



The side effects of HRT

The symptoms of menopause are due to a lack of hormones, particularly oestrogen. Replacement will reduce or resolve these problems. However, as oestrogen has many actions on many different body tissues putting it back can trigger normal biological responses which may not be wanted. Some women may find that it causes breast tenderness due to breast stimulation, nausea due to action on the gut (most likely with tablets) or bleeding due to activity in the uterus. Clearly for women who have had a hysterectomy, bleeding is not going to occur, and these women can be prescribed oestrogen on its own.

Progesterone is normally produced by the ovary after the egg is released and prepares the body for pregnancy. This causes changes in the uterus which allow implantation of the fertilised egg. If this does not materialise, progesterone levels drop, and the lining is shed.

Women who still have uterine lining tissue present (this includes women with severe endometriosis after hysterectomy) will need to have either a synthetic progestogen or natural progesterone (collectively termed progestin) added to oestrogen to produce a combined HRT. This is not just to control bleeding, but to prevent oestrogen driven stimulation causing progression to precancerous thickening.

Once a woman has had no natural periods for a year the progestin can be used continuously. This will not produce period like bleeds, but no bleeding at all cannot be guaranteed. Persistent bleeding should be investigated. Earlier on, the progestin is either used cyclically to produce a predictable period like bleed or by means of a progestogen loaded intrauterine device (Mirena®), which greatly reduces any bleeding and offers the highest level of protection.

Other tissues will also respond to this hormone and women may experience breast changes (fullness and tenderness), gut effects (nausea and/or constipation) and mood effects. For some this is the culprit which caused their premenstrual moodiness. It is therefore completely logical that adding progestin in to a HRT combination may trigger a biological response. This is an intolerance (a biological side effect) rather than an allergy or esoteric response.

Micronised natural progesterone will produce a side effect profile very like the women's own hormones. As a result, she may have some mood or physical changes resembling those before a true period. These tend to be less marked than in a natural cycle. Women may observe that the benefit from taking

oestrogen is reduced in the second phase of their HRT. This can generally be managed with a small upward adjustment in the oestrogen dose.

Synthetic progestogens are more complex, as in addition to their progesterone like actions they either stimulate or block other hormone receptors. This will make most difference to their effects on mood (though actions on the brain). They may however be more powerful in managing troublesome bleeding. If there is a marked change in mood in the second half of a monthly bleed combination, the type of progestin should be changed.

Oestrogen can be replaced using tablets, patches and gels. Implants are only available in some specialist clinics and are generally only used when other methods have failed. This is rare but is sometimes seen in young women with a very fast metabolism who have had an abrupt menopause due to surgery. Oral oestrogen passes through the liver before entering the circulation, and in so doing a significant proportion is metabolised. In women with very aggressive metabolism or taking medication that affects this, standard oral dosage may be less effective. Liver metabolism also influences the clotting proteins, increasing risks of blood clotting issues such as DVT. In women who are fit and well, slim, do not smoke and have normal blood pressure, the absolute increase in risk is very small and outweighed by benefits. In women already at higher risk it is generally not a good idea to increase their clotting risks any further. For them patches or gels would be a safer choice.

Progesterone is not absorbed through the skin in sufficient amounts to be effective. However, is not affected by the same liver metabolism considerations. The only significant issue affecting taking as tablets is that some women may have their gut function affected (causing nausea or constipation). For them combined patches (using synthetic progestogen), a Mirena coil or to use progesterone vaginally (which is not licensed) are the options available.

Occasionally women may find that a monthly bleed combination may trigger cyclical migraines much like periods did. For them, stable hormone levels are vital to avoid the changes that may trigger migraines. A typical solution is to use patches with a Mirena coil.

If women are very early in the menopause transition and are still having regular or reasonably regular periods, then sometimes they will find that their own bleeding is out of time with the HRT pack. The simplest option is to realign at the start of a period. Clinicians with experience can suggest modification in the HRT. If women feel that the combination of their own progesterone and that of the HRT is excessive, then they may consider (if their health profile allows) a combined contraceptive pill which also provides both components. This will block egg release and hence the additional progesterone which follows. It would also offer contraceptive cover.

HRT is not a one size fits all offering. We have enough components and combinations to allow us to provide a regimen tailored to the needs and

tolerance of the individual woman. If your own GP or practice nurse cannot get it right for you, consider making an appointment.