

## MENOPAUSE HORMONE THERAPY

Menopause Hormone Therapy (MHT) is estrogen and/or progesterone therapy that is prescribed to patients to treat menopause symptoms.

**Estrogen is the most effective treatment for menopause symptoms.**

### SYSTEMIC HORMONE THERAPY

**Oral** Tablet (e.g. *Estrace, Premarin*)

**Transdermal** Patch (e.g. *Estradot*)

**Transdermal** Gel (e.g. *EstroGel*)

Estrogen can be given 'systemically' (meaning to the 'whole body') through an oral tablet or through the skin (transdermal patch or gel). A systemic estrogen must be prescribed with a progesterone in people with a uterus to avoid overstimulation of the uterine lining with estrogen. **Without a progesterone, precancer and cancer conditions can develop in individuals with a uterus.**

### LOCAL HORMONE THERAPY

**Cream** (e.g. *Premarin Cream, Estragyn Cream*)

**Tablet** (e.g. *Vagifem*)

**Ring** (e.g. *Estring*)

Estrogen can also be given 'locally' through a vaginal insert (cream, tablet, or ring). Local estrogen is typically given to treat genitourinary symptoms and **does not usually require concomitant progesterone therapy.**

## Use of MHT

There are five indications for MHT in Canada:

- 1 Bothersome vasomotor symptoms
- 2 Genitourinary Syndrome of Menopause (GSM)
- 3 Mood and sleep concerns in selected patients
- 4 Prevention of bone loss in postmenopausal women at high risk of osteoporosis or fractures
- 5 Hypoestrogenism caused by hypogonadism, premature surgical menopause or premature ovarian insufficiency (POI)

## CONTRAINDICATIONS

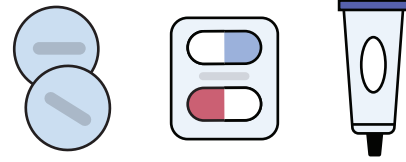
### TO MENOPAUSE HORMONE THERAPY

- Unexplained vaginal bleeding
- Pregnancy
- Breast cancer
- Endometrial cancer
- Severe active liver disease
- Coronary heart disease (CHD)
- Stroke
- Dementia
- Personal history or inherited high risk of thromboembolic disease
- Hypertriglyceridemia
- Porphyria cutanea tarda

## Types of MHT

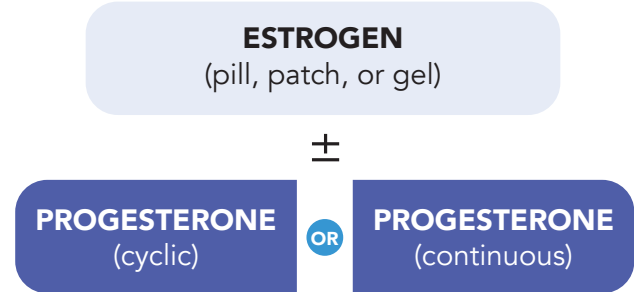
### Local Estrogen

**Genitourinary symptoms** are typically treated with **local estrogen**. There are very few people who cannot use local estrogen and there is no age at which a local estrogen should be stopped.



### Systemic Estrogen

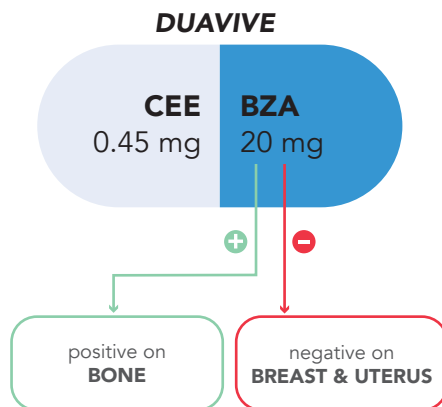
The other conditions benefit from **systemic estrogen** (estrogen given by oral tablet or through the skin by patch or gel). If patients get systemic estrogen, a progesterone will be prescribed. Progesterone options can include an oral tablet, vaginal insert, or intrauterine device (IUD). There are also some combined products available in Canada that have both estrogen and progesterone (oral tablets or patches).



