

The Menopausal Transition (Perimenopause)

What is the menopausal transition?

As you reach your late forties or early fifties, the hormone levels in your body change and you start the transition into menopause. This term describes the time period that links the reproductive years (regular menstrual cycles, fully functioning ovaries, highest chance for pregnancy) to menopause (no menstrual cycles for 1 year, average age approximately 51 years but it may happen a few years earlier or later.). During the menopause transition, the length of menstrual cycles often changes and women may skip their menstrual periods more often. You may find that your periods become irregular—sometimes lighter, sometimes heavier. The duration of the menopausal transition varies from woman to woman. It can last for several years but averages about five years. When your periods have stopped completely for 1 year, you will have reached menopause.

What hormonal changes occur during the menopause transition?

Hormone changes vary from person to person, so there is no specific blood test that can predict or diagnose the menopause transition. The hormone tests effected are usually assessed between 1st and 3rd day of menstruation includes follicular stimulating hormone (FSH), estradiol, anti mullerian hormone (AMH) and Inhibin. At this time, these tests are not precise.

Over time, as the ovaries lose their ability to make hormones, estrogen levels drop, despite constantly high FSH levels. Progesterone, a hormone which is high after ovulation (release of an egg), may not reach as high a level during the menopause transition as during earlier reproductive years. In some cases, progesterone levels may not rise at all during a menstrual cycle. In those months no ovulation occurs, leading to a missed menstrual period.

What symptoms am I most likely to experience?

Symptoms vary greatly from person to person. They may occur at different times and with different degrees of severity. The information below is meant only as a guide about what you may possibly experience and does not include all potential symptoms.

Change in uterine bleeding patterns: Many different types of bleeding patterns can occur. Some women will have irregular periods that are closer together at first and then farther apart. Some will go several months without periods and then have some bleeding on and off. Some women will have heavier, irregular bleeding because of a lack of ovulation. Others may have small amounts of bleeding because of a thinner lining of the uterus. Because the menstrual cycles are sometimes ovulatory (produce an egg), women in the menopausal transition who are sexually active sometimes get pregnant. Contraception should be used for women not wishing to conceive until at least age 52 or until there are no periods for one year. These changes may be a normal part of the menopause transition. But, sometimes they may represent an abnormal overgrowth of the lining of the uterus, called hyperplasia, or even cancer. So,

it is important to tell your doctor about any changes so that they can be properly evaluated.

Hot flashes and vaginal symptoms: These symptoms are usually caused by lower estrogen levels, and may occur in some women before the menopause transition. Although approximately 2 out of 3 women will experience hot flashes at some point, the timing, intensity, and duration of these symptoms can vary a lot. Vaginal dryness can occur over time and may be particularly noticeable during sexual intercourse.

Mood symptoms/sleep disturbances: During the menopause transition, many women will experience depressed mood, decreased sex drive (libido), forgetfulness and difficulty sleeping. It is never completely clear how much these symptoms can be due to the menopause transition because they may also be due to other medical disorders.

What treatments are effective for these symptoms?

Changes in your bleeding pattern can only be treated after a proper investigation. This may include some combination of a physical exam, blood tests, pelvic ultrasound, hysteroscopy or biopsy. If the abnormal bleeding is due to the hormone changes of the menopause transition, treatment may start with some combination of estrogen and/or progesterone in the form of pills, shots, patches, or even given locally (vaginally). Behavioural modification, like avoiding caffeine and alcohol, keeping the environment cool and wearing lighter clothing, may be helpful. Hot flashes can also be treated with a hormone combination. In addition, complementary and alternative medicines like herbal medicines or acupuncture may provide some relief, although there is not much medical evidence to support these therapies.

Finally, some medicines typically used as antidepressants (serotonin reuptake inhibitors/SSRIs, serotonin-norepinephrine reuptake inhibitors/SNIs) and other medicines that affect the central nervous system (clonidine, gabapentin) are also effective for relieving hot flashes. They may also help women who have sleep or mood disturbances. Women with vaginal symptoms often find relief by using either local or systemic hormones, often in lower doses, and by using local moisturizers or lubricants. Before considering treatment with any combination of hormones, please be sure to have a consultation about whether you are an appropriate candidate for hormone therapy and to discuss the potential risks as well as the benefits.

