

HRT and Breast Cancer - Ref 101SU - Draft Transcript

with Susanna Unsworth

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TRANSCRIPT

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Steven Bruce

Good afternoon and welcome to the last of this week's lunchtime learning. Today we're going to be looking at HRT and breast cancer, as you can see from the slide behind me, and I'm joined by Susanna Unsworth, who is a GP who specialises in women's health and has been on the show before. Before we go on with it so because I'm perhaps I want to explain why we look at topics like this. Perhaps it's obvious but it is part of the osteopathic practice standards as part of the chiropractic code that we are aware of our wider role in the healthcare arena of breast cancer and HRT their major health care topics. And there are occasions frequent occasions perhaps when patients might expect us to offer knowledgeable advice, point them in the right direction to find out more about significant health issues like this. Anyway, that's what we're gonna do today. And Susanna, great to have you with us again. How are you?

Susanna Unsworth

I'm fine. Thank you. Thanks for inviting me.

Steven Bruce

Sorry, what was that?

Susanna Unsworth

I'd say thanks for inviting me again.

Steven Bruce

Oh, no, I mean, we were very popular on the last occasion we came back you were in with us and people were keen to have you back. And I think that you This is a topic which a lot of people have probably personal interest in as well as interest on behalf of their patients. Is it a nice cut and dried thing?

Susanna Unsworth

Sadly, no. And, yeah, it's quite a complex topic. And I think the evidence for it is a very emotive topic as well as those really we're talking about breast cancer. It's often in the media, people often do worry about it. And the answer isn't quite as simple as as a yes or no, you know, basic discussion. It's about an individualised approach for each individual woman. And but what I like to do is provide women with accurate information about the true risks that are involved so that they can hopefully then make their own decision about what they would like to do regarding treatment and decide if they want to use something like HRT.

Steven Bruce

What is it What's the first sign that might draw bring a woman to you to discuss combs What? Is it usually lumps? Or is it pain or?

Susanna Unsworth

Yeah, so I mean I so I work I've worked in general practice. I actually also work in the breast clinic at Addenbrooke's Hospital in Cambridge. And so I think most women probably present there with some sort

of breast lumps that they found. So a woman if she comes across something like a lump in the breast, you'd go see her GP, and then her GP would hopefully examine her, assess it. And vast majority of the time, actually, she would then get referred to her to a breast clinic to have a further assessment. And I think most women Yeah, present with a lump.

Steven Bruce

You're obviously an expert in this. I don't I'm not I'm not seeking to disparage any GP at all. But are they all competent and examining the breast? effective? Yeah,

Susanna Unsworth

I mean, it's part of general medical training, and I'm actually involved with training medical students and so that they do know how to assess a woman's breast properly. I would say the vast majority of the time, however, a woman will know if there's a change in that in her breast. And I think often that's the best sign. And when I was working in general practice, if a woman was concerned or something not right, that for me would be a big marker for wanting to take things further, even if maybe clinically, it wasn't quite as noticeable. And I think you do have to take on board what a woman says, and if they feel that there's something not right, then it really does need to be properly assessed.

Steven Bruce

I know we want to go on to the topic of HRT, but I suppose partly, I'm interested to know that in our clinical context, I mean, how we ought to be advising our patients or whether we should be advising about anything. And if I compare this with let's say testicular cancer, I suspect that most men don't do any form of self examination. Do you think women are better at that?

Susanna Unsworth

Yeah, I mean, I think a lot of women do examine themselves and I hear a lot of when I'm at the breast clinic, when I'm seeing Women in that setting, they often will admit that maybe they don't examine themselves as often as they should. And so what we try and encourage women to do is to get to feel like they know what is normal for them so that they can identify if there's a change. And for most women, pre menopausal women, I would recommend the examine themselves once a month, usually sort of just after their period is the time when their breast at least tender and least lumpy, because breasts do get lumpy throughout the cycle, but that often will then resolve with with a period. So it's good to get into the habit of doing that regularly. And then it then allows them to identify when there's something that feels different. And rather than getting too fixated on knowing exactly how to do it, it's getting used to what things feel like normally so that they can identify if there's been a change.

