

Endometriosis and HRT

What is endometriosis?

Endometriosis is a common condition where the type of cells that normally line your womb (uterus) are found elsewhere in your body, such as your ovaries and fallopian tubes, bowel and your bladder. Endometriosis can cause heavy, painful periods, pain in your abdomen and pelvis, and for some women, problems with infertility. Around one in ten women have endometriosis but - with the right treatment - many of these symptoms can be managed and women don't have to put up with such debilitating effects of the condition.

Treatment for endometriosis

Treatment of endometriosis can be very effective and really improve symptoms. Treatment usually involves limiting or stopping the production of the hormone estrogen. This is because estrogen encourages the cells to grow and it is the presence of the cells elsewhere in the body that cause the unwanted symptoms.

There are various treatments available such as the combined oral contraceptive pill, the Mirena coil and painkillers. In more severe cases, or when those treatments have not improved symptoms, women may need an operation, such as a hysterectomy (removal of your womb) or removal of the ovaries. Although these operations are often successful in improving endometriosis symptoms, they can lead to a surgical menopause occurring.

Surgical menopause is when estrogen suddenly stops being produced in the body, due to such types of operation. It can cause a sudden onset of menopausal symptoms which can be severe and disabling and have a negative impact on the quality of your life. Having the right type and dose of HRT is really important in these cases, and often improves menopausal symptoms considerably, as well as protecting your health for the future.

When women with endometriosis become perimenopausal or menopausal, they should receive an individualised consultation regarding the possibility of taking HRT. Taking the right type and dose of HRT is really important for these women and it often improves their menopausal symptoms considerably, as well as protecting their health for the future. The benefits of taking HRT outweigh the risks for the majority of women.

Benefits of HRT

It is really important that women with endometriosis receive individualised care and advice about hormone treatment - ideally from a doctor who specialises in the menopause. Taking HRT usually improves menopausal symptoms such as hot flushes, night sweats, low mood, anxiety, headaches, urinary symptoms and reduced libido. In addition, research has clearly shown that women taking HRT will have a lower future risk of heart disease and osteoporosis.

If you have had an early surgical menopause (under the age of 45 years), it is very important that you receive

hormones – especially estrogen - as without HRT or the contraceptive pill you have a greater risk of developing heart disease, stroke, osteoporosis and diabetes.

Replacement estrogen comes in the form of a tablet, patch, gel or spray. The safest types are ones that are absorbed through the skin.

For the majority of women, the benefits of HRT outweigh any risks.

Risks of HRT

Once the endometriosis is successfully treated, the majority of women do not have any problems with taking HRT and they experience no recurrence in their symptoms.

Currently, there is a lack of high-quality research looking into the risks of HRT in women with endometriosis. There is a possibility that estrogen can re-activate endometriosis, giving rise to symptoms of endometriosis occurring in a small number of women.

Types of HRT

When women with endometriosis become perimenopausal or menopausal naturally (rather than due to medical intervention), they should be offered combined HRT – this contains both estrogen and progesterone (or progestogen).

Many women who are thought to have some endometriosis remaining after a hysterectomy, are given a progestogen with estrogen, to reduce the risk of any endometriosis tissue being stimulated by the estrogen. All women who have a womb need to take progesterone or a progestogen, if they are taking replacement estrogen. Women with endometriosis are usually given progesterone or a progestogen daily, which helps to reduce any symptoms and changes of endometriosis recurring.

The safest type of progestogen or progesterone is micronised progesterone which is body identical and derived from the yam vegetable. It is taken orally as a tablet daily, or some women prefer to insert a half capsule into their vagina at night time. It also acts as a mild sedative so can help with sleep disturbances.

Women who have had endometriosis and a hysterectomy can usually take 'estrogen-only' HRT if their surgeon is confident that all the endometriosis tissue has been removed. A recent study has demonstrated that taking estrogen-only HRT after hysterectomy does not increase your risk of developing breast cancer in the future.

If HRT is being taken as an "add back" to a medication such as Zoladex, then HRT is usually given at the same time to help counteract any menopausal symptoms that can occur due to the medication.

However, very occasionally endometriosis can re-activate spontaneously without taking any estrogen. It is therefore important for women to report any recurrence of endometriosis symptoms such as pelvic pain, or bleeding from the vagina, bladder or bowel.

Regardless of whether a woman has had a hysterectomy or not, taking testosterone in addition to combined HRT can really help improve energy levels, mood, concentration and libido.