What is menopause?

Menopause is a normal change in a woman's life when her period stops. That's why some people call menopause "the change of life" or "the change." **The menopause is the end of menstruation. A woman's ovaries stop producing an egg. She will no longer have a monthly period or be able to have children.** During menopause a

woman's body slowly produces less of the hormones estrogen and progesterone. This often happens between the ages of 45 and 55 years old.

In the UK, the average age for a woman to reach the menopause is 52, although women can experience the menopause in their 30s or 40s. If a woman experiences the menopause when she is under 45 years of age, it is known as a premature menopause.

A woman has reached menopause when she has not had a period for 12 months (after 4-6 months investigations are requested) in a row. Menstruation (monthly periods) can sometimes stop suddenly when you reach the menopause. However, it is more likely that your periods will become less frequent, with longer intervals in between each one before they stop altogether.

The fall in oestrogen also causes both physical and emotional symptoms including:

- hot flushes
- night sweats
- mood swings
- vaginal dryness

Menopause is a natural biological process. Although it ends fertility, you can stay healthy, vital and sexual. Some women feel relieved because they no longer need to worry about pregnancy. Even so, the physical and emotional symptoms of menopause may disrupt your sleep, cause hot flashes, lower your energy or — for some women — trigger anxiety or feelings of sadness and loss.

Don't hesitate to seek treatment for symptoms that bother you. Many effective treatments are available, from lifestyle adjustments to hormone therapy.

When to see a doctor

Starting at perimenopause, schedule regular visits with your doctor for preventive health care and any medical concerns. Continue getting these appointments during and after menopause. Preventive health care can include recommended screenings at menopause, such as pelvic ultrasound, a colonoscopy, mammography, lipid screening, thyroid testing (well women screen) if suggested by your history, and breast and pelvic exams.

Always seek medical advice if you have bleeding from your vagina after menopause.

What you can do

It's a good idea to prepare in advance:

- **Keep track of your symptoms.** For instance, make a list of how many hot flashes you experience in a day or week and note how severe they are.
- **Make a list of any medications, herbs and vitamin supplements you take.** Include the doses and how often you take them.
- **Have a family member or close friend accompany you, if possible.** You may be given a lot of information at your visit, and it can be difficult to remember everything.
- **Take a notebook or notepad with you.** Use it to note important information during your visit.
- **Prepare a list of questions to ask your doctor.** List your most important questions first, in case time runs out.

Some basic questions to ask include:

- What kind of tests might I need, if any?
- What treatments are available to minimize my symptoms?
- Is there anything I can do to relieve my symptoms?
- What steps can I take to maintain my health?
- Are there any alternative therapies I might try?
- Do you have any printed material or brochures I can take with me?
- What websites do you recommend?

In addition, don't hesitate to ask questions at any time during your appointment.

What to expect from your doctor

Some questions your doctor might ask include:

- Are you still having periods?
- When was your last period?
- How often do you experience bothersome symptoms?
- How uncomfortable do your symptoms make you?
- Does anything seem to improve your symptoms?
- Does anything make your symptoms worse?

Tests and diagnosis

Signs and symptoms of menopause are usually enough to tell most women that they've started the menopausal transition. If you have concerns about irregular periods or hot flashes, talk with your doctor. In some cases further evaluation may be recommended.