Steven Bruce

But that sounds like it's a useful piece of advice to pass on that actually, the lumps may appear during the course of their cycle, and that's perfectly normal. Yeah, yeah. Are you ready? To give any idea of when or when, let's say a woman discovers a lump in her breast and goes for examination, what percentage of those will turn out generally to be innocuous? You know, cysts or

Susanna Unsworth

Yeah, I mean, it changes a little bit. I mean, we've COVID is being quite difficult because I think a lot of women have been delaying going to see their doctor. And actually, the percentage of more worrying things I think has actually increased because women have left it and left it because they didn't want to trouble their doctor. And but on the whole when I was working in general practice, and the guidance was that we should probably be referring and the amount of people that we should refer should mean that nine out of 10 of them don't have actually any, any cancer and less than one in 10. We would want to actually have cancer. So the vast majority of women that we see up in the in the breast clinic, it turns out not to be cancer.

Steven Bruce

I think I'm right in saying to that the more dangerous cancers in the breast or the fast growing ones. But of course, that's a rather general term. What sort of period of time do you think? Would there be? Before a woman had noticed that there was an increase in size and a long pole?

Susanna Unsworth

Yeah, I mean, the clinic that we have sees a woman who's been referred within two weeks of seeing their GP. So we do like to see people as soon as they've noticed something. So in very young women, so maybe women under the age of 30, we would often suggest waiting till their next period to see if the lump has disappeared. But probably in women above that age, any lump that you notice, I wouldn't leave at any length of time, I would say that it really does need to get checked out there. And then because potentially, things can progress quickly, but vast majority of things don't don't and like we said before, the vast majority of things are actually absolutely fine. But it's much better to assess it straightaway. So we do encourage women with any lump to go straight to their doctor so that we can see them in timely fashion.

Steven Bruce

And what learn about the role of HRT and all this?

Susanna Unsworth

Yeah, so HRT, as traditionally had quite a lot of bad press in relation to breast cancer, and I think when I the vast majority of what women that I see, so I run a separate menopause clinic as well. And the vast majority of women that I see, I would say their number one concern about HRT is the risk of it causing breast cancer. And, and sadly, the information relayed to women, particularly by the media, is often incorrect. And it really does give HRT a bad a bad reputation. And so I spend a lot of my time actually trying to re educate women about the real risks so that hopefully then they can make a choice, a proper informed choice about whether or not they would like to use HRT

Steven Bruce

for what is the current press position on HRT, I mean, I guess the Daily Mail is one of them. Read sources have this sort of information or they think is good, or they think is bad,

Susanna Unsworth

isn't it variable and it depends what's being published at the time. So it probably all stems back to about 20 years ago when there were two big studies that were that were published around 2002 2003 that were actually leaked to the media prior to actually being published. And and both of these studies did suggest that there was a strong significant increased risk of breast cancer associated with using HRT. And and once that made it into the media, that was it, you know, there was no real going back from that. And, and sadly, one of those studies actually had a reanalysis of the data, which actually then overturned its its final conclusions of, but that didn't make it into the media because that's not exciting enough, is it? And so, sadly, I think the media is often very quick to say when something causes something negative and not so quick to say They reverse. And then again last year, sort of summer time last year, there was another publication in The Lancet, which again, brought this whole issue again of the increased risk of breast cancer. And, and lots of women got really frightened yet again because of it. And, and so the media, I think often has a very negative approach to HRT. And what is sad is that they don't well hardly ever talk about the other health benefits that it gives you. So yes, you can talk about the risk of breast cancer, but you shouldn't really ever talk about these things in isolation. Because yes, something may have a negative effect in one one arm, but if you look at the other arm, there are other really strong health benefits that you get, and you've got to weigh up the overall risk and benefit of anything really before you make a decision. So I think this is one of the biggest things of HRT is that often it focused on breast cancer, when really we should probably be looking at A whole thinking about other factors as well.

Steven Bruce

Yes, I suppose were were hoisted by the fact that cancer is such an emotive word and it takes over from any other concern or benefit that might arise.