#### ... a quick note on PROGESTERONE

If you are being prescribed a systemic estrogen and still have a uterus, your doctor will also give prescribe a progesterone. They might prescribe a progesterone **continuously**, which will mean you won't have a period, or **cyclically** (dose is usually doubled and given about half the time), which will give you a predictable withdrawal bleed similar to a period.

**There are also two new types of MHT medications that allow a systemic estrogen to be prescribed that do not require a separate prescription for progesterone.**

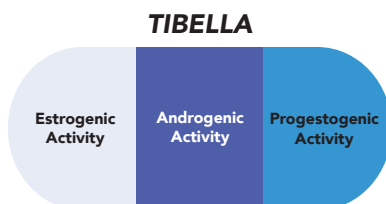


#### TISSUE SELECTIVE ESTROGEN COMPLEX (TSEC)

**Generic Name** ----- 0.45 mg conjugated equine estrogen (CEE) + 20 mg bazedoxifene (BZA)

**Brand Name** ----- *Duavive*

Oral tablet with two components. It takes away the need to prescribe a progesterone for patients. BZA blocks the estrogen receptors in the breast and endometrium so the other component of the the tablet (estrogen) cannot stimulate those tissues. It also selectively binds to estrogen receptors in the bone to make bones stronger.



#### SELECTIVE TISSUE ESTROGENIC ACTIVITY REGULATOR (STEAR)

**Generic Name** ----- Tibolone

**Brand Name** ----- *Tibella*

Synthetic steroid medication with estrogenic, androgenic and progestogenic properties.



I have concerns about other menopausal symptoms such as weight gain, joint aches, skin changes, and brain fog.  
**Can MHT be prescribed to help me?**

You may have concerns related to symptoms that fall outside of the four indications. Hormone therapy may alleviate other bothersome menopause symptoms but this is **not the primary reason** why we prescribe it.

## Risks of Systemic MHT

While systemic MHT is most effective in treating vasomotor symptoms, it is not for everyone. A general guide to risks of MHT is below. However, your risks may be higher depending on your personal health history and family history. **An individualized discussion with your doctor is required before you consider MHT.**

There was a large study published in 2002 called the *WHI Trial* that made people very nervous. However, a closer look at the data showed hormone therapy isn't as harmful as was initially thought and several studies have shown significant benefit with respect to systemic hormone therapy.

**While every patient has individualized risks and each MHT regimen carries different risks, generally:**

<b>Breast Cancer</b>	Risk of breast cancer among the average patient is 63 cases per 1000 women. If you are prescribed a combined estrogen and progesterone regimen, and you are at average risk, we increase that risk by approximately 1 case per 1000 women with each year of use. This is the same risk brought on by obesity or drinking 1-2 glasses of wine per night. If you have a family history of breast cancer, your risk may be even higher.
<b>Stroke</b>	Risk of stroke increases after the age of 60. If you start MHT before the age of 60, your risk of stroke is not really increased. Your risk may increase slightly if you have a history of migraines, and your doctor may prescribe MHT slightly differently to you.
<b>Heart Attack</b>	As long as you are healthy and starting systemic hormone therapy within 10 years of your final period and before the age of 60, your risk of heart attack is not increased.
<b>Blood Clot</b>	Someone who is healthy with no history of blood clot or clotting disorder has a low risk of blood clot. Starting systemic estrogen increases that risk in the first 1-2 years of use. If you are a smoker or overweight, it is reasonable to consider an estrogen through the skin as risk of blood clot is lower in those using transdermal estrogens.

**References**

1. Yuksel N, Evaniuk D, Huang L, Malhotra U, Blake J, Wolfman W, Fortier M. Guideline No. 422a: Menopause: Vasomotor Symptoms, Prescription Therapeutic Agents, Complementary and Alternative Medicine, Nutrition, and Lifestyle. Journal of Obstetrics and Gynaecology Canada. 2021 Oct 1;43(10):1188-204.
2. North American Menopause Society. The 2017 hormone therapy position statement of the North American Menopause Society. Menopause. 2017 Jul 1;24(7):728-53.

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