



# HRT + YOU

After the first three months

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**You started HRT a few weeks ago and may have some questions regarding your treatment.**

Hormone replacement therapy (HRT) is given to women to help control or prevent unpleasant menopause symptoms and also to help control or prevent the long term effects of the menopause, such as osteoporosis. It replaces the oestrogen that the ovaries are no longer producing after the menopause. However, for women who still have their uterus, or womb, HRT also includes another hormone, a progestogen. The only purpose of the progestogen is to protect the lining of the womb (called the endometrium). Progestogen may be taken cyclically (for a few days every month) or continuously.

If taken cyclically, progestogen will cause you to have a bleed once a month. This type of treatment is usually given to women who are having menopausal symptoms but are still having periods. If progestogens are taken every day, they will make the lining of the womb very thin and this will result in no bleeding and this is sometimes called "period-free" HRT. This is usually only given to women when their periods have completely finished. As periods can become very infrequent towards the menopause, a gap of a year without a period usually means they have finally finished.

# Here are some commonly asked questions and answers

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## **Why do I not have regular bleeds with cyclical HRT?**

The bleeds induced by cyclical HRT usually occur towards the end of the oestrogen/ progestogen combined phase of the packet or during the oestrogen alone phase. The tablets containing the oestrogen plus the progestogen are usually a different colour from those containing oestrogen alone, and this is specified in the instruction leaflet accompanying the HRT you are taking.

The bleeds may not be as regular as you experienced before the menopause or if you have been taking the combined oral contraceptive pill. Also 5% of women will not have a bleed at all. You need not worry since this shows that the lining of the womb (endometrium) is very thin. However, consider if you could be pregnant.

## **Why am I still bleeding with 'period-free' HRT?**

The thinning process produced by the oestrogen and progestogen taken every day can take a number of weeks, and during this time it is very common for women to experience some vaginal bleeding. This bleeding is likely to be irregular and unpredictable. It can vary from the odd spot to normal period-like bleeding on and off for the first three months of therapy, gradually becoming less and less. You can expect that the bleeding should be minimal by three months of therapy and have completely stopped by six months.

It is important to persist with the treatment in the first few months, it is only with persistence that the bleeding stops. However if you have any worries about your treatment or if you think your bleeding is more than described above, please contact your surgery.

## **My flushes have improved but my vagina still feels sore**

Hot flushes will normally start to improve after about one month of HRT, and you should have the full benefit by 3 months. However vaginal soreness can take much longer to resolve, not unusually up to 6 months. You can either wait or you may want some extra treatment.

Oestrogens can be given locally to the vagina in the form of a low dose cream, pessary, tablet or ring. These preparations raise local hormone levels but do not affect the whole body. Low doses of natural oestrogens (eg. estriol or estradiol) are often used for this form of treatment. Extra progestogen is not usually needed, since these local doses of oestrogen do not affect the endometrium when used in the short term. After a while, it may be possible to stop the local therapy because your HRT will be having its full effect. However, longer term treatment may be needed if symptoms return when treatment is stopped.

## **My breasts are particularly tender, what can I do about it?**

Breast tenderness is very common in the first few weeks after starting HRT and should get better by 3 months. You might find it helpful to take Oil of Evening Primrose, but it does not work for everybody.

If matters have not improved at 3 months you may want to try a different HRT. Your doctor may suggest a lower dose of oestrogen, a different type of progestogen or giving HRT in another way such as through the skin with a patch.

## **I have put on a few pounds**

In the first few months, you may notice some fluid retention, which can cause you to feel bloated, but studies have shown no evidence that HRT causes significantly more weight gain overall, than taking a placebo (dummy treatment, with no active medicine). However, it is true that most women, whether or not they take HRT, put on some weight after the menopause.

## **Will HRT increase my risk of breast cancer?**

Between the ages of 50 and 65 years about 32 women in every 1000 not using HRT will have breast cancer diagnosed. After 5 years of taking combined HRT (oestrogen and progestogen) a further 6 women in every 1000, aged between 50 and 65 will develop breast cancer.

Understandingly, women are concerned about any factors that may increase their risk.

For HRT, the excess risk becomes apparent within a few years of use and increases with duration of intake of HRT. However within five years after stopping HRT the risk returns to the same as the risk for a woman who has never taken HRT. If you have any concerns about taking HRT due to the risk of breast cancer then you should discuss this with your doctor or nurse.

### **Do I need to have a mammogram because I have started HRT?**

You do **not** need to have a mammogram just because you have started HRT. There is also no need to have screening mammograms performed more often than every three years (the recommended interval between screens in the NHS Breast Screening Programme) if you are taking HRT. You should regularly check your breasts for any changes and if you develop any new breast symptoms, it is important that you notify your doctor.

### **Do I need to have a smear because I have started HRT?**

There is **no** need to have a smear just because you have started HRT. However you need to continue to have regular cervical smears (to detect abnormalities or cancer of the womb entrance or cervix) every 3-5 years up to the age of about 64. There is no need to have them more frequently or after the age of 64 if you are taking HRT.

## **What will happen if I stop HRT?**

If you stop HRT after taking it for only a few weeks, it is very likely that your symptoms such as hot flushes, will come back. They may come back in a few days or weeks and may be worse than before, since there will have been a sudden change in hormone levels. Vaginal dryness may also come back.

# Conclusion

The ultimate decision about how long you wish to continue with HRT needs to be made after talking to your doctor or practice nurse. If you are taking HRT mainly to prevent symptoms such as hot flushes, you should take it for a short term.

If you are concerned about preventing osteoporosis you may wish to consider taking HRT in the long term. However, there are risks associated with taking HRT in the long term, which you should discuss with your doctor or nurse. There are other, non-HRT options for preventing and treating osteoporosis which should be used first.

# Useful information

***[www.menopause-info.co.uk](http://www.menopause-info.co.uk)***

***National Osteoporosis Society***

Camerton

Bath

BA2 0PJ

Medical enquiries: 0845 450 0230

*[www.nos.org.uk](http://www.nos.org.uk)*

***Women's Health Concern***

Women's Health Concern Ltd

Whitehall House

41 Whitehall

London

SW1A 2BY

Helpline: 0845 123 2319

*[www.womens-health-concern.org](http://www.womens-health-concern.org)*

*[www.counselling@womens-health-concern.org](mailto:www.counselling@womens-health-concern.org)*

***Novo Nordisk Customer Care Centre:***

0845 600 5055

Local rates apply. Calls may be monitored for training purposes.

Information available on our website at:

*[www.novonordisk.co.uk](http://www.novonordisk.co.uk)*



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