Menopause and gynecological conditions:
Fibroids

Fibroids are benign estrogen-dependent tumors that typically shrink after menopause.

Menopausal hormone therapy in women with fibroids

- The evidence regarding the effects of different types of menopausal hormone therapy (MHT), including **tibolone**, on fibroid growth is limited
- MHT seems to stimulate growth mainly in the first two years of use
- **Ultrasound** may be useful in the monitoring of the response of fibroids to MHT
- Fibroids do not represent a contra-indication to MHT, although **submucous fibroids** may be associated with breakthrough bleeding or heavier withdrawal bleeds with sequential therapy

Treatments for fibroids

Treatments other than **hysterectomy** are available. These include:

- Endometrial ablation
- Radio-frequency fibroid ablation
- Uterine artery embolization
- Magnetic resonance-guided focused ultrasound
- Selective progesterone receptor modulators

There are currently no data regarding the effects of ospemifene and prasterone on fibroids.

Response to treatment

- It remains unclear how fibroids treated with any of the methods listed above respond to MHT

Further information

EMAS (2025). CareOnline. Health at menopause and beyond https://emas-online.org/guidelines-and-education/#emas-care-online

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