



# HRT advice

## *Information for specific scenarios*

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The results from the Women's Health Initiative (WHI) trial in the United States have shown that in postmenopausal women with an intact uterus there was a slightly increased risk of breast cancer (1.26-fold), coronary heart disease (1.29-fold mainly accounted for by nonfatal acute myocardial infarction), stroke (1.41-fold) and pulmonary embolism (2.13-fold) with prolonged use (>5 years) of oral combined oestrogen/progesterone hormone replacement therapy (HRT). It was also shown that these same women had a reduced risk of colorectal cancer (0.63-fold) and fracture (0.66-fold).

That is, for every 10 000 women taking prolonged combined HRT there would be eight more breast cancers, seven more heart attacks, eight more pulmonary emboli and eight more strokes each year. For the same 10 000 women there would be six fewer bowel cancers and five fewer hip fractures a year.

Overall the study found no increased risk of all cancers and no increased risk of death from all causes in postmenopausal women taking combined HRT.

### **The menopausal woman with symptoms**

Combined HRT is still recommended for the alleviation of menopausal symptoms in woman with an intact uterus. There is no evidence of an increased risk of breast

cancer in women using oral combined HRT for less than five years. It is recommended that all women undergo a full medical check up including a mammogram and Pap smear before commencing HRT. At present HRT is not recommended for symptomatic women with a history of heart disease because of the increased risk of thrombosis.

### **The menopausal woman without symptoms**

The results from the WHI have shown the benefits of taking continuous combined HRT for the prevention of heart disease and osteoporosis do not outweigh the risks and therefore HRT cannot be recommended in this situation. Although the study was not primarily investigating osteoporosis it did find osteoporosis was decreased in women taking combined HRT, however, the benefits still did not outweigh the risks.

### **The postmenopausal woman who has been taking HRT for five years or more**

In Australia the average woman's risk of developing breast cancer is approximately 7% from the age of 50. The results from the recent WHI suggest that taking HRT for longer than five years increases that risk to approximately 7.5-8.0%.

The results also suggest women may

have a similar increase in the risk of heart disease. The study author's suggest there is at best no cardiovascular benefit in combined HRT and possibly harm.

However, in a recent study the average age of women at commencement of HRT was 63 years with two-thirds being over the age of 60 when the study began. In addition two-thirds of the women were overweight with half of these being classified as obese. Consequently the relevance of the findings in relation to the risk of heart disease in the younger, nonoverweight menopausal woman is subject to debate.

The WHI also found a reduction in the risk of bowel cancer and fracture in women taking HRT. Overall, the study found there was no increase in the death rate from any cause or in the occurrence of cancers in women taking continuous combined HRT.

All women who have been on continuous combined HRT orally for five or more years need to be made aware of these statistics. The decision to cease or continue with HRT should be made with the consideration of the woman's medical history, her risk factors and her personal preference.

Women choosing to cease HRT should reduce their dose gradually over a couple of months before ceasing completely to prevent possible rebound flushing.

### **The postmenopausal woman taking HRT for osteoporosis**

As above. However, non-HRT options such as raloxifene (Evista), tibolone (Livial), alendronate (Fosamax) and risendronate (Actonel) are appropriate alternatives to help treat osteoporosis.

### **The woman taking transdermal HRT**

The WHI findings relate only to oral HRT, they do not tell us anything about the benefits or risks of other modes of HRT administration such as patches, gels or implants. The study authors suggest a different profile may exist with patches etc.

### **The postmenopausal woman taking oestrogen only HRT who has had a hysterectomy**

The findings of the WHI do not pertain to this situation. In fact the oestrogen only arm of the WHI is continuing on the recommendation of the study authors because the balance of overall risks and benefits remains uncertain.

Source: Writing Group for the Women's Health Initiative Investigators. Risks and benefits of oestrogen plus progestin in healthy postmenopausal women: principal results from the women's health initiative randomised controlled trial. JAMA 2002; 288(3)321-333; <http://jama.ama-assn.org/issues/v288n3/full/joc21036.html>

Source: <http://www.racgp.org.au/document.asp?id=577>

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