Table 2

Risks of HRT[4]

Venous thromboembolism (VTE)

Oral HRT increases background VTE risk 2-4 fold with the highest risk in the first year of use. Women at high risk of VTE (e.g. a family history of VTE, obesity) should be offered transdermal HRT as this is not associated with increased VTE risk

Stroke

Evidence on HRT and stroke is conflicting and HRT may slightly increase baseline risk. HRT should be used with caution in those at high risk and cannot be recommended for stroke prevention. The transdermal route may be preferable for those at higher risk

Cardiovascular disease (CVD)

HRT does not increase the risk of death from CVD when started in women under the age of 60

Cancer

Breast: The WHI trial[5] found that combined oestrogen and progesterone was associated with a slight increased risk of breast cancer (one extra case per 1,000 women per year). Risk returns to baseline five years after stopping HRT

Ovarian: Data conflicting

Endometrial: Increased risk if unopposed oestrogen used in women with a uterus, no increased risk if combined HRT used

Colorectal: Decreased incidence (data for oral administration only)

HRT after cancer: No evidence that HRT after ovarian, endometrial, cervical or vulval cancers affects recurrence or prognosis