



## Hormone Therapy - is it right for me?

Women about to reach menopause, or living with its symptoms, often wonder about hormone therapy (HT). In the past, HT has provided relief for women suffering from the most common menopause symptoms such as hot flashes and mood swings. In recent years a lot of new information has come out, some of it confusing. As a result, women want to know more about HT, its risks, and when it is appropriate.

The Society of Obstetricians and Gynaecologists of Canada (SOGC) recommends that hormone therapy be prescribed in the dose, and for the duration necessary, to bring relief for moderate to severe menopause symptoms.

### What is hormone therapy (HT)?

Hormone therapy may be prescribed when the ovaries stop doing their job of producing a natural balance of female hormones.

An HT program may involve using estrogen alone (ET), or an estrogen-progestin (EPT) combination, depending on what is happening in a woman's life and health. Women who have had a hysterectomy are usually given estrogen alone. Progestin has the advantage of providing protection to the lining of the uterus from endometrial cancers.

Hormone therapies can involve a medication taken by mouth, or a skin patch or gel for symptoms such as hot flashes. Other hormone therapies are applied right where there is a problem – for example, a vaginal cream, tablet or ring, can restore estrogen in the vaginal area and is used when vaginal symptoms are a problem.

HT is usually prescribed for women with moderate to severe menopause symptoms.

### What symptoms does hormone therapy (HT) help with?

Some menopause problems (such as hot flashes and vaginal dryness) are almost entirely caused by

the drop in hormones, so they can be greatly relieved by HT treatment. A combination of factors can contribute to sexual changes, fatigue, or sleep disturbances and memory changes, and therefore the positive impact of hormone therapy varies among women. Estrogen protects skin from thinning and wrinkling, but physicians do not recommend HT for this purpose alone.

### What are the risks associated with hormone therapy (HT)?

The risks depend very much on a woman's personal health status. Your overall health, your family history and your age can all have an impact on the risks. Ongoing health research is providing new insights all of the time. Assessing risk needs to be done with the support and guidance of a health professional. Research and experience tells us that:

- There is a small increase in the risk of deep vein thrombosis, or blood clots in the veins.
- The risk of stroke is of some concern to older women and those with high blood pressure.
- A greater potential incidence of heart disease for women who start HT after age 60.
- Small increased risk of breast cancer for women who use HT for an extended period post-menopause.

When considering HT and the risks, it is important to remember that this therapy is usually offered to provide a better quality of life during menopause. For some diseases HT actually reduces risks and offers protection.

### Can hormone therapy (HT) assist with incontinence?

In some cases, physicians may determine that HT will help a woman with urinary incontinence. Since changes to the vagina and urinary tract are so varied, a determination about the effectiveness of HT needs to be made on a case-by-case basis.

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**Does my risk for breast cancer go up if I take hormone therapy (HT)?**

There is an increased risk of breast cancer for women who have used combined hormone therapy for more than five years. This increase is similar to other common risk factors for breast cancer, such as age at puberty, being older than age 30 when you have your first child, or being overweight. The good news is that the absolute risk for any one person is small, and the risk returns to normal after stopping HT.

**What about other kinds of cancer?**

Women with a history of early stage (stage 1), low grade (grade 1 or 2), endometrial cancer may take HT to control distressing symptoms such as night sweats and hot flashes.

Combined estrogen-progestin HT use is associated with a reduced risk of colorectal cancer and a possible small increase in the risk of ovarian cancer. Since these effects are very small, however, they should not be a major factor when you are deciding if HT is right for you to stop distressing menopause symptoms.

For more information about cancer risks associated with menopause, visit [www.menopauseandu.ca](http://www.menopauseandu.ca).

**If I have had a hysterectomy can I still consider hormone therapy (HT) for menopause symptoms?**

A hysterectomy is often called “surgical menopause” since it stops menstruation immediately. Still, if ovaries are intact, women who have had a hysterectomy may still need relief from some menopausal symptoms. Women who have had a hysterectomy and have no uterus are usually given estrogen alone since they no longer need the protection from endometrial cancers (cancer of the lining of the uterus) offered by progestin.

**Will my risk of heart disease go up if I take hormone therapy (HT)?**

Recent research is showing that women who started hormone therapy around the time of their menopause may actually reduce their risk of heart disease. However, the medical profession does not recommend HT for heart disease alone.

Women’s risk of heart disease increases about ten years later than when men start to have heightened risk. Still, for women that risk does increase after menopause, so it is important to take steps to protect your heart:

- Stop smoking.
- Have your blood pressure checked.
- Ask your doctor when you should have your blood sugar and cholesterol levels checked.
- Eat healthfully (See *Canada’s Food Guide*).
- Exercise regularly. As little as 30 minutes of brisk walking three times a week makes a difference.
- Maintain a healthy weight.

Whether using HT or not, women need to address their personal risk for heart disease and stroke and take the steps necessary to improve their “heart health”. While there is a slightly elevated risk of heart disease among older women using HT (ten years after menopause), HT is still an effective and recommended treatment for moderate to severe menopause symptoms.

**How does hormone therapy (HT) help me if I am at risk of osteoporosis?**

Even short-term HT use can strengthen a woman’s bone structure, so that other medications can be used to sustain bone health over the longer-term. The Women’s Health Initiative in the United States, a randomized clinical trial involving menopausal women, found that HT was clearly effective in the prevention of hip fractures, vertebral breaks and other injuries. The SOGC Consensus Report, however, does not recommend HT just to treat osteoporosis.

**What are some of the side effects of hormone therapy (HT)?**

Finding the right hormone therapy may take some time as different combinations and dosages of the key hormones – estrogen and progestin — are used. Women may experience some breast tenderness, bloating, nausea and headaches after HT use begins. Adjustments can be made to deal with these side effects.

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Women have a lot of questions about emotional and physical changes during perimenopause and menopause. The Society of Obstetricians and Gynaecologists of Canada (SOGC) has developed a range of information resources for women. Of course, your family physician, gynaecologist or obstetrician are your best front-line resources for the questions you may have about menopause.

Visit [www.menopauseandu.ca](http://www.menopauseandu.ca) for more information about menopause and other women’s health issues.