HRT options

What the choices are, and which ones change the risk profile.

HRT is a category rather than a product. The choices inside it genuinely change the risk profile, which is why one version not suiting you is information rather than the end of the road.

The oestrogen, and how you take it

ROUTE	WHAT IT MEANS	WHY IT MATTERS
Tablet (oral)	Passes through the liver first	Associated with increased risk of blood clots
Patch	Absorbed through the skin	No increase in clot risk
Gel or spray	Absorbed through the skin	No increase in clot risk, dose easy to adjust
Vaginal (local)	Acts on local tissue only	Minimal absorption. A separate decision entirely

Background clot risk in women over 50 is around 1.7 per 1,000. If your baseline risk is raised, for example a BMI over 30, guidance says you should be offered transdermal HRT specifically.

The progestogen, if you still have a uterus

- **Why you need it.** Oestrogen alone stimulates the lining of the womb, which over time raises endometrial cancer risk. The progestogen protects against that. It is not optional.
- **Micronised progesterone.** Structurally identical to the progesterone your body makes.
- **The 52mg hormonal coil.** Delivers the progestogen part while you take oestrogen separately. Often also reduces heavy bleeding and provides contraception. Three problems, one device.
- **If you have had a hysterectomy** you do not need this part, which is why oestrogen only HRT has a different risk profile.

Vaginal oestrogen is not the same conversation

- Systemic absorption is minimal
- You do not need a progestogen alongside it
- Breast cancer risk is not increased
- Guidance says no limitation on use even with cardiovascular disease
- Suitable for many women who cannot or choose not to take systemic HRT

> **BIOIDENTICAL MEANS TWO DIFFERENT THINGS**
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> Regulated bioidentical hormones are prescribed on the NHS and have advantages. Compounded, custom made bioidentical hormones are not as stringently regulated, raise concerns about purity and consistency, and are not recommended by the menopause societies or regulators. If you want bioidentical, ask for the regulated version.

> **THE ONE QUESTION WORTH ASKING**
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> Given my history, would a patch or gel be more appropriate for me than a tablet? That covers the most consequential choice in the whole decision.

NOT MEDICAL ADVICE. Educational content only. Many symptoms have causes other than perimenopause, including thyroid disease, anaemia and diabetes. Please speak to your GP about anything that concerns you.