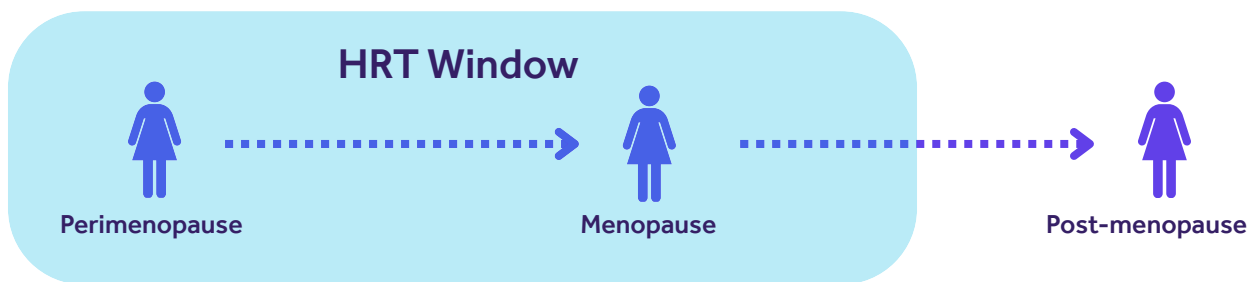


Hormone Replacement Therapy

What is HRT?

Hormone replacement therapy (HRT) is used to treat the symptoms of menopause. These symptoms are a direct result of estrogen and progesterone levels falling as women become menopausal (see menopause fact sheet for more information). The goal of HRT is to boost your hormone levels and thus relieve symptoms and improve quality of life. There are many different HRT treatment plans; the type of HRT, along with how and when you take HRT will depend on your symptoms, risk factors and personal preferences.

HRT can be prescribed at the beginning of the peri-menopausal period up to 10 years past menopause.^{1,2}



Types of HRT

Estrogen-only HRT

This is reserved for women who have undergone a previous hysterectomy (surgical removal of the uterus).

Combined HRT

This HRT option uses estrogen and progesterone, often each taken separately.

Tissue-selective Estrogen Complex (TSEC)

Newer HRT option which combines estrogen and bazedoxifene in place of progesterone.

How do you take HRT?

Estrogen replacement

- Oral pill
- Patch
- Gel

Progesterone replacement

- Oral pill
- Patch
- Intra-uterine device (IUD)

If women are taking combined HRT they may take estrogen in one form (ie: pill) and progesterone in another (ie: IUD).

How often do you take HRT?

Some forms of HRT will be taken every day, others are prescribed on a recurring cycle for 10-14 days/month.

Continuous HRT

If you've had a hysterectomy and take estrogen-only HRT, this form of HRT is taken every day.

If you are post-menopausal (>1 years since last period).

Cyclical HRT

If you are perimenopausal and therefore still experiencing periods.

