



Hormone replacement therapy: Frequently asked questions

What is hormone replacement therapy?

Hormone replacement therapy (HRT) consists of estrogen and progesterin (a synthetic form of progesterone) taken to relieve the symptoms of menopause and to reduce the risk of osteoporosis.

What are estrogen and progesterone?

Estrogen and progesterone are female hormones naturally produced by a woman's ovaries. Estrogen and progesterone help control a woman's menstrual cycle. Estrogen also influences how the body uses calcium (important for building and strengthening bones), maintains the skin's elasticity, and helps keep the vagina and bladder healthy.

As menopause nears, a woman's ovaries stop producing estrogen and progesterone. Low estrogen levels may cause menopause symptoms and can lead to changes in a woman's overall health.

What symptoms of menopause does estrogen treat?

- Hot flashes (sudden sensations of warmth that spread over the upper body)
- Vaginal dryness
- Dry skin
- Sleeplessness
- Irritable bladder and bladder problems.

When taken long-term, HRT can also reduce your risk of osteoporosis by preserving bone mass. Osteoporosis weakens bones and makes them more likely to fracture. HRT has been shown to reduce hip fractures and colon cancer. Other

options are available to prevent and treat osteoporosis, however.

Why is progesterin taken?

If estrogen is taken without progesterin, it increases a woman's risk for cancer of the endometrium, the tissue lining the uterus. Estrogen stimulates cell growth in the endometrium. During a woman's reproductive years, endometrial cells are shed during menstruation. When the endometrium is no longer shed, estrogen can cause an overgrowth of cells in the uterus, a condition that can increase a woman's risk of endometrial cancer.

Women who have had a hysterectomy (removal of the uterus through surgery) do not usually need to take progesterin.

Which form of medication should I take?

Estrogen is available in pills, skin patches, and vaginal creams, rings, or tablets. Progesterin is usually taken in pill form but is also available in a skin patch, vaginal gel, and IUD. You should choose the form that matches your needs, health status, age, and other factors.

Some types of HRT can relieve specific symptoms. For example, a vaginal estrogen cream or ring may be the best choice for a woman who wants to relieve vaginal dryness caused by menopause. However, creams, rings, or vaginal tablets cannot provide enough estrogen to reduce the risk of osteoporosis.

Before you choose a hormone program, ask your health care provider to describe all of your treatment options.



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What are the risks?

Estrogen increases the risk of endometrial cancer if a woman still has her uterus and is not taking progesterone along with the estrogen.

Other health risks are:

- Increased risk of gallbladder disease
- Increased risk of blood clots, stroke, and heart attack.
- Rare: Increased blood pressure in some women.

One part of a large study called the Women's Health Initiative was designed to assess the major benefits and risks of HRT in older postmenopausal women for selected conditions—for example, to find out whether HRT prevents heart disease or causes cancer. This part of the study was stopped early (after 5.2 years of treatment) when the researchers found that the women taking HRT had a higher risk of breast cancer, heart disease, and stroke than those who received placebo (a dummy pill). However, the HRT users were less likely to have hip fractures or colorectal cancer, and overall the mortality rate was the same. The researchers recommended that if you are thinking about taking HRT (or if you are currently on it), you should work with your doctor to weigh your individual risk-benefit ratio.

What are the side effects of HRT?

Estrogen can cause side effects similar to the discomforts of menstruation, including:

- Leg cramps
- Headaches
- Water retention

Progestins can cause:

- Tender and swollen breasts
- Fatigue
- Irritability
- Monthly bleeding.

Is HRT safe for everyone?

Most women can safely take HRT for a short time (4 years or less) to relieve menopause

symptoms. However, HRT is not usually recommended for women who have:

- Current or past breast cancer
- Recurrent or recent endometrial cancer
- Abnormal vaginal bleeding
- Recurrent or recent blood clots
- Liver disease.

HRT may not be advisable for some women who have:

- Risks for heart attack or stroke
- Epilepsy
- Recent heart attack
- Endometriosis
- Fibrocystic breast disease
- Uterine fibroids
- Gallbladder disease
- High risk for blood clots.

Will HRT make me gain weight?

Estrogen may cause you to retain water, which can lead to temporary weight gain. However, HRT has not been shown to lead to weight gain. Your doctor may be able to reduce water retention by adjusting your dose of estrogen. Hormones do not cause weight gain, nor do they prevent age-related weight gain common in sedentary American women.

How long should I take HRT?

Women should reevaluate their treatment plans each year. Estrogen therapy must continue long-term to reduce the risk of osteoporosis.

How can I know if HRT is right for me?

There are many factors to consider when deciding whether to take HRT, including your current health status and medical history. Discuss your health concerns, medical history, and family history with your doctor, and weigh the risks and benefits of HRT.