Tests typically aren't needed to diagnose menopause. But under certain circumstances, your doctor may recommend blood tests to check your level of:

- Follicle-stimulating hormone (FSH) and estrogen (estradiol), because your FSH levels increase and estradiol levels decrease as menopause occurs. Anti mullerian hormone level is quite low or non measurable.
- Thyroid-stimulating hormone (TSH), because hypothyroidism can cause symptoms similar to those of menopause

Causes

Menopause can result from:

- **Natural decline of reproductive hormones.**
- **Hysterectomy.** Surgery that removes both your uterus and your ovaries (total hysterectomy and bilateral oophorectomy) does cause menopause, without any transitional phase.
- **Chemotherapy and radiation therapy.** These are cancer therapies.
- **Primary ovarian insufficiency.** About 1 percent of women experience menopause before age 40 (premature menopause) — stemming from genetic factors or autoimmune disease. But often no cause can be found. For these women, hormone therapy is typically recommended at least until the natural age of menopause in order to protect the brain, heart and bones.

After menopause, your risk of certain medical conditions increases. Examples include:

- **Heart and blood vessel (cardiovascular) disease.** When your estrogen levels decline, your risk of cardiovascular disease increases. Heart disease is the leading cause of death in women as well as in men. So it's important to get regular exercise, eat healthy and maintain a normal weight. Ask your

doctor for advice on how to protect your heart, such as how to reduce your cholesterol or blood pressure if it's too high.

- **Osteoporosis.** This condition causes bones to become brittle and weak, leading to an increased risk of fractures. During the first few years after menopause, you may lose bone density at a rapid rate, increasing your risk of osteoporosis. Postmenopausal women with osteoporosis are especially susceptible to fractures of their hips, wrists and spine.
- **Urinary incontinence.** As the tissues of your vagina and urethra lose their elasticity, you may experience a frequent, sudden, strong urge to urinate, followed by an involuntary loss of urine (urge incontinence), or the loss of urine with coughing, laughing or lifting (stress incontinence). You may have urinary tract infections more often. Strengthening pelvic floor muscles with Kegel exercises and using a topical vaginal estrogen may help relieve symptoms of incontinence.
- **Sexual function.** Vaginal dryness from decreased moisture production and loss of elasticity can cause discomfort and slight bleeding during sexual intercourse. Also, decreased sensation may reduce your desire for sexual activity (libido). Water-based vaginal moisturizers and lubricants may help. Choose products that don't contain glycerin because women who are sensitive to this chemical may experience burning and irritation. If a vaginal lubricant isn't enough, many women benefit from the use of local vaginal estrogen treatment, available in cream, vaginal tablet or ring.
- **Weight gain.** Many women gain weight during the menopausal transition and after menopause because metabolism slows. You may need to eat less and exercise more, just to maintain your current weight.

What is hormone therapy for menopause?

Hormone therapy for menopause has also been called menopausal hormone therapy (MHT). Lower hormone levels in menopause may lead to hot flashes, vaginal dryness and thin bones. To help with these problems, women are often given estrogen or estrogen with progestin (another hormone). Like all medicines, hormone therapy has risks and benefits. We will talk openly and clearly with you on best therapy suited to you individually.

If you decide to use hormones, use them at the lowest dose that helps. Also use them for the shortest time that you need them.

The type of treatment suitable for you will depend on your symptoms, medical history and your own preferences.

What are the symptoms of menopause?

Every woman's period will stop at menopause. Some women may not have any other symptoms at all.

As you near menopause, you may have:

- Changes in your period—time between periods or flow may be different.
- Hot flashes (“hot flushes”)—getting warm in the face, neck and chest.
- Night sweats and sleeping problems that lead to feeling tired, stressed or tense.
- Vaginal changes—the vagina may become dry and thin, and sex may be painful.
- Thinning of your bones, which may lead to loss of height and bone breaks (osteoporosis).

- Weight gain and slowed metabolism
- Thinning hair and dry skin
- Loss of breast fullness

Who needs treatment for symptoms of menopause?

□□ For some women, many of these changes will go away over time without treatment. Most women do not need treatment for the menopause. However, treatments are available if symptoms are severe and interfere with day-to-day life. Many women find that making changes to their lifestyle and diet helps improve menopausal symptoms. Taking regular exercise, reducing stress levels and avoiding certain foods can help reduce hot flashes, night sweats and mood swings.