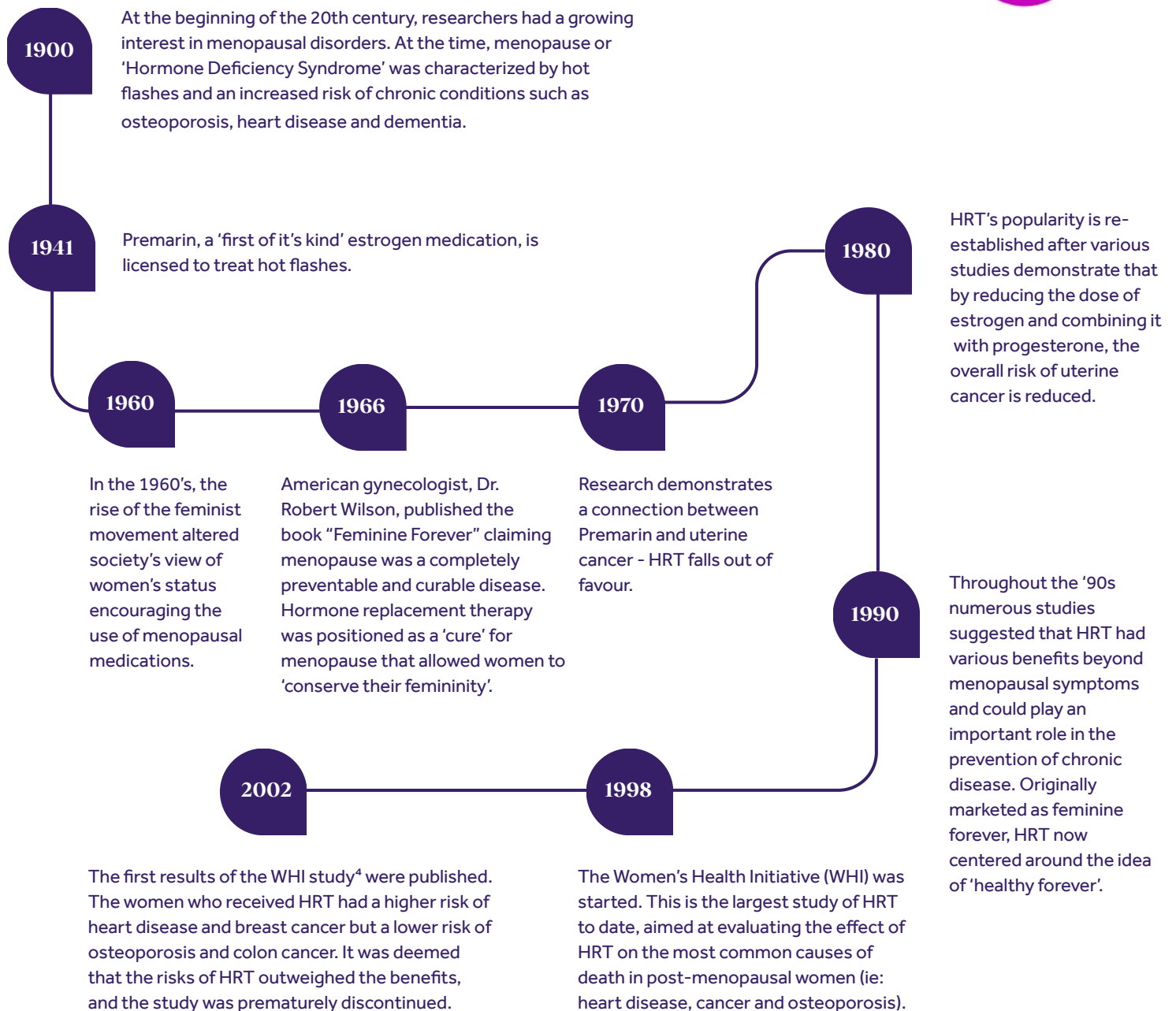
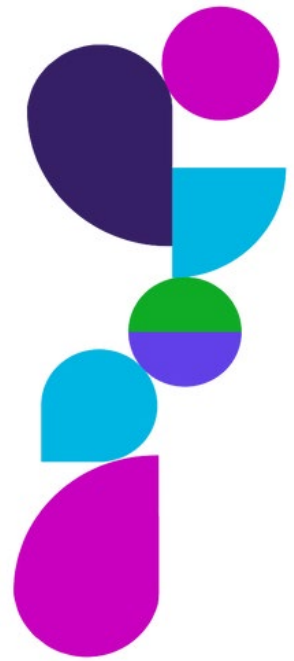
If you are experiencing early or premature menopause (women under 45 years old).

History of HRT

Many women will be familiar with the cautionary messaging surrounding HRT - 'HRT causes cancer', 'the risks outweigh the benefits', and 'HRT should only be prescribed to women with debilitating menopausal symptoms.' Many of these ideas stem from poorly interpreted studies and misinformation spread by the mainstream media.

Despite the countless studies published demonstrating the benefits of HRT use, many women struggle to find reliable information and counselling on whether HRT is right for them. A simple web search for HRT will show results for endless articles on the risks and benefits - all contradicting one another. So where does all this mis-information stem from?

To understand this widely debated and highly controversial topic, we must outline the historical research that first brought HRT into the spotlight. Below is a timeline of the rise and fall of HRT.³



A Deep Dive into the Findings of the WHI Study

When first published in 2002, the WHI findings were widely distributed in the media inciting panic among women, clinicians, and medical regulatory bodies - prescribing guidelines were changed, safety-restrictions were implemented, and the global perception of HRT had fallen into disrepute.

The results of the WHI study have been widely discussed and disputed since its publication. Here are some of the important considerations that highlight why we must interpret the WHI study results critically.⁵

1. The aim of the study

The WHI study was not investigating the use of HRT for menopausal symptoms, it was focused on the potentially protective relationship between HRT and chronic disease. This means the findings do not apply to women who are weighing up the risks and benefits of HRT for the treatment of menopausal symptoms.

2. The age of the participants

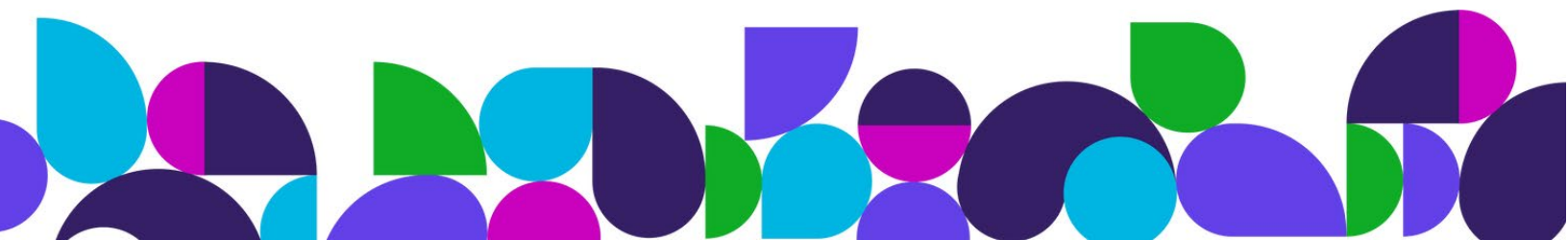
The WHI study was conducted on post-menopausal women who were on average more than 10 years from the start of menopause. Further studies have demonstrated that there is a beneficial window for HRT from pre-menopause up to 10 years into post-menopause. When started earlier, HRT has benefits not only to menopausal symptoms but also future chronic disease prevention and protection.

