The Simple Guide to **MHT**

WELLFEMME
YOUR JOURNEY. YOUR CHOICE.

THE FACTS ABOUT MHT (MENOPAUSAL HORMONE THERAPY)

- MHT is the most effective treatment for menopausal flushes and sweats.
- It is safe for most perimenopausal and recently menopausal women (less than 10 years post-menopause).
- If commenced early and no contraindications arise, women can continue MHT for as long as it's needed.
- From the International Menopause Society: MHT is considered safe when initiated before the age of 60 years in symptomatic women with no contraindications.
- Transdermal estrogen (eg. patch or gel) plus micronised progesterone (prometrium) or Mirena is considered the safest combination MHT.
- There is no increased risk of blood clots or stroke if estrogen is given transdermally (through the skin). This is very important if overweight, smoker, aged over 60 or having classic migraines.
- Vaginal estrogen (cream or pessary) only has local effects, so very low risk. You can use alone or with other MHT as needed.

Dr Kelly Teagle,
Wellfemme Founder

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MHT CONTRAINDICATIONS

You usually shouldn't use MHT if you have:

- Breast, endometrial or other hormone-dependent cancers, current or previous (but vaginal estrogen may be acceptable)
- Undiagnosed vaginal bleeding
- Untreated high blood pressure or cardiovascular disease

Relative contraindications (may be able to use):

- Established cardiovascular disease
- Venous thromboembolic disease
- Active liver disease
- Possibly migraine with aura
- Active SLE/ some autoimmune conditions

Note: well treated blood pressure is not a contraindication.

USING MHT

- Estrogen-only if you don't have a uterus (eg. hysterectomy)
- Estrogen + progestagen if you do have uterus ("combined MHT")
- Transdermal estrogen (patches or gel) is safer than oral
- Micronised progesterone or Mirena IUD are lower-risk progestagens
- Low- risk combined MHT might include an estrogen patch (changed twice a week), or estrogen gel applied daily, *plus* either oral micronised progesterone or a Mirena IUD.
- If woman is unusually young, or sudden menopause (such as surgery/chemo) or very severe symptoms, higher doses may be needed
- You can reduce dose or stop MHT later if symptoms abate, *but*
- there are long term health benefits with ongoing MHT use
- There is no absolute time limit of when you "have to stop" MHT

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MHT RESOURCES

- **WellFemme:**
  - Blog posts and webinars, including this webinar about MHT
- **Australasian Menopause Society:**
  - Information Sheets
  - Australian Guide to Equivalent MHT/HRT doses
- **North American Menopause Society** Position statement on MHT
- **International Menopause Society's** resources for women, including the videos "What is MHT?" and "Is MHT safe?"
- **British Menopause Society** Infographic: Understanding the Risks of Breast Cancer

Scan this code to see our range of clinical services and free resources.