Susanna Unsworth

And I think breast cancer, especially for women, I think it's probably the cancer that most women do fear. And but actually, if you look at mortality rates of women in the postmenopausal part of their life, breast cancer is not the biggest killer of women and cardiovascular disease is much more of a significant risk for mortality. And HRT actually has positive beneficial effects on your cardiovascular system. And so yeah, but it does, it has a very emotive fee, you know, people worry about it and, and and understandably so, but I think it's some sadly is blown out of proportion or disproportionate to the other benefits that you might get

Steven Bruce

out of curiosity. In terms of female cancers, if I can call a cancer female, which is breast cancer, likely to be more, they have a higher mortality rate than cervical cancer.

Susanna Unsworth

And I don't think I've got the exact figures to hand but although I mean breast cancer is a commonly diagnosed cancer, and but the the treatment of breast cancer has dramatically improved. So there is the the mortality risks from breast cancer have significantly improved over the last sort of 2030 years. And, and, and like we were saying before, it's not one of the biggest killers of women. And so you know, a diagnosis of

breast cancer is not, it's probably not as significant as maybe being diagnosed with significant heart disease. But it doesn't have to say, you know, in the media, it doesn't have the same scare factor. Women are often more worried by that diagnosis. Which is why I think it's important that women sort of made aware of the of the true risks involved. So that they can then make a proper informed choice.

Steven Bruce

So what then is the actual risk of contracting breast cancer as a result of HRT, given types of HRT?

Susanna Unsworth

Yeah. So that that is quite a good question. So you mentioned about the modern types of HRT. So sadly, most of the data comes from very old fashioned forms of HRT that we really don't use very much of so the biggest study, really, that was done was the Women's Health Initiative, which was done back in 2002. And that was a study of about 27,000 women, but they were using very old forms of HRT that we use at the time. So they were using conjugated oestrogen, which is an Eastern that was extracted from horses urine, which we really don't use much of at all now. And it also used a very synthetic progestogens. So medroxyprogesterone is the progesterone that was mainly used in that study. And we And we don't really use those forms of HRT. But sadly the data that we have comes from that. So we kind of have to use what data we have available to us. And the original study did suggest that there was an increased risk of breast cancer in women using this form of HRT. And but actually, when they reanalyzed the data and allowed for others of confounding factors, they actually found that there was no significant difference but like I said before, that wasn't widely published and widely publicised in the media. But what's more interesting is they the long term analysis of that data it was published earlier this year. And what it did show is that, yes, there is a very small increased risk of breast cancer when women take the combined form of HRT, which is the oestrogen and the progestogen together. But interestingly, what it did show is that women who take oestrogen HRT which is issued and only they actually had a lower risk of breast cancer, so This was really, really great data that was that was published last year and really has reinforced what the nice guidelines have been recommending since 2012.

Steven Bruce

So why would any GP put a woman on the other side of the mixed matrix?

Susanna Unsworth

Yeah, so and that's to do with whether or not you have a uterus. So, if you still have your womb, you have to have two hormones because living your oestrogen is really to treat the symptoms. The progestogen is to protect your endometrium from oestrogen if it was given on its own increases the risk of developing endometrial cancer. So sadly, the form that most women would have to take is probably the combined form. And that is the type of HRT that has been shown to have a slightly increased risk of breast cancer. women who've had a hysterectomy for whatever reason, and can have oestrogen on its own, and that has been shown to actually have a lower risk of breast cancer.

Steven Bruce

Okay, I've had a few questions here. Carol says what are the risks of the pessary? HRT if there are any different risks for that?

Susanna Unsworth

Yeah, so yeah, really different. And and what's what's quite sad is that vaginal oestrogen sadly has to have the same patient information leaflet within the packaging, which talks about the risks of HRT and breast cancer genetic generally. And whereas vaginal oestrogen. So little a bit gets absorbed into your body that it has been shown that this does not confer any increased risk of breast cancer at all. And that is an A recent British Medical Society statement has clarified that, that women can use vaginal ishan very safely, and it does not confer any increased risk of breast cancer. The data has shown that the amount that you absorb is extremely small. And the guidance for us has to say is that it's roughly about the same if you were to use for giant each and every day for a year, you'd get about the equivalent dose of one time. tablet of one oestrogen tablet. So it's really, really, you know, really, really small amounts capsuled

Steven Bruce

excuse my, perhaps my obtuseness here, but if you're absorbing so little of it, how can it be effective?

