Hormone Replacement Therapy
HRT, ERT & HT

At menopause, your body begins making less estrogen and progesterone hormones. This causes the body to stop having menstrual periods. This is because estrogen and progesterone hormones control your periods and menstrual cycle. A lack of estrogen may cause symptoms such as:

- Hot flushes (or hot flashes).
- Vaginal dryness.
- Dry skin.
- Loss of sex drive.
- Risk of bone loss (*osteoporosis*).

When this happens, you may choose to take hormone therapy to get back the estrogen lost during menopause. When the hormone estrogen is given alone, it is usually referred to as ERT (*Estrogen Replacement Therapy*). When the hormone progestin is combined with estrogen, it is generally called HT (*Hormone Therapy*). This was formerly known as hormone replacement therapy (HRT). Your caregiver can help you make a decision on what will be best for you. The decision on using HRT seems to change often as new studies are done. Many studies do not agree on the benefits of hormone replacement therapy.

LIKELY BENEFITS OF HRT INCLUDE PROTECTION FROM:

- **Hot Flushes** (also called hot flashes) - A hot flush is a sudden feeling of heat that spreads over the face and body. The skin may redden like a blush. It is connected with sweats and sleep disturbance. Women going through menopause may have hot flushes a few times a month or several times per day depending on the woman.
- **Osteoporosis** (bone loss)- Estrogen helps guard against bone loss. After menopause, a woman's bones slowly lose calcium and become weak and brittle. As a result, bones are more likely to break. The hip, wrist, and spine are affected most often. Hormone therapy can help slow bone loss after menopause. Weight bearing exercise and taking calcium with vitamin D also can help prevent bone loss. There are also medications that your caregiver can prescribe that can help prevent osteoporosis.
- **Vaginal Dryness** - Loss of estrogen causes changes in the vagina. Its lining may become thin and dry. These changes can cause pain and bleeding during sexual intercourse. Dryness can also lead to infections. This can cause burning and itching.
- **Urinary Tract Infections** are more common after menopause because of lack of estrogen.
- Possible other benefits of estrogen include a positive effect on mood and short-term memory in women.

SIDE EFFECTS AND RISKS

- Using estrogen alone without progesterone causes the lining of the uterus to grow. This increases the risk of endometrial cancer. Your caregiver should give another hormone called progestin if you have a uterus.
- Women who take combined (estrogen and progestin) HT appear to have an increased risk of breast cancer. The risk appears to be small, but increases throughout the time that HT is taken.
- Combined therapy also makes the breast tissue slightly denser which makes it harder to read mammograms (breast x-rays).
- Combined, estrogen and progesterone therapy can be taken together every day, in which case there may be spotting of blood. HT therapy can be taken cyclically in which case you will have menstrual periods.
- HT may increase the risk of stroke, heart attack, breast cancer and forming blood clots in your leg.

TREATMENT

- If you choose to take HT and have a uterus, usually estrogen and progestin are prescribed.
- Your caregiver will help you decide which is the best way to take the medications.

- It is best to take the lowest dose possible that will help your symptoms and take them for the shortest period of time that you can.
- Hormone therapy can help relieve some of the problems (*symptoms*) that affect women at menopause. Before making a decision about HT, talk to your caregiver about what is best for you. Be well informed and comfortable with your decisions.

HOME CARE INSTRUCTIONS

- Follow your caregivers advice when taking the medications.

A PAP smear is done to screen for cervical cancer.

- The first PAP smear should be done at age 21.
- **Between ages 21 and 29**, **PAP smears are repeated every 2 years**.
- Beginning at age 30, you are advised to have a PAP smear **every 3 years as long as your past 3 PAP smears have been normal.**
- Some women have medical problems that increase the chance of getting cervical cancer. Talk to your caregiver about these problems. It is especially important to talk to your caregiver if a new problem develops soon after your last PAP smear. **In these cases, your caregiver may recommend more frequent screening and Pap smears.**
- The above recommendations are the same for women who **have** or **have not** gotten the vaccine for HPV (Human Papillomavirus).
- If you had a hysterectomy for a problem that was **not** a cancer or a condition that could lead to cancer, then you no longer need Pap smears.
- If you are between ages 65 and 70, and you have had normal Pap smears going back 10 years, you no longer need Pap smears.
- If you have had past treatment for cervical cancer or a condition that could lead to cancer, you need Pap smears and screening for cancer for at least 20 years after your treatment.

- Get mammograms done as per the advice of your caregiver.

WHEN ON HRT, SEEK IMMEDIATE MEDICAL CARE IF YOU DEVELOP:

- Abnormal vaginal bleeding.
- Pain or swelling in your legs, shortness of breath or chest pain.
- Dizziness or headaches.
- Lumps or changes in your breasts or arm pits.
- Slurred speech.
- Weakness or numbness of your arms or legs.
- Pain, burning or bleeding when urinating.
- Abdominal pain.

Recommendations on replacement hormone therapy keep changing. You can get the latest information by contacting:

North American Menopause Society
Phone: (440) 442-7550
Internet Address: http://www.menopause.org/

The Hormone Foundation
Phone: (800) 467-6663
Internet Address: http://www.hormone.org/

American College of Obstetricians and Gynecologists
Phone: (202) 863-2518
Internet Address: http://www.acog.org/

Women's Health Initiative (1-800-54-WOMEN)
Phone: (301) 402-2900
Internet Address:
http://www.nhlbi.nih.gov/whi/index.html

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