

STARTING AND STOPPING MHT

Timing is important

Menopause symptoms can be classified into groups, and include:

- Vasomotor symptoms (e.g. hot flushes and night sweats)
- Genitourinary symptoms (e.g. vaginal dryness, discomfort or itching, urinary symptoms, and changes in libido)
- Mood changes (e.g. depression and anxiety)
- Cognitive changes, such as “brain fog”

Reasons for starting MHT

The most common reason women start menopausal hormone therapy (MHT) is for the relief of vasomotor symptoms such as hot flushes and night sweats. MHT can reduce these symptoms by around 80%. Menopausal symptoms usually last for about five years, although they can last longer in some cases. It is rare for symptoms to persist for more than 10 years. Whilst the majority of women will experience mild to moderate symptoms of menopause, one in five will experience severe symptoms and one in five will have minimal or no symptoms.

Consulting your GP

Your GP is the ideal person with whom to discuss starting MHT. It is important that a general health check be conducted, which includes blood pressure and a breast check. Depending on your health background, your GP may recommend additional examinations or tests for you. It is also a good time to ensure that you are up to date with recommended cancer screening, including for breast, bowel and cervical cancer. The best time to start MHT depends on the severity of symptoms, your menstrual pattern and any relevant personal or family history.

Types of MHT

There are several different types of MHT, which vary in the hormones they contain and the method of taking the medication. The best option for you will depend on your personal preferences, as well as your medical history. The main types of MHT are oestrogen-only and ‘combined’, which include both oestrogen and progesterone. MHT can be taken as a tablet, applied to the skin as a gel or patch, or as an intrauterine system (IUD). For some women with vaginal or urinary symptoms, a vaginal oestrogen gel might also be appropriate.

Role of hormones in MHT

The hormone that provides most of the benefits of MHT is oestrogen. However, if you still have a uterus, you will need to take progesterone at the same time. This is because oestrogen causes the lining of the uterus (endometrium) to grow, which can lead to erratic bleeding and can increase the risk of uterine cancer.

Progesterone prevents this and can be taken as a tablet, by an IUD system, or combined with a transdermal or oral oestrogen.

Starting MHT

MHT can be started before your last period if you are experiencing menopausal symptoms. The main issue with starting MHT in perimenopause is that MHT does not suppress ovarian function. This means that it can lead to unpredictable bleeding, and that it is not an effective form of contraception. There are various options to manage this depending on your specific situation, so if you are experiencing problems, you should always discuss them with your GP, or with a specialist gynaecologist.

When MHT is started before menopause (less than a year after your final period), a sequential combined preparation is usually used. This usually contains only oestrogen for 2 weeks, followed by combined oestrogen and progesterone for 2 weeks, offering a predictable bleeding pattern. If it has been more than a year since your last period, you can start a continuous combined preparation that consists of the same combined oestrogen and progesterone medication throughout the month. This should not be associated with any vaginal bleeding.

Benefits and risks of MHT

It is becoming more apparent that, for most women, the benefits of MHT outweigh the risks, and most experts in the field support women taking MHT to treat the symptoms of menopause. Ideally, women should start MHT before the age of 60 or within 10 years after the menopause. In these instances, standard MHT may reduce the risk of coronary heart disease and all-cause mortality (the risk of dying younger). The increased risk of breast cancer in women over the age of 50 taking MHT is related to the duration of use and likely depends on the type of progesterone. The overall risk is one extra case per year per 1,000 women on MHT, and this risk decreases after stopping MHT. If you have a family history of breast cancer, or have particular concerns, you should arrange to see a doctor who specialises in the management of menopause. They will be able to discuss your specific situation and guide you on the MHT options that are safest for you.

Stopping MHT

MHT is primarily used to manage the symptoms of menopause. There may also be other benefits, including the prevention of long-term conditions associated with low levels of oestrogen. Whilst there is no strict limit on how long you can take MHT, the risks and benefits can vary over time with increasing age and changing health, and the need for treatment should be reviewed annually. This is why it is vital to see your GP or gynaecologist regularly whilst taking MHT. It is also recommended that if you are thinking about stopping MHT, you discuss this with your doctor so that they can help manage any recurrent symptoms and review your general health. For some women, menopausal symptoms can last over a decade, and they may return after stopping MHT. If this happens, most women are able to restart the same treatment.