



# For Women

For Health, For Menopause

## “How long can I take HRT for?”

GP and menopause specialist Dr Jane Davis explains how to respond to patient concerns about the duration of HRT treatment.



## Q: “How long I can take HRT for?”

**A:** This is a commonly-asked question. The simple answer is that the patient can take HRT as long as needed, as long as the treatment is reviewed regularly, to weigh up the benefits and risks to the individual.

*Menopause: diagnosis and management NICE Guideline (NG23<sup>1</sup>) advises to: ‘Adopt an individualised approach at all stages of diagnosis, investigation and management of menopause.’ It advises following recommendations in Patient experience in adult NHS services: improving the experience of care for people using adult NHS services Clinical guideline <sup>2</sup>[CG138].*

## Regarding reviewing HRT treatment, the Guideline advises to:

‘Review each treatment for short-term menopausal symptoms:

- at 3 months to assess efficacy and tolerability
- annually thereafter unless there are clinical indications for an earlier review (such as treatment ineffectiveness, side effects or adverse events).’

If treatment doesn’t improve the woman’s symptoms or they are experiencing ongoing troublesome side effects, refer them to a healthcare professional with expertise in menopause<sup>3</sup>.

## The annual review should cover the following:

- Why was the patient initially prescribed HRT? (Commonly HRT is prescribed

for the relief of symptoms related to the menopause. However, women who experience premature ovarian insufficiency are advised to have a sex steroid replacement up to the natural age of menopause unless contraindicated.)<sup>4</sup>

- What symptoms did they need help with? (Symptoms typically last 2–7 years, but for many can continue for far longer. For a full range of symptoms, you may wish to use a tool such as the Greene Climacteric scale.)<sup>5</sup>
- Have their symptoms changed since then?
- Does the HRT they were initially prescribed need to change because symptoms have changed, for example, do they need to move from a bleed preparation to a no bleed preparation? (As a rule of thumb, consider swapping to continuous combined combination of HRT after 2 years if under 50 years, and after 1 year if over 50 years. Sequential regimes give

## REFERENCES:

1 NICE Guideline (NG23) 2015 <https://www.nice.org.uk/guidance/NG23>

2 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services Clinical guideline [CG138] <https://www.nice.org.uk/guidance/cg138>

3 NICE Guideline (NG23) 2015 <https://www.nice.org.uk/guidance/NG23>

4 NICE NG23 1.6.6 <https://www.nice.org.uk/guidance/ng23/evidence/fullguideline-559549261>

5 The Greene Climacteric scale <https://doi.org/10.1016/j.maturitas.2008.09.011>

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a regular bleed and organise bleeding for a perimenopausal woman, whereas continuous combined offers consistent endometrial protection, but may cause bleeding if started too soon into the menopause transition. The average age of menopause is 51 and 80% of women will be post-menopausal by the age of 54<sup>6</sup>. The decision is to be made on an individual basis).

- Consider new potential risks – has anything changed about them and their medical history? (It is a good idea include an up-to-date BP and BMI. BMI > 30kg/m<sup>2</sup> for example would indicate the need to swap to transdermal from oral HRT to modify VTE risk.)
- Would a new type of HRT be more suitable for them now? Consider any relevant scientific evidence on products new to the market.
- Remember to cover the long-term protective benefits regarding the bones<sup>7</sup> and the heart<sup>8</sup> and to weigh this up against any potential risks. (Explain to women that their risk of fragility fracture is decreased while taking HRT and that this benefit is maintained during treatment; decreases once treatment stops; may continue for longer in women who take HRT for longer.)<sup>9</sup>

## Regarding cardiovascular risk, NICE Clinical Guideline NG23 states:

Ensure that menopausal women and healthcare professionals involved in their care understand that HRT:

- does not increase cardiovascular disease risk when started in women aged under 60 years
- does not affect the risk of dying from cardiovascular disease.<sup>10</sup>

Be aware that the presence of cardiovascular risk factors is not a contraindication to HRT as long as they are optimally managed.<sup>11</sup>

There is good data to suggest a 'window of opportunity' for the cardiovascular benefit of HRT if it is started less than 10 years from the last menstrual period.<sup>12</sup>

## In a nutshell

There is no definitive answer to how long a woman can take HRT for. All the above must be considered, as there is no 'one-size fits all' prescribing solution as each woman and her symptoms and response to treatment will differ.

There is no official end date for taking HRT, as long as it still working effectively in controlling the patient's symptoms, which is why an annual HRT review is very important.

### REFERENCES:

<sup>6</sup> <https://www.nhs.uk/conditions/menopause/>

<sup>7</sup> NICE Guideline (NG23) 2015 <https://www.nice.org.uk/guidance/NG23>

<sup>8</sup> Heart: Cochrane et al. Hormone therapy for preventing cardiovascular disease in post-menopausal women (2015). Cochrane Database of Systematic Reviews

<sup>9</sup> NICE NG23 1.5.14 <https://www.nice.org.uk/guidance/ng23/evidence/fullguideline-559549261>

<sup>10</sup> NICE NG23 1.5.4 <https://www.nice.org.uk/guidance/ng23/evidence/fullguideline-559549261>

<sup>11</sup> NICE NG23 1.5.5 <https://www.nice.org.uk/guidance/ng23/evidence/fullguideline-559549261>

<sup>12</sup> Cochrane 2015-ref 5 [https://www.cochrane.org/CD002229/VASC\\_hormone-therapy-preventing-cardiovascular-disease-both-healthy-post-menopausal-women-and-post](https://www.cochrane.org/CD002229/VASC_hormone-therapy-preventing-cardiovascular-disease-both-healthy-post-menopausal-women-and-post)

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