



National Prescribing Service Limited

## Did you hear the news about HRT?

After widespread media coverage of research in 2002, many women stopped using hormone replacement therapy, or HRT (also called hormone therapy or HT). Was this really necessary? How big are the risks? This leaflet provides information for women based on a careful consideration of recent research.

### Weighing up the risks and the benefits

Each woman's situation is different and there is no one-size-fits-all solution. It is important to understand both the risks and the benefits and to make a decision with your doctor that suits you best.

### Who should use HRT?

- HRT can still be used *short-term* to **relieve unpleasant symptoms** of menopause, such as hot flushes. The evidence does not show an increase in the risk of breast cancer or other illnesses when HRT is used for 1–2 years.
- HRT is no longer recommended for preventing other health problems. Good research evidence now shows that HRT does not prevent heart disease, stroke or dementia, and should not be used long-term for these conditions.
- Some specialists may recommend HRT for women with **osteoporosis or a high risk of fracture**. For most women, who do not have these risk factors, the use of HRT to prevent fracture is not recommended.

### When and how to stop HRT

- Use HRT to control menopausal symptoms like hot flushes only while symptoms persist. Check with your doctor regularly (every 6–12 months) to see if you should stay on HRT.
- Reduce the dose slowly — if you stop HRT suddenly, the symptoms will return just as suddenly. Ask your doctor or pharmacist for advice. You may for example take a lower dose for a few weeks, then take half of that for a few weeks, and so on. If you have symptoms on the lower dose, keep taking that dose until the symptoms decrease, and then reduce the dose again.
- Some specialists advise waiting until the cooler months to stop taking HRT.

### HRT and breast and uterine cancer

The following figures may help you to see the use of HRT in perspective:

- The chance of getting breast cancer increases as you get older, whether you use HRT or not.
- Of 10 000 women who have had menopause (stopped menstruating) and who do not use HRT, about 32 will get breast cancer.
- If the same 10 000 women use *combined HRT* (oestrogen + progestogen), a further 7 will get breast cancer.
- The increase appears to be lower among women who use *oestrogen-only* HRT. Research due for completion in 2005 will clarify this.
- Oestrogen-only HRT carries a higher risk of uterine cancer than does combined HRT, and is not used in women with a uterus.

**Regular breast screening is important for all women aged 50 and over, whether they use HRT or not.**

See Breast Health ([www.breasthealth.com.au](http://www.breasthealth.com.au)) for more information about other risk factors.

### Are there alternatives to HRT?

Choosing an alternative to HRT may be like choosing between 'the devil you know and the devil you don't'. Not all medicines sold over-the-counter are natural, harmless, or effective. Most importantly, the benefits and the risks of HRT are only known because of extensive research involving several years of data and over 1 million women. This sort of research has not been done on any herbal and natural medicines, or on some alternative hormone preparations like lozenges. While some may work, or have a long tradition of use, none are recommended for long-term use, and their long-term safety is unknown.

Seek information from a suitably qualified health professional if you are thinking of taking these medicines. *Medicines Line* provides free telephone advice on prescription and non-prescription medicines: telephone 1300 888 763.

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