Menopausal hormone therapy:
Topical estrogens

Topical or vaginal menopausal hormone therapy (MHT) is primarily used to treat components of genitourinary syndrome of menopause (GSM), particularly vulvovaginal atrophy, and to reduce recurrent urinary tract infections.

Vaginal estrogen preparations

- Estradiol
  - Estradiol-containing tablets, rings and capsules
  - Estriol pessaries, creams, gels and ovules
- Promestriene
- Conjugated estrogens

Practical issues

- Licensed vaginal estrogen preparations contain very **low doses** of estrogen
- **Systemic absorption** is minimal, with serum estrogen levels remaining within the postmenopausal range
- **Progestogens** are not required for endometrial protection with low-dose vaginal estrogen
- Vaginal estrogens may be used to prevent **urinary tract infections**
- Vaginal estrogens may be used alone or in addition to **systemic MHT**
- Non-hormonal **moisturizers** and **lubricants** may be used with vaginal estrogen
- Symptoms may **recur** when treatment is stopped

Safety

- Long-term studies show **no increased risk** of cardiovascular disease, cancer, hip fracture and breast cancer
- Topical estrogen use has not been associated with increased breast cancer-specific mortality
- Topical estrogens may be considered for women with breast cancer whose symptoms have not responded to lubricants and moisturizers
- Topical estrogens can be considered for women after prophylactic oophorectomy to reduce breast cancer risk

All licensed vaginal estrogen preparations are considered equally effective.

Further information

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

Clinical Knowledge Summaries (CKS) (2005). Menopause: Hormone replacement therapy (HRT) https://cks.nice.org.uk/topics/menopause/prescribing-information/hormone-replacement-therapy-hrt/

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