Susanna Unsworth

So that's that your systemic absorption. So going into whole body, whereas what it's doing is acting very locally just on the vaginal tissues, which is what you're sort of using it for. And so women who suffer with those sort of symptoms can really safely use pessaries or cream or whatever form they get prescribed, without any worry about an increased risk of breast cancer.

Steven Bruce

Okay. selama has salami. Olivia has asked about men getting breast cancer, and I guess men don't very often go on HRT, but she'd like to know how men might recognise the breast cancer and how they will be treated.

Susanna Unsworth

Yeah, so we do see men. I see men in my clinic. I mean, I will probably see a man At least two or three times every week, who is referred with it with a breast lump. So it's the same thing really men should examine themselves as women do. And I think it's probably easier for a man to notice if there is a lump, however, see, it's easier for them to examine themselves. But yeah, any lumps that a man feels in the breast area, I would say needs to get checked as much as any any woman would. Again, there's a lot there are other things that it can be the communist reason is a condition that we call gynecomastia, which is where men just develop their large breast tissue. This could be for various different reasons. Usually it's medication or some sort of drugs that they're taking that that triggers it. And although in very young young boys of puberty age, that's very common naturally and also in older men. It can be very common just naturally as well. But yeah, breast cancer does happen in men, so anything that that they're concerned with, I would say they should really get it checked as well.

Steven Bruce

Okay. And Charlotte says that she says she says she often sees patients becoming unstable mechanically, how biomechanically, when they're on HRT, is that something that you've recognised?

Susanna Unsworth

Oh, I'm just a means of unsteady sort of on their feet, or

Steven Bruce

I only have the information I read from my question. So I imagine that's what she means.

Susanna Unsworth

Yeah, that's not something that I would necessarily associate with women taking HRT. If anything, women around the menopause tend to suffer with musculoskeletal pain, joint pain. And HRT can often be really helpful with that issue is really important in the musculoskeletal system in bone strength. And so often, HRT is actually really beneficial for those sort of things. And this sort of takes me back a little bit with what I was saying before about the health benefits that you get from HRT. So we were saying before about how trying trying to take a whole look at the whole picture, and HRT is really Really important and keep it? Well, it's a big factor in keeping your bone density strong and reducing the risk of osteoporosis, which again, is another significant risk and mortality risk for women in the US or postmenopausal years. So, again, it's one of the other health benefits HRT offers.

Steven Bruce

Melanie says, what were the some of exhibit specific what were the sample numbers in the positive oestrogen study?

Susanna Unsworth

I don't know if I've got the data to hand to tell you exactly. And the bits of information that I think are quite useful to that I have got the data. I wrote a few notes before I came on just to provide you with sort of the figures and the most recent data that was published by in The Lancet which was last year. This doesn't divide into the different types of HRT quite as closely as the Women's Health Initiative but what it shows is that for women taking continuous combined HRT, so this is two hormones and they take both hormones every day, the increased risk of breast cancer went from three and 50, which is the baseline risk to four and 50. So an extra one in 50 case in women aged 50 to 69. So that they're the figures that came out from from the Lancet data. Women that take sequential HRT which is where you have each and all the time that you have the progestogen taken in sort of sequence and sort of a monthly sort of cycle that had a lower risk. So there was about an extra one in 70 cases. So combined continuous with one an extra one in 50, sequential combined and an extra one in 70. The thing that's slightly different with the data from the the the Lancet sort of meta analysis compared to the Women's Health Initiative is that that actually did show the Asian only HRT did have a study. increased risk of breast cancer, about one in 200 an extra one case in 200 women, this actually is different to what was what the data from the Women's Health Initiative has shown. And what's important to stress is that the data from the Lancet study is an observational sort of meta analysis study. And it's not it was done by a group of epidemiologists, it wasn't a randomised control trial. So

