A Practical Guide to Prescribing Hormone Replacement Therapy

Karen A. McKinney and William Thompson

Department of Obstetrics and Gynaecology, Queen’s University of Belfast, Belfast, Northern Ireland

Abstract
Over the past 20 years there has been increasing interest in the menopause and hormone replacement therapy (HRT). More recently, postmenopausal HRT has been seen as a specific treatment for symptoms in the short term and preventative therapy in the long term. Women must be counselled regarding the risks and benefits of HRT according to the best available evidence. The patient should also be actively involved in the decision regarding HRT therapy, which should then improve patient compliance.

Generally, an appropriate regimen of HRT can be formulated for the majority of patients. Progestogen should be added to therapy in women with an intact uterus in a cyclical or continuous regimen. The management of common estrogenic and progestogenic adverse effects is important in improving compliance. At present, new drugs are being developed for the management of the menopause and hormone replacement therapy (HRT).
(selective estrogen receptor modulators and phytoestrogens). Obviously, further research will be necessary to determine whether these drugs have advantages over regular HRT.

By offering postmenopausal women HRT an attempt is made to optimise their physical and psychological well-being. However, HRT is not without adverse effects, the most worrying of which is the possible increase in breast cancer risk with long term use. However, with patient education efforts, treatment regimens acceptable to both patient and practitioner can be initiated; in this regard, the aim of the practitioner should be to help the menopausal woman make the decision which is the most appropriate for her.

Over the past 20 years there has been enormous interest in both the menopause and hormone replacement therapy (HRT). Most recently, the role of the menopause in the aetiology of major age-related disease in women has become apparent. Postmenopausal HRT can be seen as a specific treatment for symptoms in the short term and preventative therapy in the long term. The perception of the menopause as a problematic time for almost all women is changing and it seems that it is no longer viewed as a negative experience by the majority of women.[1] Unfortunately, data from randomised, controlled clinical trials on the impact of HRT on women’s health are still lacking. To this end, we await the completion of the Women’s Health Initiative in the US and the Medical Research Council trial which has just commenced in the UK. Definitive answers on questions such as the possibility of increased breast cancer risk in patients on long term HRT should then be available. Until that time, treatment recommendations are based on results from observational studies.

1. The First Clinic Attendance

At initial assessment women must be counselled regarding the risks and benefits of HRT based on the best available evidence. Physical examination, which should be carried out, should include height, bodyweight, arterial blood pressure and breast and pelvic examination, including cervical smear if indicated. After discussion with the patient, a decision regarding HRT can be made. Close patient involvement in that decision will improve patient compliance.

1.1 Screening

Patients are advised to have 3-yearly mammography screening, which is offered after the age of 50 years in the UK. Older women (>64 years) are outside the screening programme and should be advised to continue with the 3-yearly screening programme.

2. Contraindications to Postmenopausal Hormone Replacement Therapy (HRT)

2.1 Absolute Contraindications

Absolute contraindications to HRT are rare, and many patients are told that they must not receive such therapy when this is not actually the case. Severely impaired liver function and acute vascular disease (including embolus and thrombosis) should be considered as absolute contraindications to HRT. Women with slight or moderate impairment of liver function may benefit from HRT as they are at higher risk of osteoporosis (due to decreased bone formation and less commonly osteomalacia) as well as elevated cholesterol (especially cholestatic liver disease).[2] Women who are heterozygous for mutant factor V Leiden (approximately 6% of Caucasian women) have a 5-fold increased risk of thrombosis (primarily venous). With the addition of HRT, the risk of thrombosis is increased to 50 times that of the general public and is also associated with osteonecrosis.[3,4] If fasting triglyceride levels are >500 mg/dl, estrogens should be avoided as the risk of acute pancreatitis is very high.[5]