

Coming off HRT

Information for you



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How long should I use HRT for?

There is no set length of time you should take HRT for; it is an individual decision between yourself and your doctor or nurse.

All women taking HRT should have an annual review with their doctor, nurse or pharmacist to make sure it is safe for you to keep taking HRT.

Most people only use HRT for a few years but some decide to take HRT for much longer. This is often because they feel better and have more energy when they take HRT. They also want to protect their future health from long term conditions associated with low levels of oestrogen, such as osteoporosis and cardiovascular disease.

As you get older you have increased risks of certain health problems such as breast cancer and thrombosis. Taking HRT can increase these risks as well.

Switching to Transdermal HRT (patches or gel) reduces the risk of thrombosis from HRT, so after age 60 it is recommended that this type of HRT is used.

The risk of breast cancer increases the longer you are taking some HRT and is not changed by switching to a gel, patch or spray.

Should I reduce the dose of my HRT?

Older women often need smaller doses of oestrogen than younger women and there are preparations of lower doses specifically for older women. As you get older a smaller amount of oestrogen replacement often eases your symptoms and provides you with the bone and heart protection you need. If you still have your womb (uterus) you will also need to take a progestogen, to protect the lining of your womb. This can be in a combined tablet or patch, or taken separately as a tablet along with the oestrogen replacement. Some women use a Mirena coil with their HRT.

Will my symptoms come back?

You may have been told that taking HRT just delays having menopause symptoms. This is not correct.

If your symptoms return when you stop taking HRT it is not because you have been taking hormones, but because you would still be having symptoms of the menopause if you had never taken HRT. A natural, untreated menopause can cause symptoms for many years; the average length of time is four years but many women have symptoms that last for decades.

Are there risks to restarting HRT?

If you are off HRT for more than a month there is a slight rise in the risk of a thrombosis in the first year after restarting tablet HRT, but this is not the case with patches and gels.

Should I stop or gradually reduce the dose?

If you decide to come off HRT it is usually helpful to decrease the dose of oestrogen gradually especially if you are on a higher dose (2mg tablet or patch 75 mg or more). An abrupt stop to your oestrogen replacement can sometimes cause some 'withdrawal type' menopausal symptoms, temporarily as your body adjusts. It may take two to three months to adjust.

If your HRT is in tablet form, there's likely to be a low-dose formulation. You could discuss with your Primary Care team about prescribing a lower dose. A 0.5 mg strength of tablet is the lowest effective dose.

Oestrogen is broken down in your body quite quickly, so taking your medicine on alternate days can cause fluctuations in your oestrogen levels which might give symptoms but this method works for some women.

If you are using patches, you can ask for a lower strength or simply cut the patch in half down the middle. If you wish to reduce your HRT even more slowly, taking a third or a quarter off your patch will work too. This makes the preparation unlicensed, but it works extremely well!

If you are using a gel, you can reduce the number of pumps. If you are using one pump only, you can squirt out a whole dose and use only half of it

If you cut your dose down and your symptoms persist you may want to put the dose back up.

If you come off HRT and your symptoms are unacceptable, you can restart HRT.

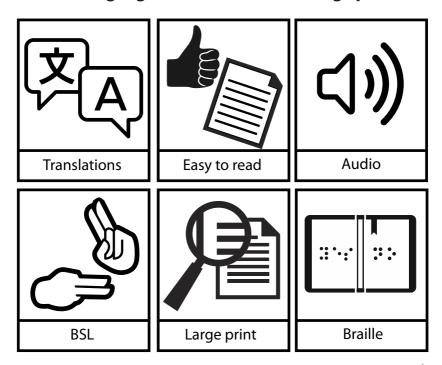
Vagina and bladder symptoms

Some women stop HRT and don't get symptoms such as flushes, sweats, joint aches and mood changes, but do have some vaginal and bladder symptoms.

Vaginal oestrogen pessaries, cream or ring can be used even when systemic oestrogen may not be appropriate and can be continued in a low maintenance dose long term without any known harmful effect.

Notes	

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