Menopausal hormone therapy:
Menopause management for women after stroke and those with hypertension

Specialist care should be considered for women who have experienced a stroke and for those with hypertension.

Menopausal hormone therapy (MHT) following stroke

- It may be wise to avoid use of systemic MHT in some women
- For women with **severe vasomotor symptoms** after stroke, consider the following principles:
  - Transdermal low-dose estrogen
  - Micronised progesterone or a non-androgenic progestogen
  - Use for the shortest effective duration
  - Restrict to women aged <60 years and within 10 years of menopause

Menopausal hormone therapy (MHT) for women with hypertension

- There is no evidence that estradiol-based MHT causes or exacerbates hypertension
- MHT can be taken alongside **anti-hypertensives**
- Earlier age at natural menopause may increase the risk of hypertension
- The **transdermal** administration of estrogen seems to be preferable in these women

High-quality evidence regarding the use of MHT after stroke is lacking.

Further information

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

Lumsden et al. (2025). European Society of Endocrinology clinical practice guideline for evaluation and management of menopause and the perimenopause https://doi.org/10.1093/ejendo/lvaf206

British Menopause Society (2024). Tool for clinicians: HRT after myocardial infarction https://thebms.org.uk/wp-content/uploads/2024/03/21-BMS-TfC-HRT-after-myocardial-infarction-MARCH2024-A.pdf

British Menopause Society (2024). Tool for clinicians: Management of menopause for women with cardiovascular disease https://thebms.org.uk/wp-content/uploads/2024/12/22-BMS-TfC-Management-of-menopause-for-women-with-CVD-DEC2024-A.pdf

European Menopause and Andropause Society EMAS