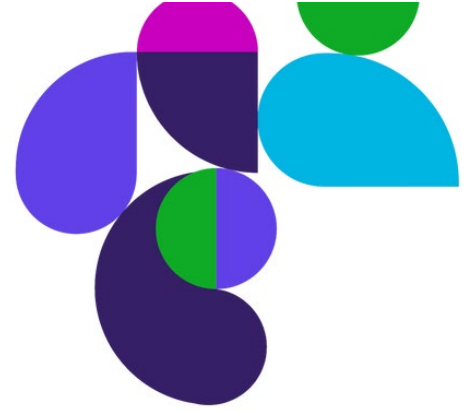
3. The type of estrogen and progesterone used

The WHI study looked at both estrogen-only HRT and combined HRT. There are many different chemical forms of estrogen and progesterone – the WHI study only looked at one of each. Further studies have demonstrated that there are different risks associated with different forms of estrogen and progesterone. The findings of the WHI apply only to the forms of estrogen and progesterone used in that study and should not be generalized to all types of hormones used in HRT.

The results of the study were falsely represented as though the risks of HRT outweigh the benefits for all uses, in women of all ages regardless of the type of estrogen and progesterone used. In other words, the findings were oversimplified and led to many sweeping generalizations about the risks of HRT.

In the decades following the publication of the WHI trial, many studies⁶ have conducted a reanalysis of the data demonstrating that in younger women or early post-menopausal women (within 10 years of menopausal onset), HRT has a beneficial effect on chronic disease prevention with a reduction in heart disease risk.





Risks and Benefits of HRT

Given its controversial history, many doctors are hesitant to prescribe HRT and even more women are anxious to take it. The research is conflicting and can be difficult to interpret on your own - this is why it's so important to pursue purposeful discussion and education with a women's health specialist.

Current medical guidelines support the use of HRT as it is safe and effective for most women. Deciding whether HRT is the right choice for you depends heavily on your menopausal symptoms, co-existing medical conditions and other risk factors. Just as with all medication, taking HRT is associated with certain risks - you and your care provider have to decide together whether these risks outweigh the many benefits of taking HRT.

HRT reduces the frequency and severity of hot flashes and night sweats by up to 90%.¹

Menopausal symptoms

The Society of Obstetricians and Gynecologists of Canada and the North American Menopause Society recommend HRT as the first line treatment for hot flashes/night sweats in menopausal and perimenopausal women.¹

Heart disease

HRT reduces your risk of heart disease as long as it is initiated within 10 years of your last period.

Osteoporosis

HRT has a protective effect on your bones and reduces the risk of osteoporotic fractures.

Stroke

HRT has a very small increase in risk of stroke. This risk can be reduced with lower doses of estrogen replacement and choosing topical estrogen patches and gels over oral options.

HRT and Cancer

Breast Cancer

- There is a small increase in breast cancer risk for combined HRT after 5 years of use.
- There is a lower risk of breast cancer with estrogen-only HRT compared to combined HRT
- TSEC is a newer HRT drug and it is expected to reduce breast cancer risk, but the research is still ongoing
- There is no increase in mortality from HRT-related breast cancer, meaning the cancer is usually treatable
- HRT should not be prescribed in women who have had previous breast cancer.
- For women who have a family history of breast cancer, HRT may be cautioned or prescribed a lower doses

Uterine Cancer

- There is an established increased risk of uterine cancer with estrogen-only HRT
- For this reason, guidelines suggest women with a uterus should only receive combined HRT
- Some studies have suggested that use of combined HRT for up to 5 years actually reduces the risk of endometrial cancer



Side Effects

The side effects of HRT are very similar to the symptoms many women experience during their menstrual cycle.

Vaginal bleeding

Some intermittent vaginal bleeding for up to 6 months may be considered normal, if bleeding persists or becomes very heavy/frequent speak to your healthcare provider.

Breast tenderness

Breast tenderness usually improves after 3-4 months of treatment and often improves with lower dosing.

Headache

Many women experience headaches in response to fluctuating hormone levels. Lower doses and topical creams/patches have been shown to improve HRT-related headache.

What happens when you stop HRT?

50% of women will experience symptoms when they stop HRT. Of these, 50% will subsequently restart HRT.¹

Certain HRT risks increase with age and length of treatment; however, other studies demonstrate additional risks associated with stopping HRT – the decision on length of treatment needs to be made on an individual basis.

Canadian guidelines suggest that longer term use of HRT is recommended if there are no contraindications, and the balance of risks and benefits is evaluated annually.

This guide is not meant to provide medical advice or service and should not be construed as the professional advice of Teladoc Health. As such, Teladoc Health does not guarantee or assume responsibility for the correctness of the information or its applicability regarding any specific factual situation. Personal health problems should be brought to the attention of physicians and appropriate health care professionals.

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