Many women do not need treatment for the menopause, with about one in 10 women seeking medical advice.

If your symptoms are mild, you may be able to manage them yourself, without medication. Read more about [self-help for managing your menopausal symptoms](#).

However, if your symptoms are more severe and are interfering with your day-to-day life, medication may be recommended.

Do the Symptoms of Menopause Last Forever?

Most women have hot flashes or other symptoms for a few years before and after their periods stop. After that, the symptoms may come and go. For most women, hot flashes get better over time. Vaginal dryness can get worse over time.

Can Menopause Cause Other Problems?

Menopause is a normal part of getting older. But the loss of hormones that cause menopause can also cause osteoporosis. Osteoporosis is the loss of bone strength. If you get osteoporosis, your bones can break more easily.

What Can I do to Help with these Symptoms and Problems?

The best thing you can do is to become as healthy as possible.

- Daily, moderate exercise helps with hot flashes and insomnia and helps keep your bones strong.

- A low-fat diet with lots of fresh vegetables and fruit will help you control your weight, avoid stress on your joints, and keep your bones strong.
- Getting enough calcium (at least 1500 mg) and vitamin D (at least 400 IU) each day will help keep your bones strong.
- Stopping smoking and not drinking too much alcohol both help keep your bones strong and your heart healthy.
- Forming and keeping strong family ties and friendships will keep you mentally healthy and reduce stress.
- Some women choose to take hormones to help with their symptoms. The main hormones that are lost at menopause are estrogen and progesterone. Estrogen helps the most with the symptoms and problems of menopause, but a woman who still has a uterus must not take estrogen alone, because it will increase her chance of getting uterine cancer. A woman with a uterus must take both estrogen and progesterone if she decides to use hormone therapy to treat menopausal symptoms. The reverse side of this sheet has information to help you decide if hormone therapy is for you.

Lifestyle and home remedies

Fortunately, many of the signs and symptoms associated with menopause are temporary. Take these steps to help reduce or prevent their effects:

- **Cool hot flashes.** Dress in layers, have a cold glass of water or go somewhere cooler. Try to pinpoint what triggers your hot flashes. For many women, triggers may include hot beverages, caffeine, spicy foods, alcohol, stress, hot weather and even a warm room.
- **Decrease vaginal discomfort.** Use over-the-counter, water-based vaginal lubricants (Astroglide, Intrigue, others) or moisturizers (Lubrin, Replens, others). Choose products that don't contain glycerin, which can cause burning or irritation in women who are sensitive to that chemical. Staying sexually active also helps by increasing blood flow to the vagina.
- **Get enough sleep.** Avoid caffeine, which can make it hard to get to sleep, and avoid drinking too much alcohol, which can interrupt sleep. Exercise during the day, although not right before bedtime. If hot flashes disturb your sleep, you may need to find a way to manage them before you can get adequate rest.
- **Practice relaxation techniques.** Techniques such as deep breathing, paced breathing, guided imagery, massage and progressive muscle relaxation can help relieve menopausal symptoms. You can find a number of books, CDs and online offerings on different relaxation exercises.
- **Strengthen your pelvic floor.** Pelvic floor muscle exercises, called Kegel exercises, can improve some forms of urinary incontinence.
- **Eat healthy.** Eat a balanced diet that includes a variety of fruits, vegetables and whole grains and that limits saturated fats, oils and sugars. Ask your provider if you need calcium or Vitamin D supplements to help meet daily requirements.
- **Don't smoke.** Smoking increases your risk of heart disease, stroke, osteoporosis, cancer and a range of other health problems. It may also increase hot flashes and bring on earlier menopause.
- **Exercise regularly.** Get regular physical activity or exercise on most days to help protect against heart disease, diabetes, osteoporosis and other conditions associated with aging.

