



Frequently Asked Questions about Menopause and HRT

1. What is the difference between body identical and bio identical HRT?

Body identical refers to HRT products which are licenced, regulated and available from your GP for a usual NHS prescription charge. Both NHS and private menopause specialists prescribe them. Bio identical HRT is not licenced or regulated and is only available from private practitioners (who may not always be menopause specialists). The base hormones in both body and bio identical HRT are the same, however bio-identical products are made up for the individual, in compounding pharmacies. They are not tested for their safety, efficacy and reliability in their final form and therefore cannot be licenced. Bio-identical HRT products can be very expensive and do not provide any benefit over the licenced body identical products available from the NHS.

2. Can your GP refer you to a menopause specialist on the NHS? What if they refuse?

Yes, your GP can refer you. Your GP can also seek 'advice and guidance' from a menopause specialist on your behalf. If they refuse you should be made aware of the reason, why. You can seek a second opinion within the GP practice if you feel that your treatment is not in line with current guidance. Details of menopause clinics can be found on the British Menopause Society website <https://thebms.org.uk/find-a-menopause-specialist/>

3. Is anxiety a symptom? What if my doctor offers me anti-depressants?

Anxiety is a very common symptom of perimenopause and menopause. Anti-depressants are not the first line treatment for menopausal anxiety, as detailed in the NICE guidance to menopause [Overview | Menopause: diagnosis and management | Guidance | NICE](#)

4. My doctor has said that I can't have HRT as I am still having periods, is this true?

No, you can start HRT as soon as your symptoms become troublesome.

5. My GP has said that I must stop using HRT after 5 years or at the age of 55, is this true?

No, this is outdated information. There is no time or age limit on HRT use.

6. I am overweight and have been told that I can't have HRT, is this right?

No, you can have HRT, but it should be offered as a patch, gel, or spray

7. My skin feels very itchy and like I have insects crawling on me, is this a symptom and what should I do?

Yes, this can be a symptom for some women. Formication, as it is known, is caused by a lack of oestrogen and HRT can help to resolve this.

8. I have just collected my HRT patches/gel/spray/tablets and Utrogestan, when can I start?

Your GP should advise when and how you should use your HRT. If you are peri-menopausal (less than one year since your last period) general advice is to start HRT on the first day of your next period. If you are post-menopausal (one year or more since your last period) HRT can be started at any point.

9. Vaginal Atrophy – is it possible to have this without symptoms and what are the symptoms?

The most common symptoms of vaginal atrophy are vaginal dryness, soreness, irritation and burning, and urinary frequency and urgency. However, some women can be shocked by the appearance of their labia or clitoris, particularly if they are not used to checking and they have not experienced any symptoms.

10. Can menopause cause changes to your hair? E.g., hair loss, drying, change in texture?

Yes, women have oestrogen receptors all over their bodies and hormonal fluctuations can result in different symptoms for different women.

11. I have been referred to a gynaecologist instead of a menopause specialist, will they be able to help me?

Unfortunately, gynaecologists do not all receive mandatory training in menopause, therefore referral to a menopause specialist is preferable.

12. Can I use vaginal oestrogens alongside my HRT? Is it safe to use both?

Yes, you can use vaginal oestrogen at the same time as your systemic HRT. The dose of vaginal oestrogen is very small, and it has been shown that there is minimal systemic absorption.

13. Are restless legs a symptom and what can I take for it?

Yes, restless limbs can be a symptom for some women. A magnesium supplement and/or HRT can be useful for this symptom.

14. Magnesium – what does it do and what types are available, can it help with muscle aches and pains?

Magnesium is one of the most abundant minerals in our body, needed for hundreds of different chemical processes. Low levels of magnesium can interfere with your sleep, contribute to low mood, brain fog, fatigue, muscle and joint aches and pains as well as headaches. Magnesium is available in many synthetic forms as a supplement but can be found naturally in nuts and seeds, whole grains, dark green vegetables, and avocados.

If you are looking for a supplement, look for a chelated magnesium such as magnesium citrate. This is easily absorbed and therefore more likely to work more quickly and least likely to cause any digestive problems. Magnesium citrate is good for calmness and relaxation and can be taken in the morning to help with anxiety or at night to help with sleep.

Magnesium glycinate is also absorbed very easily and has a more potent calming effect, it can be useful to take in the evening (an hour before bed) to help with disrupted sleep.

At higher doses, magnesium can have a laxative effect. If you already have any digestive issues, be particularly mindful of starting with a low dose and do not exceed recommended doses without consulting a qualified practitioner.

Alternatively, adding Epsom Salts (that contain magnesium sulphate) to a warm bath can be good for relaxing muscles and achy joints, as can using a magnesium oil spray directly to the affected areas.

15. What are the official figures for cancer risks for HRT?

It very much depends on which piece of research you choose to read. The overall risks of taking HRT are very low and, for the vast majority who choose to use it, the benefits outweigh the risks. Your doctor should discuss current statistics with you when prescribing.

16. Can my GP prescribe testosterone?

The current NICE guidance states that it is appropriate for testosterone to be considered in specific circumstances, so in theory your GP can prescribe. However, testosterone is not licenced for use by women in the UK, therefore provision is not uniform throughout the country, with many GPs being unable to prescribe due to local policy. It is worth being aware that GPs are under no obligation to prescribe medications outside their licenced use, and they may be unwilling to prescribe testosterone for women.

17. What are the official contra-indications to HRT?

This is very much assessed on a patient-by-patient basis. Decisions about the suitability of HRT for a particular individual should take into account both medical history and quality of life.

18. What is testosterone used for?

Testosterone is often prescribed to women who report a continued reduction in libido despite being established on HRT. It must be considered for women in surgical menopause.

Testosterone also has a part to play in bone, muscle and skin health and has an effect on cognitive function and confidence.

19. Does HRT cause weight gain?

No, menopause and aging cause weight gain. During peri-menopause and menopause, the amount and type of the hormone oestrogen alters, and this can cause body shape and weight distribution changes.

20. I have a family history of breast cancer, does this mean that I can't have HRT?

No, not necessarily. Your risk should be individually assessed. If your GP tells you that you cannot consider HRT, but your symptoms are having an impact on your quality of life, ask to be referred to a menopause specialist clinic.

21. Can I have HRT if I have high blood pressure?

High blood pressure (hypertension) puts us at greater risk of developing blood clots. Oral HRT is also known to slightly increase the risk of developing blood clots. Therefore, it is appropriate to use transdermal forms (patches/gels/spray) of HRT along with micronised progesterone (if required) to minimise these risks. It is appropriate for your high blood pressure to be stabilised using medication, if necessary, prior to introducing HRT.

22. Can I have HRT if I suffer with migraines?

Yes, however it should be prescribed as transdermal patches/gels/spray alongside micronised progesterone, progestin via a combined patch or the Mirena i.u.s. Many women find that if they have their HRT via a combined transdermal patch, this can have a beneficial effect on their migraines.

Further information can be found at the following resources:

Menopause Support menopausesupport.co.uk

British Menopause Society thebms.org.uk

Women's Health Concern womens-health-concern.org

Menopause Matters menopausematters.co.uk