the data for it is a little bit, it did have quite significant flaws. And what is also important to mention is that that meta analysis didn't include the Women's Health Initiative, which is the biggest study looking at HRT, which is interesting. And so, I think that the problem is, it's very difficult to explain to women clearly what what the data has shown because there is a little bit of conflicting results, and that that is often what makes it difficult but I think from my viewpoint in the British Medical Society, is that the vast majority of the data does support a very, very low risk of low increased risk of breast cancer. But the health benefits largely often outweigh that. So the health benefits from a cardiovascular point of view, the health benefits related to osteoporosis, really do largely outweigh it. But it's, again, it's an individual decision to make. And I think, you know, a lot of women will want to talk about their individual risk. You know, there are other other factors to take into account other lifestyle factors that a woman might have that may potentially put her at a higher risk. And family history can put her at a higher risk. So it's, it's not a straightforward answer. Sadly,

Steven Bruce

we talked about something related to this before we came on air. And of course, you may. Let me start from a different perspective. You mentioned one in 200, increased risk of breast cancer, that sounds Okay, that sounds reasonable. It's not too But you also say one in 70. When you get to one in 70, and one in 15, or 2%, I would start to worry, I would have thought Actually, that's not very many people. Yeah, rather high percentage.

Susanna Unsworth

Yeah, I suppose. Yeah, it does sound quite scary. And I think the way that the media portrayed it is that it went from 350 to four and 50, which is a third increase. And so when you say, say it like that, you know, it does sound like a lot. And but when you, you look at it sort of maybe the other way around, so one in 50 means that an extra one case in 50 women that are taking HRT, an extra one of them would get breast cancer, but actually 49 of them wouldn't. And so if you look at it sort of in the reverse, it's, you know, it does make it a little bit more proportional. And then if you think about other lifestyle, things that have a much more significant risk. So I often talk to women about the risk of alcohol, so alcohol consumption, so drinking more than two units. Alcohol a day is more risky with regards to breast cancer than using HRT. And the biggest one is actually obesity. So women whose BMI is over 30 have a significantly higher risk of breast cancer. When you compare it to using HRT, and, you know, these sort of lifestyle, things often don't get mentioned in, you know, in the media and how significant they are. So, I think for most women, it's about putting it into perspective. But also it's about quality of life issue. So a lot of women that I meet, particularly going through menopause, or having really, really severe symptoms, really, really struggling and their quality of life is really poor. And and, you know, for a lot of those women, that small increased risk is worth taking, if it's going to give them their quality of life back. And one thing I like to just point out, and I often say this woman in my clinic is that when we're talking about the breast cancer risk, we're talking about a diagnosis of Breast cancer, when you actually look at the mortality rates, there is no increased risk of mortality. And actually, both of those big studies have shown that that that's the case. And yes, they might be more likely to be diagnosed, but they're no more likely to die from breast cancer. And if you look at overall mortality, and women who use HRT actually have lower mortality rates than women who don't and that's because of the health benefits with regards to cardiovascular disease.

Steven Bruce

'That was actually the question I was going to ask you a moment ago, when I sidetracked myself. Telling people there's an increased risk of cancer is one thing, but the overall mortality

Susanna Unsworth

Yeah, yeah, exactly. often overlooked. Yeah. And we think that the reason for that is probably because they're more likely to be diagnosed with an Eastern receptor positive breast cancer, which is actually much more effective to treated although I haven't gone into the details about that, really, but But yeah, it I think that's a really important distinction to make. And then Actually, you know, yes, you may have a diagnosis but the risk of dying from it is less and actually the risk of dying overall is less because of these are the health benefits that you get from it.

Steven Bruce

Yeah, I don't know if you're a fan of his. He's certainly a bit of a Marmite character. But Ben Goldacre has written quite a lot about the misuse of statistics in the press. Yeah, I think

Susanna Unsworth

that's Yeah, and this is a classic case of that. I think it's like I was saying before, the risk went from three and 50 to four and 50. And that was portrayed in the media as a 33% increase with

Steven Bruce

friends. Yes, yeah.