Alternative medicine

Many approaches have been promoted as aids in managing the symptoms of menopause, but few of them have scientific evidence to back up the claims. Some complementary and alternative treatments that have been or are being studied include:

- **Plant estrogens (phytoestrogens).** These estrogens occur naturally in certain foods. There are two main types of phytoestrogens — isoflavones and lignans. Isoflavones are found in soybeans, chickpeas and other legumes. Lignans occur in flaxseed, whole grains, and some fruits and vegetables. Whether the estrogens in these foods can relieve hot flashes and other menopausal symptoms remains to be proved, but most studies have found them ineffective. Isoflavones have some weak estrogen-like effects, so if you've had breast cancer, talk to your doctor before supplementing your diet with isoflavone pills.
- **Bioidentical hormones.** The term "bioidentical" implies the hormones in the product are chemically identical to those your body produces. However, compounded bioidentical hormones are not regulated by the Food and Drug Administration (FDA), so quality and risks could vary. But there are many FDA-approved bioidentical formulations available in a variety of strengths at the pharmacy — talk with your provider to see if any of these may be a good option for you.
- **Black cohosh.** Black cohosh has been popular among many women with menopausal symptoms. But there's little evidence that black cohosh is effective, and the supplement can be harmful to the liver.
- **Yoga.** Some studies show that yoga — a combination of controlled breathing, posing and meditation — and tai chi and qi gong — a series of slow movements and meditation — may be effective in decreasing the number of hot flashes in perimenopausal women. It's best to take a class to learn how to perform postures and the proper breathing techniques.
- **Acupuncture.** Acupuncture may have some temporary benefit in helping to reduce hot flashes.

You may have heard of — or even tried — other dietary supplements, such as red clover, kava, dong quai, DHEA, evening primrose oil and wild yam (natural progesterone cream). Scientific evidence on effectiveness is lacking, and some of these products may be harmful.

Talk with your doctor before taking any herbal or dietary supplements for menopausal symptoms. The herbal products are not regulated, and some can be dangerous or interact with other medications you take, putting your health at risk.

Some women will choose treatment for their symptoms and to prevent bone loss. If you choose treatment, estrogen alone or estrogen with progestin (for a woman who still has her uterus or womb) can be used.

What are the benefits from using hormones for menopause?

Hormone therapy is the most effective approved medicine for relief of your hot flashes, night sweats or vaginal dryness. MHT is one of the main treatments for the menopause. It helps to relieve menopausal symptoms by replacing oestrogen.

MHT is available in many forms including tablet, creams or gel, a skin patch or an implant.

Hormones may reduce your chances of getting thin, weak bones which break easily (osteoporosis).

Hormones may also reduce your risk of colon cancer.

How do hormones help with menopause?

Reduce hot flashes

Treat vaginal dryness

Slow bone loss

Who should not take hormone therapy for menopause?

Women who...

Think they are:

Pregnant

Have problems with vaginal bleeding

Have had certain kinds of cancers

Have had a stroke or heart attack in the past year

Have had blood clots

Have liver disease

What are the risks of using hormones?

For some women, hormone therapy may increase their chances of getting blood clots, heart attacks, strokes, breast cancer, and gall bladder disease. For a woman with a uterus, estrogen increases her chance of getting endometrial cancer (cancer of the uterine lining). Adding progestin lowers this risk.

Should hormone therapy be used to protect the heart or prevent strokes?

Do not use hormone therapy to prevent heart attacks or strokes.

Should hormone therapy be used to prevent memory loss or Alzheimer's disease?

Do not use hormone therapy to prevent memory loss or Alzheimer's disease.

Do hormones protect against aging and wrinkles?

Studies have not shown that hormone therapy prevents aging and wrinkles.

How long should I use hormones for menopause?

You should talk to your doctor, nurse or pharmacist. ***Again, hormones should be used at the lowest dose that helps and for the shortest time that you need them.***

Does it make a difference what form of hormones I use for menopause?

The risks and benefits may be the same for all hormone products for menopause, such as pills, patches, vaginal creams, gels and rings.

Are herbs and other "natural" products useful in treating symptoms of menopause?

