

Understanding the risks of HRT

Breast cancer

23 cases of breast cancer in women aged 50-59 per 1,000 women over five years¹



An additional 4 cases in women who use combined HRT consisting of oral oestrogen with a synthetic progestogen¹



4 fewer cases in women who use oral oestrogen alone¹



No additional cases in women who use oestrogen with body-identical progesterone for up to 5 years^{2,3*}



*It is not currently possible to quantify breast cancer risk in women who use body-identical progesterone for more than 5 years due to a lack of long-term safety data.

Venous thrombo-embolism (VTE) Women aged 50-59

5 cases of VTE per 1000 women aged 50-59 over 5 years⁴



An additional 1.5 cases in women who use oral oestrogen only for 5 years⁴



An additional 7 cases who use combined HRT consisting of an oral oestrogen with a synthetic progestogen for 5 years⁴



No evidence of increased risk in women aged 50-59 who use transdermal oestrogen with or without body-identical progesterone or dydrogesterone⁵⁻⁷



Venous thrombo-embolism (VTE) Women aged 60-69

8 cases of VTE per 1000 women aged 60-69 over 5 years⁴



An additional 2.5 cases in women who use oral oestrogen only for 5 years⁴



An additional 10 cases who use combined HRT consisting of an oral oestrogen with a synthetic progestogen for 5 years⁴



No evidence of increased risk in women aged 60-69 who use transdermal oestrogen with or without body-identical progesterone or dydrogesterone⁵⁻⁷



Stroke

Women aged 50–59

4 cases of stroke per 1000 women aged 50–59 each year⁴



No additional cases in women aged 50–59 who initiate HRT within 10 years of the menopause^{8–10*}



*This is true for all types and combinations of HRT. In the Women's Health Initiative (WHI) study there was no increased risk of stroke in women aged 50–59 who used an oral oestrogen combined with a synthetic progestogen⁸. Observational studies have reported no increased risk of stroke in women aged 50–59 using transdermal oestrogen with or without a progestogen^{9,10}. The event rate in women aged 50–59 in clinical studies is low. Stroke risk in younger women is linked to thromboembolic risk¹¹. Transdermal oestrogen and body-identical progesterone are not associated with an increased risk of thrombosis and are the safest options⁷.

Stroke

Women aged 60–69

9 cases of stroke per 1000 women aged 60–69 each year⁴



4.5 additional cases per 1000 women aged 60–69 who start HRT more than 10 years after the menopause and use an oral oestrogen alongside a progestogen⁸



No additional cases in women aged 60–69 using transdermal oestrogen +/- progestogen^{10,12*}



*A single observational study has reported a small increased risk of stroke in older women who used higher doses of transdermal oestrogen (> 50mcg patch twice weekly; +2 additional cases per 1000 women per year)¹². The event rate was very low - just 103 of 15,710 cases of stroke occurred in women using transdermal oestrogen, and the authors did not report the duration of use, age of initiation or type of progestogen. More research is needed to explore stroke risk associated with body-identical hormones in older women.

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These figures are based on the **best currently available evidence**. Mounting observational study data suggests that body-identical hormones are safer and associated with fewer risks, but randomised clinical trials are needed to confirm and quantify these findings. For more information and evidence-based support for your perimenopause and menopause, download the free balance app available on the App Store or Google Play.



References

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