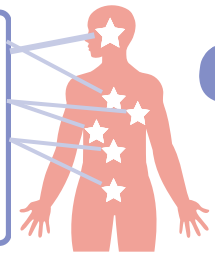
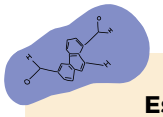
V1 January 2023

INFORMATION FOR PATIENTS

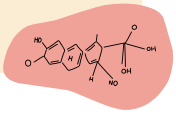
SYSTEMIC MENOPAUSAL HORMONE THERAPY BASICS

Systemic Hormone Therapy
implies "**whole body**" exposure to the medication and therefore comes with "**whole body**" benefits and risks, which don't necessarily apply when someone uses **local hormone therapy** (hormones given vaginally)



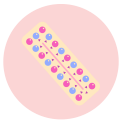


Estrogen and **Progesterone** are the two most commonly prescribed hormones as part of MHT



Q: What are different ways to take estrogen and progesterone?

Estrogen can be given:

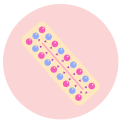


By Mouth (oral)

Through the Skin (transdermal)

Replacing your estrogen is the component of MHT that typically makes you "feel better" because many symptoms of menopause are due to low estrogen.

Progesterone can be given:



By Mouth (oral) or Vaginal administration*

Intrauterine Device (ex. *Mirena* IUD)

Progesterone protects the lining of the uterus from developing cancer or pre-cancer cells. In some, progesterone alone can help with menopausal symptoms.

*Given either **cyclically** (12-14 days per month) or **continuously** (everyday or almost everyday).

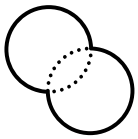
Q: Why might I need progesterone?

Can be prescribed on its own to address some symptoms of menopause. However, it is not as effective as estrogen.

Progesterone is mainly required if you have a uterus and are prescribed a stand-alone estrogen.

Some systemic hormone therapy products are 'Combination' estrogen/progesterone products. It eliminates the need to take a second medication in people with a uterus.

Tibolone (Tibella) is a synthetic steroid with estrogen, progesterone and androgen properties. It is an oral tablet taken once per day.



DETERMINING DOSE OF SYSTEMIC MENOPAUSE HORMONAL THERAPY

Q: How long doese it take for systemic MHT to work?

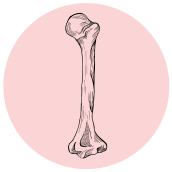
You will experience maximum effect of MHT after **12 weeks**, but for those with very severe symptoms, you may experience some relief within the *first week of use*. Doctors tend to review and make adjustments to hormone therapy regimens 12 weeks after starting.
When **lowering your dose** of hormone therapy, you likely will not feel the full impact of the decrease until **8 weeks later**.

Q: When is the best time to start and stop systemic MHT?

The best time to start MHT is **before age 60 and less than 10 years after a final menstrual period** but there is no universal right time to stop.

Your doctor will **individualize your dose** based on your symptoms, age and risk profile.

Younger women typically require higher estrogen doses for bone and cardiovascular protection. Higher doses of estrogen require higher doses of progesterone for endometrial protection.



There can be more side effects and risks with higher doses of systemic hormone therapy.

Risk of heart attack, stroke and blood clot increase in people older than 60 years and/or more than 10 years from their final menstrual period.

Scan for additional resources

Elangainesan, P, Murji, A., Shirreff, L.

INFORMATION FOR PATIENTS

MAIN RISKS OF SYSTEMIC MENOPAUSE HORMONAL THERAPY

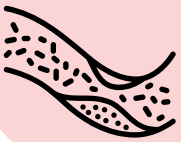
Q: I'm ready to stop systemic MHT. How do I do it?

North American menopause practitioners advocate that treatment should be **individualized** and each person should be on the **lowest effective dose** to control their symptoms for the **shortest amount of time.**

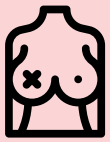
By slowly lowering your dose of MHT, you likely learn more information about the minimum effective dose for you. By going slowly, you can also minimize interference with your quality of life. It is less advisable to completely discontinue and then restart MHT for extended periods of time, as your highest risk of a blood clot is in the first 3-6months of use.

Main Risks of Systemic MHT

1 Blood Clot



2 Breast Cancer



3 Heart Attack

4 Stroke

In any form, estrogen slightly increases the risk of a blood clot.

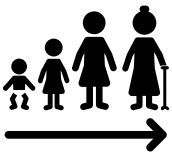
This risk is mostly driven by age

Estrogen through the skin (transdermal administration) bypasses the liver and **may decrease** your risk of a blood clot compared to oral tablets if you are over 60 years old or have other risk factors. Transdermal estrogen may also have less of an impact on your cholesterol profile.

Nonetheless, some women may have difficulty absorbing estrogen through the skin or oral tablets may feel more practical. Most government drug plans will only cover oral tablets and these tend to be less costly.

Heart attack and stroke are also risks of systemic hormone therapy

In healthy people, **risks of heart attack and stroke increase** after the age of 60 or when someone is more than 10 years from a final menstrual period.



If you have **risk factors** for either condition, your personal risk of heart and stroke on hormone therapy will be **higher** than the average patient.

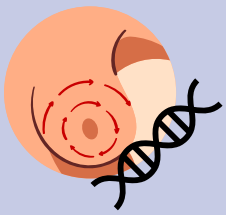
When taken TOGETHER, estrogen and progesterone increase your risk of breast cancer

A good way to think about this is knowing that 1 in 8 women will develop breast cancer in their lifetime. Taking systemic estrogen and progesterone together typically increases the risk of breast cancer by **1 extra case per 1000 women per year.**

This is **similar** to the risk of breast cancer that is brought on by obesity or drinking 1-2 glasses of wine per night.

If you are **high risk** for breast cancer because of **genetics** (e.g., you carry the BrCA gene) or you have a family history of breast cancer, your personal lifetime risk of breast cancer will be **higher** than the average person.

You may still be able to take systemic hormone therapy, however, you will want to ensure your doctor is aware of your past medical and family history and an individualized treatment plan should be created.



Reference: Guideline No. 422a: Menopause: Vasomotor Symptoms, Prescription Therapeutic Agents, Complementary and Alternative Medicine, Nutrition, and Lifestyle. Yuksel N, Evaniuk D, Huang L, Malhotra U, Blake J, Wolfman W, Fortier M.J Obstet Gynaecol Can. 2021 Oct;43(10):1188-1204.e1. doi: 10.1016/j.jogc.2021.08.003. Epub 2021 Aug 11.

Scan for additional resources

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