At this time, we do not know if herbs or other "natural" products are helpful or safe. Studies are being done to learn about the benefits and risks.

Too little evidence supports benefit of compounded bioidentical hormones, phytoestrogens, herbal remedies, or exercise

What can I do to improve my health whether I am using hormones or not?

Talk with your doctor, nurse or pharmacist, and have regular check ups

Don't smoke

Eat right and watch your weight

Ask if you should take calcium and vitamin D; discuss bone health

- Exercise
- Have your blood pressure, cholesterol, and blood sugar checked
- Have a breast exam and a mammogram (breast X-ray)

Types of MHT

- **oestrogen-only HT** – recommended for women who have had their womb and ovaries removed; if oestrogen is taken on its own it can thicken the womb lining, increasing your risk of cancer
- **combined HT** – for women who are experiencing menopausal symptoms but are still having periods (you take both oestrogen and progesterone)
- **continuous HT** – for post-menopausal women

MHT is available as a cream or gel, a tablet, a skin patch or an implant.

A number of side effects are associated with MHT, including weight gain, tender breasts, nausea, headaches and mood changes. You may be able to reduce any side effects that you have by changing the type or dose of MHT that you are using.

Is Hormone Therapy (HT) Right for Me?

- HT is the most effective medical treatment for hot flashes, night sweats, and the fatigue that may come with them.
- HT is the most effective medical treatment for vaginal dryness and the discomfort with sex and leaking urine that may come with these symptoms. For vaginal dryness, you can use estrogen in a cream, tablet, or ring placed in the vagina alone (no progesterone) without worry of increased risk for uterine cancer.
- HT reduces the risks of osteoporosis and the fragile, broken bones that may come with it.
- HT reduces the chance that you will get colon cancer.

Heart Disease, Stroke, Blood Clots, and Breast Cancer

- HT increases the risk of heart disease.
- HT increases the risk of stroke.
- HT increases the risk that you will have a blood clot in your leg or lungs.
- HT increases the risk of breast cancer.

Depression and Alzheimer's Disease

HT may or may not help with depression or Alzheimer's disease. HT may increase the risk for Alzheimer's disease when started in women over 65 years of age.

The risk of serious health problems with HT is small, but important.

How to Decide

- HT is not a good choice if you have had liver disease, breast cancer, ovarian cancer, uterine cancer, heart disease, stroke, blood clots in your legs or lungs, or a strong family history of heart disease or breast cancer.
- HT may be a good choice if you have a strong family history of osteoporosis and broken bones, and you have symptoms that are making you uncomfortable.
- If you are having severe hot flashes, you might choose a low dose of HT for a short time.
- If your main concern is vaginal dryness, a topical (in the vagina) estrogen treatment may be all you need.

Together we can make the best decision for you.

Tibolone

Tibolone is a synthetic (man-made) hormone that acts in the same way as HRT. It may be recommended as an alternative to combined HRT for post-menopausal women who want to end their periods.

Clonidine

Clonidine is a medicine that was originally designed to treat high blood pressure, but it has been found to reduce hot flashes and night sweats in some menopausal women.

Vaginal lubricants

If you experience vaginal dryness, your GP can prescribe a vaginal lubricant or moisturiser that can be used for as long as you like.

Antidepressants

Although they are not licensed for treating hot flashes, there are several antidepressant medications that may be effective, including:

- venlafaxine
- fluoxetine
- citalopram
- paroxetine

Potential side effects of these antidepressants can include nausea, dizziness, dry mouth, anxiety and sleeping problems.

Follow-up

If you are taking HRT, you will need to return to your GP for a follow-up review three months after starting the treatment and once a year after that. At your three-month review your GP will:

- make sure your symptoms are under control
- ask you about any side effects and bleeding patterns
- check your blood pressure and weight

At your review we will:

- review the type of HT you are taking and make any necessary changes
- examine your breasts and show you how to do it yourself
- remind you about the benefits and risks of HT

If you are using non-HT treatments, you will need to return for a review at least once a year. If your symptoms have stopped after one-two years of treatment, we will decide with you when to stop treatment.

