HORMONE REPLACEMENT THERAPY

HRT for Menopause: How Safe and How Effective Is It?

For the right woman, at the right time, in the right form, yes, and it is highly effective. It is not a blanket ·safe· or ·dangerous.· The risks depend on your age, timing, the type used, and your personal health, so it should be individualized with a doctor.

Swipe

THE BREAST CANCER FEAR

The Fear That Stops Most Women

This is the fear that stops most women. The honest answer: any added risk is small, and it depends heavily on the type. This is not zero risk, but the size of it is small and should be weighed against what HRT can do for you personally.

SYMPTOM RELIEF

About 70 to 90 Percent Fewer Hot Flashes and Night Sweats

HRT cuts hot flashes and night sweats by about 70 to 90 percent, and most women get major relief. For those symptoms it is the most effective option available.

TIMING AND THE HEART

Started Early, No Rise in Heart Disease

Women who begin HRT within about 10 years of menopause show no increase in heart disease, and, in long-term follow-up of the Women·s Health Initiative study, no higher overall mortality (no higher risk of dying from any cause). Starting much later, in your 70s, is where heart risk can rise. HRT is still not prescribed as a heart medicine.

BREAST CANCER RISK

Combined HRT: About 1 Extra Case per 1,000 Women a Year

Combined estrogen plus progestogen HRT slightly raises breast cancer risk, by roughly 1 extra case per 1,000 women per year of use. The risk rises the longer it is used, and some excess risk persists for more than a decade after stopping. Estrogen only HRT carries a lower risk than combined therapy (trial evidence found no increase, though large observational data suggest a small one), and vaginal estrogen is not linked to increased breast cancer risk.

BONE PROTECTION

Bone Density Preserved, Fracture Risk Lowered

HRT preserves bone density and lowers the risk of fractures, including hip fractures, for as long as you take it. The protection fades once HRT is stopped, so bone health is reviewed if you come off it.

PATCHES VERSUS PILLS

The Route Changes the Clot Risk

Estrogen given through the skin, as patches or gels, is not linked to the small increase in clots that some oral forms can carry, which is useful for women with clot risk factors. Oral estrogen combined with a synthetic progestogen roughly doubles the relative risk of clots. The type, dose, and route should be matched to your personal risk profile.

DECISION AND OVERSIGHT

Decided Together, Then Watched

You are not handed a prescription and sent away: the decision is made together, and then watched. HRT is a prescription treatment, and it is an individual decision, best made with a doctor. This article is for general information only and is not medical advice.