

Hormone Replacement Therapy (HRT) FAQs

Before we go into frequently asked questions about Hormone Replacement Therapy (HRT) it is important to highlight that everyone's experience of menopause is different. People will experience different symptoms and have different views and philosophies on the way they want to manage their menopause journey.

HRT is one way of managing symptoms and will not be right for everyone. People will have different medical histories which is why it is essential to make any decisions around HRT under the guidance of a qualified medical practitioner.

Produced in partnership with Peppy Health and BMS Menopause Specialist Kathy Abernethy MClSci RN, this document is here as a guide to answer the most commonly asked questions regarding HRT.

What is HRT?

Hormone replacement therapy (HRT) is a treatment used to relieve the symptoms of menopause. As someone approaches menopause, the levels of certain hormones fluctuate and fall. HRT generally replaces oestrogen and progesterone to alleviate symptoms like hot flushes, mood changes and vaginal discomfort. It is most commonly used for managing menopause symptoms and preventing osteoporosis. There are different types of HRT, including tablets, patches, gels and sprays, each with its own benefits and risks. If you or someone you're supporting is considering HRT, it is essential to discuss it with your healthcare provider to determine the best approach to suit everyone's specific needs.

What are the different types of HRT?

It can be taken as a daily tablet, or a gel, a spray or a twice-weekly or weekly patch, where it's absorbed through the skin and known as transdermal. All of these are called systemic oestrogen, which means it's picked up by the bloodstream and circulates through the body.

There is also vaginal oestrogen which can be used to treat the common vaginal and bladder symptoms of menopause. The difference here is that's not going through your whole system, it's concentrated in the vagina and the bladder.

The other important hormone is progesterone. If oestrogen is given systemically, it could eventually cause a thickening of the womb lining and increase the risk of cancer there. To prevent that, if the womb is still present we use progestogen or progesterone. This can be given combined in the tablet or patch, or taken separately as a tablet or capsule. Some people use the hormonal coil as part of their HRT which will provide the progestogen.

Does HRT delay menopause? When I come off it will my symptoms start again? Is it just delaying the inevitable?

HRT does not delay menopause. The hormonal changes will continue but you may not feel the effects of them. When you come off HRT, your symptoms may still be present and will therefore restart. The longer you stay on HRT the more likely it is that your symptoms will have gone by the time you stop, but this needs to be balanced against the personal risks and benefits for you.

My periods have stopped but I've heard they can start again when you start HRT and I don't want that!

If you start HRT while still having natural periods, even if they are irregular, you will be offered a type of HRT which produces a monthly bleed. Once you are established on this, maybe after one to two years you can switch to a period-free type of HRT. If you start HRT when your periods have already stopped for more than a year you can go straight onto a period-free HRT.

How do you know when it's time to come off HRT and how do you come off it?

Many choose to come off HRT of their own accord, once they feel that their symptoms will probably have resolved without it. For many this may be a couple of years, for others it may be much longer. Unfortunately nobody knows how long your symptoms will go on for and therefore what your ideal length of HRT is. If you decide to come off HRT, it makes sense to reduce the dose initially if you are not already on a low dose but it is important to speak with your prescriber first.

I've started HRT but it doesn't seem to be working. How long does it take to take effect?

Most people will see an improvement in flushes and sweats within about three to four weeks but other symptoms may take up to three months to improve. Symptoms such as brain fog, memory and mood are ones which can take longer. If you're using a type and dose of HRT which is usually effective, and your symptoms have not resolved you may have to consider whether there are other influences as well as hormones.

What is the best time to take HRT?

It does not matter what time of day you take HRT which contains oestrogen, but it makes sense to try and take it the same time every day both as a reminder and to maintain steady levels. If you miss a dose of tablet, you can take it the same day at a later time but don't take two doses on one day. If you forget a patch, simply apply when you remember.

Progesterone capsules should be taken before bedtime and a couple of hours or more after a meal. If you miss a progesterone dose, you may see some slight bleeding.

Can HRT help with brain fog/poor memory?

If brain fog and poor memory are part of a cluster of menopause symptoms, then HRT may certainly help. Such symptoms can also result from being tired, under stress or being anxious so it is important to address these issues as well as consider HRT.

Are you likely to have to increase your dosage for HRT over time?

Once you have settled on HRT, it is possible that you will need to increase your dose as you go through the menopause transition, as your own hormones change. If you stay on HRT for more than a couple of years, you may actually want to reduce your dose as your hormonal needs change and especially as you get older when you are likely to need lower doses.

Does your body get used to HRT, making it less effective?

If you use a steady dose of HRT, for example with patches, gels, tablets or sprays, it will not become less effective over time. However as you journey through the perimenopause your hormonal needs might change and symptoms may worsen, so it may be that you will require a higher dose for that reason.

What is the optimum place to apply gel?

Hormonal gel is best applied to the upper arms or thighs. It should not be applied to the breast area or to the genitals. Remember to allow the gel to dry carefully.

My patches keep falling off - where is the best place to put them?

If you put your patch on the round of your buttocks, usually under your underwear, they will usually stay in place. It is worth taking a few moments to apply a small amount of pressure when first applying the patch and make sure you apply it to unmoisturised dry skin.

Do I need to use contraception when I'm taking HRT?

HRT does not offer contraception so if you need this it can be used alongside your HRT. You may choose to use a hormonal coil which combines contraception with HRT, or you can use a progestogen-only pill alongside any HRT. If using condoms, check with your prescriber if you are using vaginal oestrogens.

How do you work out what it is you need - e.g. oestrogen vs testosterone

Your prescriber will assess your medical symptoms and discuss with you which hormones will be of most benefit. For most, oestrogen therapy is the treatment of choice for most menopausal symptoms. Once established on this you can discuss the use of testosterone, which is primarily used to boost sexual desire.

Can I take HRT after menopause? How long can I take HRT for?

HRT can be used at any stage of the menopause so before your periods stop, while you are in perimenopause and also once you have not had a period for at least one year and are said to be post menopausal. Different types of HRT suit different stages, so you may change HRT over time.

You do not have to stop HRT simply because of the length of time you have been on it or because of your age. The decision to stop HRT should be made on an individual basis between you and your prescriber and will depend on the benefits you are getting and on your general medical health. This is called a risk benefit discussion and should be carried out annually, when you have an HRT check.

What is the difference between cyclical and continuous HRT?

If you start HRT while you're still having periods, however irregularly, you will be prescribed a cyclical form of HRT. This means that you will have a oestrogen throughout the month and then progestogen for parts of the month. You may not be aware of the different hormones as they may be combined into one tablet or patch. This usually results in a monthly bleed.

If you start HRT after your periods have stopped for at least one year you can use continuous HRT which is where you have oestrogen and progesterone throughout the month. For most individuals this is a period-free treatment although some bleeding can occur in the first few months.

At some point you will be advised to switch from cyclical HRT to continuous HRT as it offers a better protection to the womb. This will usually be discussed after a couple of years on cyclical HRT or when you're about 54.