Your symptoms may recur for a short period, but as long as this does not continue in the long term you may be able to stop taking it permanently.

Early menopause

A premature menopause is where a woman under 45 years of age experiences the menopause.

If you are under 40 years of age and you experience the menopause, you can be seen for treatment and to discuss your fertility (ability to conceive).

You will need treatment to ease your symptoms and prevent osteoporosis (brittle bones) which is more likely to occur as the level of oestrogen in your body decreases.

MHT and the combined contraceptive pill are recommended treatments because they both contain oestrogen and progestogen.

Benefits and risks

The risks of conjugated equine estrogen and medroxyprogesterone acetate outweigh the benefits.

Over the years, many studies have been carried out looking at the benefits and risks of HRT.

The main benefit is that it is a very effective method of controlling menopause symptoms. It can make a significant difference to a woman's quality of life and wellbeing.

MHT can also reduce a woman's risk of developing osteoporosis and cancer of the colon and rectum. However, long-term use is rarely recommended, and bone density will fall rapidly after MHT is stopped.

MHT slightly increases the risk of developing breast cancer, endometrial cancer, ovarian cancer and stroke. Other medicines are available to treat osteoporosis that do not carry the same level of associated risk.

Most experts agree if MHT is used on a short-term basis (no more than five years), the benefits outweigh the risks.

If MHT is taken for longer, particularly for more than 10 years, you should discuss your individual risks with your GP and review them on an annual basis.

Understanding the risks of HT

When deciding whether to have hormone replacement therapy (HRT), it is important to understand the risks and put them into perspective.

Many medical studies on HT have been published over the past 10 years which have received a great deal of negative publicity. As a result, many women have been reluctant to use HRT.

Breast cancer

However, it could be argued that the data within the studies was misleading. For example, if you read an article that says using combined HT for five years increases your risk of developing breast cancer by 60%, you may be alarmed.

While this is statistically true, the average risk of developing breast cancer without other contributory risk factors (your annual baseline risk) is very small, just 1%. So using HRT for five years would only increase the average risk from 1% to 1.6%.

Cancer Research UK summarises the breast cancer risk associated with HT as follows:

- Research has shown that taking HT does increase breast cancer risk.
- Combined HT increases breast cancer risk more than the oestrogen-only HT.
- Women taking combined HT have double the breast cancer risk of women who do not take HT.
- The longer you take HT, the more your breast cancer risk increases.

However:

- Your risk appears to return to normal within five years of stopping taking HT.

Read more about [HT and breast cancer risk](#) on the Cancer Research UK website.

Due to the associated risk of breast cancer, if you are taking HT it is important you attend all your breast-screening appointments.

Ovarian cancer

Cancer Research UK summarises the ovarian cancer risk associated with HT as follows:

- Research has shown that taking HT slightly increases the risk of developing ovarian cancer.
- The longer HT is taken, the more the risk increases.

However:

- When HRT is stopped, risk returns to normal over the course of a few years.

Read more about HT and ovarian cancer risk on the Cancer Research UK website.

Endometrial cancer

If you take progestogen as directed, there is no increased risk of developing endometrial cancer (cancer of the womb).

It is very important you take progestogen as directed because only taking oestrogen will significantly increase your risk of developing endometrial cancer.

Stroke and heart attacks

Preliminary results of a recent American study have suggested a small increased risk of heart disease and stroke for women taking HT.

However, British researchers currently carrying out a 10-year study, say at present evidence is inconclusive.

HT RECOMENDATIONS :

The recommendations are listed in 3 tiers:

- Level A ("good or consistent scientific evidence"):
 - Systemic HT, with just estrogen or estrogen plus progestin, is the most effective approach for treating vasomotor symptoms.
 - Low-dose and ultra-low systemic doses of estrogen have a more favorable adverse effect profile than standard doses.
 - Healthcare providers should individualize care and use the lowest effective dose for the shortest duration.
 - Thromboembolic disease and breast cancer are risks for combined systemic HT.
 - Selective serotonin reuptake inhibitors, selective serotonin and norepinephrine reuptake inhibitors, clonidine, and gabapentin relieve vasomotor symptoms and are alternatives to HT.
 - Local estrogen therapy is advised for isolated atrophic vaginal symptoms.

