

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 people with a womb have endometriosis but – with the right treatment – many of these symptoms can be managed and you 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, you 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 operations (or certain medications). 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.

If you have endometriosis and become perimenopausal or menopausal, you should receive an individualised consultation regarding the possibility of taking HRT. Taking the right type and dose of HRT is really important and it often improves your menopausal symptoms considerably, as well as protecting your health for the future. The benefits of taking HRT outweigh the risks for the majority of people.

Benefits of HRT

If you have endometriosis, it is really important that you 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, osteoporosis, diabetes and dementia. Studies have also shown that women who take estrogen-only HRT have a lower future risk of developing breast cancer.

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, as there is no risk of clot or stroke with these preparations.

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

Risks of HRT

Once the endometriosis is successfully treated, you will not usually have any problems with taking HRT or have a recurrence of 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 reactivate endometriosis, giving rise to symptoms of endometriosis occurring in a small number of women. However, if your endometriosis has all been removed by your surgery then this should not happen.

Types of HRT

If you naturally enter into perimenopause or menopause (rather than due to medical intervention), you should be offered combined HRT – this contains both estrogen and progesterone (or progestogen).

If you are thought to have some endometriosis remaining after a hysterectomy, you will usually be given a progestogen with estrogen, to reduce the risk of any endometriosis tissue being stimulated by the estrogen. All those with a womb need to take progesterone or a progestogen, if they are taking replacement estrogen. People 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 people prefer to use it vaginally 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. If you take estrogen-only HRT after hysterectomy, you have a lower risk of developing breast cancer in the future, than women who do not take HRT.

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 reactivate spontaneously without taking any estrogen. It is therefore important to report any recurrence of endometriosis symptoms such as pelvic pain, or bleeding from the vagina, bladder or bowel.

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

