



The Informed Woman's HRT Guide

The Raw Data on Risks, Benefits, and What to Ask Your Doctor

WHAT ARE THE RISKS?

- **Breast cancer**

- Older Synthetics: ~5 extra cases per 1,000 women over 5 years of combined HRT.
- Modern Body-Identical Progesterone: Studies show near-zero to negligible extra risk over 5 years when combining transdermal estrogen with micronised progesterone.
- Estrogen-Only (Post-Hysterectomy): Associated with a slight decrease in overall breast cancer risk.

- **Blood clots & stroke**

- Mainly associated with oral tablets
- Patches, gels and sprays have little or no increased clot risk.

- **Endometrial cancer**

- Estrogen Alone: Significant risk increase only if a woman still has a uterus and takes estrogen without progesterone.
- Combined HRT (Estrogen + Micronised Progesterone): Progesterone acts as a biological shield, keeping uterine cancer risk at normal baseline levels.
- Post-Hysterectomy: Zero increased risk with estrogen alone.

WHAT ARE THE BENEFITS?

For healthy women who start HRT before age 60 or within 10 years of menopause:

- May reduce coronary heart disease risk
- Associated with lower all-cause mortality
- Protects bone health by helping prevent menopausal bone loss and reducing fracture risk
- May reduce colorectal cancer risk with combined HRT
- Relieves hot flushes, night sweats, brain fog, mood changes and sleep disruption

LIFESTYLE FACTORS VS. HRT RISKS

High Risk Factors	Protective Habits
• Smoking (Dramatically increases clot risk, especially with oral HRT) • 2+ Alcoholic Drinks / Day (Increases breast cancer risk as much as older synthetic HRT) • Obesity (BMI > 30) (Carries up to 4–5x higher breast cancer risk than HRT)	• Regular Exercise (Slashes breast cancer risk & protects bone/heart health) • Maintaining a Healthy Weight (Lowering body mass index reduces baseline breast cancer risk) • Stress Management & Quality Sleep (Balances cortisol to optimize receptor sensitivity)

IF YOU DECIDE TO DISCUSS HRT...

- Request a **transdermal route** (patch, gel, or spray) instead of oral tablets to bypass the liver and eliminate clot/stroke risks.
 - Ask specifically for **regulated body-identical options** rather than older synthetic hormones.
 - Ask for **micronized progesterone** alongside estrogen to shield your uterine lining (if you still have a uterus).
 - Check whether you're within the **optimal treatment window** (under age 60 or within 10 years of menopause). *You do NOT have to wait until your periods stop, perimenopause is inside this protective window.*
 - Request to **start on a low dose** and review your progress/symptoms after 2–3 months before making any adjustments.
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WHO IS HRT NOT FOR?

- **Hormone-Sensitive Cancers:** A history of active or past breast cancer, uterine (endometrial) cancer, or other estrogen-dependent cancers.
- **Unexplained Bleeding:** Any uninvestigated, unexplained vaginal bleeding.
- **Untreated Uterine Lining Issues:** Untreated endometrial hyperplasia.
- **Active Cardiovascular / Clot Events:** Active blood clots, or a recent history of stroke, heart attack, or severe, untreated high blood pressure.
- **Active Liver Disease:** Active, severe liver disease accompanied by abnormal liver function tests (until liver function stabilizes).

This guide is for educational purposes only and should not replace personalised medical advice. Decisions about HRT should always be made in consultation with your healthcare professional.