A/PROF. JOHN PARDEY
MBBS (UNSW) FRCOG FRANZCOG
OBSTETRICIAN & GYNAECOLOGIST

A/PROF. JOHN PARDEY AND ASSOCIATES

# Hormone Replacement Therapy (HRT)
# The Risks Vs The Benefits

Probably one of the most difficult question that can be asked of a Gynaecologist, is, should I take HRT?

The evidence is mixed at the moment. The women's health initiative study says that combined Oestrogen/Progesterone therapy is associated with an increased risk of breast cancer. The increase in risk is a straight line with every year on therapy increasing risk by the same amount as the previous year. The total risk of death after 10 years (is, as I understand it, roughly the same as the road toll) so yes there are risks, the risks are of a very adverse outcome but the risks are not numerically huge. There has been much debate about the risk of heart attack and stroke. The evidence currently is that if you take HRT from the time of the menopause you probably reduce your overall risk. So if it is taken from 50 to 60 you probably have a lesser risk. It you start it after a long break and take it say from 60 to 70 not having taken it for the previous 10 years, you probably increase your risk. Presumably what happens is that the arteries soften and the bits of plaque break off and move downstream. No one really knows but in your situation it doesn't seem to create a bid difference.

The current recommendation is that hormone replacement therapy should be taken for a short term (usually interpreted as less than 10 years) for relief of menopausal symptoms. Ultimately taking HRT is a risk-taking endeavour. I have often pointed out to women that I own a very large motorcycle and sometimes I ride it quite quickly on country roads. If I fall off at my age and weight and my standard of health, the answer is that I will probably die or be crippled and I know that is the risk and I take it knowing that my life is better if I go for that fast ride occasionally. All humans do this to some extent. It is known as risk taking behaviours. Some people take it to excess and some people do it much less, but every endeavour carrier some risk. What matters is whether the risk run is worth the profit gained and that means that hormone replacement therapy becomes an intensely individual decision.

If, whilst taking HRT, you feel no different to what you do when you are not taking it, then I would strongly recommend throwing the bottle in the bin. If you had severe vaginal pain, skin pain, depression, hot flushes such that you are not sleeping and some of the other changes that have been associated with menopause it can be worth taking HRT even if you already have breast cancer. Indeed I have had one lady in exactly that situation who had severe vulval and vaginal pain when not on hormone therapy who had active breast cancer and, after discussion with myself, her medical and surgical oncologists, eventually elected to start on HRT knowing that it would hasten her death because she knew that whatever life she had left, would be more comfortable on the way.

The final choice really depends on what type of symptom you have from the menopause and how completely it is relieved by the HRT. The traditional arguments of protection of bone probably are not nearly so relevant now as we have much better medication for relief of bone thinning. Equally the arguments in terms of collagen thinning with menopause have not been proven but probably are more relevant today because with the loss of strength of fibrous tissue in the pelvis, the prolapse remains somewhat more difficult to fix once Oestrogen therapy has been missing for a long term.

NEPEAN PRIVATE HOSPITAL CONSULTING ROOMS • 1 BARBER AVENUE • KINGSWOOD • NSW • 2747
PO BOX 724 • KINGSWOOD • NSW • 2747
PHONE: (02) 4721 1555 • FAX: (02) 4721 3479
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There are other alternatives to hormone replacement therapy. There are the natural therapies for example Remifemin or Promensil, which work on an oestrogen like substance buried in legumes and seems to have no down side. There is a medication variant of these that is more specific and more effective in terms of release of side effects known as Livial (Tibolone). There is a lot of research to this. There is no clear evidence that Tibolone increases the risk of breast cancer significantly. The women's health initiative study did show a slight increase over time but given that in the country involved (the UK) Tibolone is exclusively used in women who are perceived as high risk for such outcomes, one would expect a slight rise in risk over time compared to the population average. Certainly if there is an effect, it is far less than traditional hormonal replacement therapy. Livial can be prescribed by your GP and is a perfectly valid option for those it suits.

It is as they say in the movies, your call. I wish you the very best.