



Oestrogen replacement for women aged 16 years and older

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Some young women (aged 16 to 34 years) and older women (aged 35 to 50 years) attending endocrine clinics may not be able to produce their own oestrogen and need oestrogen replacement. This happens for two reasons:-

1. Their pituitary gland (a gland that controls several of the hormone producing glands) does not produce the hormones which tell the ovaries to make oestrogen
2. Their ovaries do not work and they do not produce oestrogen

Benefits of oestrogen replacement

All women stop producing oestrogen naturally around the age of the menopause (usually around 50 years of age). If this happens earlier, there are benefits in starting oestrogen replacement. These benefits are:-

1. Some young women need oestrogen to take them all the way through puberty and eventually to have periods. These young women either never produced their own oestrogen or stopped producing it when they had not completed puberty
2. It can improve how you feel in general
3. It may help some particular symptoms such as episodes of feeling hot or sweating, difficulty sleeping, vaginal dryness and urinary symptoms including an increased need to urinate and incontinence
4. It also reduces problems in the future including; avoiding thin bones (also called osteoporosis) and risk of bone fractures and potentially keeping your heart healthy

The progesterone hormone

The ovaries produce another hormone called progesterone. This is important as it keeps the lining of the womb healthy. Without progesterone the oestrogen will cause a build-up in the lining of the womb which can become unhealthy.

Going through puberty

For young women who need oestrogen to go through puberty and start their periods, you will start on very low doses of oestrogen. This is increased gradually over two years, mimicking what the body would do naturally. This approach is supposed to give you the best breast development. Eventually, the progesterone hormone will be added to your oestrogen hormone, this gives you periods.

What are the alternatives after puberty?

There are lots of options once you have gone through puberty. The information below will help you make an informed choice about your treatment. The information is relevant for women of all ages, although your age may influence the choice you make.

Oestrogen replacement is either in the form of hormone replacement therapy, "HRT" or the combined oral contraceptive pill commonly known as "the pill".

1. **HRT** contains natural oestrogen and gives you continuous oestrogen. The hormone can be administered by tablet or patch or gel. Sometimes progesterone is combined with oestrogen, or you can have progesterone separately either as a tablet or delivered directly to the lining of the womb through a mirena coil (contraceptive coil).
2. **The pill** contains synthetic oestrogen and progesterone. During the course you will have a pill free week meaning you will not be getting any oestrogen during this time. This pill is designed to prevent women getting pregnant if they do not want to.

What are the advantages and disadvantages of these oestrogen replacement options?

HRT

HRT is potentially a healthier choice than the pill when being used for oestrogen replacement and not contraception. The natural oestrogen is less likely to increase fats in the blood and cause a blood clot. Also by having continuous oestrogen you experience the benefits of this hormone for longer. Some women may experience symptoms such as mood swings and those mentioned previously in this leaflet when not receiving oestrogen. If there is a possibility that you could get pregnant without help from a fertility specialist and **want** to get pregnant this may still be possible whilst taking HRT.

One of the advantages of receiving HRT via patch or gel is that the oestrogen does not have to pass through the liver. It is particularly beneficial for women who are also on growth hormone injections, as a lower dose of growth hormone is needed to be effective. The patch or gel is highly recommended for women with liver problems, malabsorption (when the intestines have difficulty absorbing nutrients from food) or on particular medications affecting liver function (check with your doctor or pharmacist if you are not sure).

If you were to choose HRT this would incur a cost, however the pill is free. Your GP may insist on less blood pressure checks at the surgery before each prescription if you are on HRT, compared with the checks required when you are on the pill, which some may see as a benefit.

The pill

The pill prevents pregnancy. If there is a possibility that you could get pregnant without help from a fertility specialist and you do not want to, this is potentially the right treatment for you. Young women, may prefer this treatment as it more commonly used amongst their age group. However, others may not prefer this option as the assumption may be made that 'the pill' is used for contraceptive purposes.

Reducing the risks

If you are on the pill and it suits you, there is no need to change unless you are at increased risk of a blood clot, stroke or a heart attack.

Reasons to consider changing from the pill to HRT are listed below;

1. If you are aged over 40 years or over 35 years if you are a smoker or ex-smoker
2. If you are overweight (your body mass index is above 30kg/m²)
3. If you have diabetes
4. If you have high blood pressure (systolic > 140 mmHg and diastolic > 90 mmHg)
5. If you or a close family member has had a problem with blood clots, or you are known to be at increased risk of forming clots
6. If you are due to have major surgery or generally have reduced mobility
7. If you have had heart problems or strokes
8. If you get migraines or have had migraines in the past, particularly if with an aura (experiencing symptoms shortly before a migraine begins)

If any of the above apply to you and you are taking the pill we suggest you discuss switching to HRT with your doctor or nurse in more detail.

What happens once I have decided upon my treatment?

If you have decided to start or change to HRT (patches or gel), you then have the choice as to whether you would like a withdrawal bleed – this is an artificial period and is less likely to be painful than natural periods. If you had your last natural period more than 1 year ago, you can choose whether you have a withdrawal bleed or not. If you have only recently stopped your periods, you should start with a HRT that gives you a withdrawal bleed.

How to take your HRT

If you have been prescribed tablets: Follow the instructions on your pack - it is usual to take one tablet every day without a break. Some brands may have different coloured tablets to take on certain days. If you are unsure what to do, ask your pharmacist for advice. You should take the tablet at the same time each day. If you forget to take a dose, read the advice on the manufacturer's leaflet and follow the instructions it gives. You can take the tablets before, during or after your meals.

If you have been prescribed patches: Some patches are applied and left on for one week. Other brands may require you to apply two patches a week (each is removed after 3-4 days). You should ensure you are clear about how often to use the patches you have been prescribed - the instructions for how to use them will be on the label of the pack. The patches should be taken continuously.

You should apply the patches to clean, dry, unbroken areas of your skin, preferably below your waist. You should **not** apply the patches near to your breasts. Each time you use a patch, apply it to a different area so that your skin does not become irritated. You can shower and bath without removing the patch. If a patch falls off before you are due to change it, for example because you have been doing vigorous exercise, sweating excessively, or wearing clothes that rub the patch, you should replace it with a new one. If a patch falls off in the bath, wait for your skin to cool down before applying a new one. Change the new patch on your normal patch change day. If you forget to change your patch on your usual day, change it as soon as you remember. Then carry on as before with your usual patch change days.

There are different types of patches, so it is a good idea to check that you have the same patches each time you collect a prescription. With some patches, you will also be given tablets to take on certain days of the month. Read the instructions carefully and if you are not sure when to start taking the tablets, ask your pharmacist for advice.

After you have commenced your HRT

Once you have begun your HRT course, you may experience some unexpected bleeding (spotting) for up to 6 months. If this bleeding continues after 6 months of starting then you will need blood tests and scans. If the bleeding is heavy then the dose of progesterone included in HRT, may need to be increased. The progesterone may also need to be changed or reduced if you experience any side effects such as fluid retention, mood swings or weight gain. If you have any questions please consult with your doctor or nurse specialist.

HRT in the media

In the past there has been some negative media surrounding HRT. It has been reported that the risk of stroke and ovarian cancer are increased in those receiving HRT. However, these studies apply to older women (over the age of 50 years) and the results cannot be applied to younger women.

If you have any questions about information in this leaflet, please discuss with your doctor or nurse specialist.

Contact details

Email: EndocrineNurses@uhb.nhs.uk

Telephone: 0121-371-6950

If your call is not answered please leave a voicemail message stating your name, hospital number, contact number and your query. A member of the nurse team will return your call.



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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