- The only nonhormonal therapy approved to treat vasomotor symptoms is paroxetine, and to treat dyspareunia is ospemifene.
- Level B conclusions ("limited or inconsistent scientific evidence"):
 - Data do not support use of progestin alone, testosterone, compounded bioidentical hormones, phytoestrogens, herbal supplements, and lifestyle modifications.
 - "Common sense lifestyle solutions" are layering clothing, lowering room temperature, and consuming cool drinks.
 - Nonestrogen water-based or silicone-based lubricants and moisturizers may alleviate pain.
- Level C recommendation ("based primarily on consensus and expert opinion"):
 - Individualize the decision to continue HT.

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Global Consensus Statement on Menopausal Hormone Therapy

The past 10 years saw much confusion regarding the use of menopausal hormone therapy (MHT). New evidence challenged previously accepted clinical guidelines, especially on aspects of safety and disease prevention. This led to

many women unnecessarily being denied the use of MHT.

Detailed revised guidelines were published and regularly updated by the major regional menopause societies.

The confusion

was initially escalated by significant differences amongst published guidelines. In recent revisions, the differences have become much less. In view of this, The International Menopause Society took the initiative to arrange a round-table discussion, in November 2012, between representatives of the major regional menopause societies to reach

consensus on core recommendations regarding MHT. The aim was to produce a short document in bullet-point style,

only containing the points of consensus. It is acknowledged that, in view of the global variance of disease and regulatory

restrictions, these core recommendations do not replace the more detailed and fully referenced recommendations prepared

by individual national and regional societies. This document serves to emphasize international consensus regarding

MHT and is aimed at empowering women and healthcare practitioners in the appropriate use of MHT.

□ MHT is the most effective treatment for vasomotor symptoms associated with menopause at any age, but benefits are more likely to outweigh risks for symptomatic women before the age of 60 years or within 10 years after menopause.

MHT is effective and appropriate for the prevention of osteoporosis-related fractures in at-risk women before age 60 years or within 10 years after menopause.

□ Randomized clinical trials and observational data as well as meta-analyses provide evidence that standard-dose

estrogen-alone MHT may decrease coronary heart disease and all-cause mortality in women younger than 60 years

of age and within 10 years of menopause. Data on estrogen plus progestogen MHT in this population show a similar trend for mortality but in most randomized clinical trials no significant increase or decrease in coronary heart

disease has been found.

Local low-dose estrogen therapy is preferred for women whose symptoms are limited to vaginal dryness or associated

discomfort with intercourse.

Estrogen as a single systemic agent is appropriate in women after hysterectomy but additional progestogen is required

in the presence of a uterus.

The option of MHT is an individual decision in terms of quality of life and health priorities as well as personal risk

factors such as age, time since menopause and the risk of venous thromboembolism, stroke, ischemic heart disease and breast cancer.

The risk of venous thromboembolism and ischemic stroke increases with oral MHT but the absolute risk is rare below age 60 years. Observational studies point to a lower risk with transdermal therapy.

The risk of breast cancer in women over 50 years associated with MHT is a complex issue. The increased risk of

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Breast cancer is primarily associated with the addition of a progestogen to estrogen therapy and related to the duration

of use. The risk of breast cancer attributable to MHT is small and the risk decreases after treatment is stopped.

The dose and duration of MHT should be consistent with treatment goals and safety issues and should be individualized.

In women with premature ovarian insufficiency, systemic MHT is recommended at least until the average age of the

natural menopause.

The use of custom-compounded bioidentical hormone therapy is not recommended.

Current safety data do not support the use of MHT in breast cancer survivors.

These core recommendations will be reviewed in the future as new evidence becomes available.