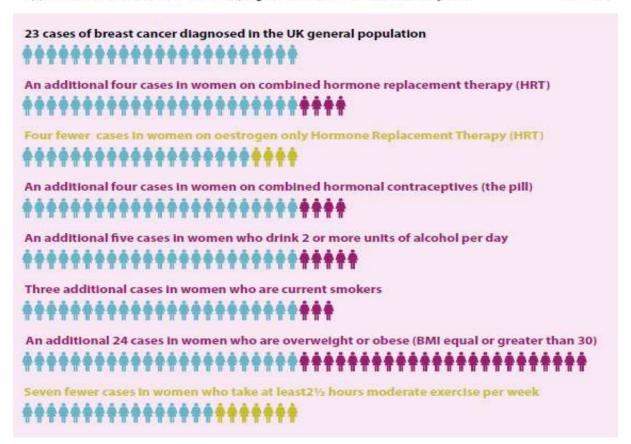
RISKS WITH HRT – Breast Cancer³

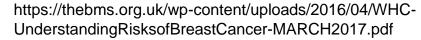
A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.

Approximate number of women developing breast cancer over the next five years.

Diagnosis and management November 2015







RISKS WITH HRT – Breast cancer⁴

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 increased³
- Risk returns to baseline after stopping HRT suggesting HRT acts as a promoter not an initiator for breast cancer³
- > There is **no** increased risk of breast cancer in women who take HRT under the age of 50 years.⁵



RISKS WITH HRT – VTE⁴

- 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 risk³

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 – VTE⁴

• 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 CANCER⁴

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 CANCER³

- 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 – STROKE⁴

• 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 – STROKE⁴

• 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 that 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. <u>NICE Guideline: Menopause Diagnosis and Management- November</u> 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. <u>https://patient.info/health/menopause-hrt/hormone-replacement-therapy-hrt</u>

