## THE WILSON PRACTICE



Many women taking HRT will have been listening to the news recently and worrying that their HRT is going to cause them to have breast cancer.

Do not worry, nothing has changed. Your GP will have assessed and explained any of the risks before issuing you with a prescription for HRT.

The data published in the Lancet is *old* data, collected from 1992. It reviews 58 studies, looking at a total of 110,000 women, of which 51,000 used HRT. The report did show an increase in breast cancer with HRT use, and the risk appeared to be higher with combined oestrogen/progesterone compounds, but was also increased slightly with oestrogen-only preparations (used in women who have had a hysterectomy).

The risk of breast cancer remained *slightly elevated* for more than 10 years after stopping the HRT, and appeared to be related to the duration of use. Starting HRT between 40 and 50 years of age was also associated with an increased risk of breast cancer, but the numbers of women who were studied were very small.

Professor Janice Rymer, Vice President of the College of Obstetricians and Gynaecologists, said that women should be reassured that findings of this study do not add anything new to the known effects of HRT. For most women, HRT relieves the dreadful symptoms of menopause and is safe.

There is a small increase in the risk of breast cancer, but this needs to be weighed up against the benefits of taking the HRT to relieve the debilitating symptoms of the menopause, and the reduction in the risk of cardiovascular disease and the protection against osteoporosis.

Cardiovascular disease (heart attacks and strokes) kills far more women than breast cancer, and a woman has a far greater risk of breast cancer if she is overweight, or drinks two or more units of alcohol each day. Regular exercise offers a great protective effect.

It may be that continuous combined preparations (no bleed therapies) may be more of an issue in obese women, but this regime offers the best protection against endometrial cancer, of which rates are rising dramatically. The study did not look at micronised progestogen (utrogestran), which is a new plant-based progestogen, that is thought to be the safest progestogen available.

As we already do in the practice, women taking HRT should be reviewed at least annually to review their risk profile with blood pressure and weight assessment, to ensure they are on the lowest dose to control symptoms, and to check that HRT is stopped at an appropriate time.

Women should also ensure they take advantage of three-yearly mammogram screening whilst taking HRT. If you remain worried, please complete an e-Consult request via the Home page of our website (<a href="www.wilsonpractice.co.uk">www.wilsonpractice.co.uk</a>) or contact reception and request a telephone consultation with your doctor.