

Starting and stopping hormone therapy

The duration of systemic menopausal hormone therapy (MHT) with estrogen, with or without progestogen, depends on the end-point of treatment. Strategies for starting and stopping MHT are usually defined by menopausal symptoms and the presence or absence of menstruation. Topical or vaginal MHT, however, needs to be taken long term, even lifelong, for vulvovaginal atrophy.

Starting MHT

- Hot flushes, night sweats, mood changes, tiredness, arthralgia and vaginal dryness may start several months or years before periods stop.
- Amenorrhea need not be awaited before MHT is started in symptomatic perimenopausal women. The dose used should be sufficient to alleviate menopausal symptoms.

Duration of MHT use

- **Hot flushes or vasomotor symptoms.** These are the commonest reason for taking MHT. They usually last for 5 years. However, some women may have symptoms for over 10 years.
- **Premature menopause/premature ovarian insufficiency.** It is recommended that treatment is continued until the average age of the natural menopause (i.e. early 50s) and then reassessed.

Stopping MHT

- It is impossible to predict whether an individual will still have symptoms when she stops systemic MHT.
- There appears to be no advantage in tapering down or in stopping abruptly.

Risks and benefits

- For most women, the benefits of MHT outweigh the risks, especially for symptomatic women under 60 years of age or within 10 years after menopause.
- Standard-dose estrogen-alone MHT may decrease the risk of coronary heart disease and all-cause mortality in women under 60 years of age and within 10 years of menopause.
- The increased risk of breast cancer in women aged over 50 years taking MHT is related to the inclusion of a progestogen, the duration of use and the type of progestogen. The risk of breast cancer attributable to MHT is small and decreases after treatment is stopped.
- MHT does not appear to increase the risk of dementia overall, but slightly increases the risk of Alzheimer's disease among long-term users of estrogen-progestogen therapies.

There are no arbitrary limits regarding how long MHT can be taken – it can be taken for as long as the woman feels the benefits outweigh the risks for her, and decisions must be made on an individual basis. Stopping routinely at the age of 65 is not recommended.

Further information

EMAS CareOnline 2020 <https://emas-online.org/emas-careonline>

The essential menopause curriculum for healthcare professionals: A European Menopause and Andropause Society (EMAS) position statement (2022) <https://doi.org/10.1016/j.maturitas.2021.12.001>