Susanna Unsworth

And when you say it like that, it sounds absolutely awful. But 33% of something small is still something small. And, you know, I think that's often what is sadly portrayed, the media is is good at mismiss sort of representing data in that way.

Steven Bruce

And the other thing that came out of I can't remember which of Ben Goldacre has books it was but in in one of them, he also talks about the quality of the health report. waters in much of the mainstream press in what we would regard as being more reliable newspapers quite often the people reporting on health have got no background in health at all. They're talking about Yeah, yeah, you have to bear that in mind when you look at the way they interpret the stuff being fed by scientists involved in a study who might have a personal interest in that study.

Susanna Unsworth

Yeah, yeah, I think that's, you know, it's really important to take all those factors into account and, and this, this is what happened sort of summertime last year, I had lots of women coming to me saying, I've just seen this on the on the BBC Breakfast or whatever. And I'm really worried about my HRT now. And what was

really important to stress those women is that the data that had been published actually didn't give us any new information. Most of what they were saying we already knew, and was already being taken into account with the nice guidelines and how their treatment was being managed. And so it really had no impact on the vast majority of women's treatment, but it did scare a lot of them. And it's, and it's Yeah, it's a real shame. I think, sorry. I was just gonna say one of the other things just to point out is that the increasing evidence now for the newer forms of HRT. So what we tend to use now is a more natural, we use a lot more natural forms of HRT things that are what we call body identical so that the hormones are identical to what we, our bodies naturally produce. And there's increasing evidence now that these are actually much safer in regards to breast cancer as well. So whilst the risk before was small, we hope that actually these newer forms of HRT ever have an even better risk profile. And hopefully as time goes on, we'll have more data to back that.

Steven Bruce

We've had a slightly technical question from Yvonne. She says, Would that be the case for people with BRCA genes that the bracket gene has what's called a mutations are BRCA one of the LCA two, would they still get the combined? HRT?

Susanna Unsworth

Yeah, so it's slightly different. Yeah. So what you have to bear in mind with with situation like this is that they're these women have a slightly higher wealth not slightly higher, they have a higher baseline risk for developing breast cancer. And you have to take that into account so that overall risk is going to be greater regardless of the HRT because their baseline risk is higher. For the vast majority of women who have either a family history or are known to have genetic mutations that increase their risk. HRT doesn't increase the risk any further than it would for any other woman. But obviously, they're starting at a higher baseline, so the overall risk is going to be higher. And however, I have used HRT in women who are known to be brecker carriers, particularly in the women who've had treatment and sort of prophylactic preventative treatments, they may have had oophorectomy and they may have had mastectomies depending on the situation. And I have used HRT in these women because the, again, the health benefits generally are going to outweigh that that increased risk. But it is it is an individual assessment. The what I find frustrating is when women are automatically told that they can't have HRT because of, say, a family history. So I find that happens a lot. And that's not true. And in my practice, I would say there's there's probably no woman who I would say that she definitely could not have HRT unless she maybe had someone who had another flatter reaction to it. And I would say the vast majority of women, it's about a risk benefit analysis. And I think that is very variable from each woman, you know, each individual woman,

Steven Bruce

just remind me that what would be the normal family history problems that might cause someone to say you can't have HRT?

Susanna Unsworth

So I mean, I say we've seen quite a few women in my clinic who may be their grandmother had breast cancer. Or even their mother may have had breast cancer. And so obviously that puts them they are anxious about that that family history. And I think a lot of doctors general practitioners would feel a little bit uneasy in just saying, Oh, yeah, HRT is absolutely fine. Because women with a close family member, particularly maybe a close family member who's had breast cancer at a young age, yes, they are at an increased risk of developing breast cancer themselves. There's, like I was saying before, it's about their baseline risk, their baseline risk is going to be a bit higher. But the addition of HRT does not increase that any more than it would another woman. But because we're starting at a higher point, the overall risk is going to be higher. But it's, again, it's about someone's risk benefit assessment and how much their problems are affecting their quality of life. And then they can make a decision.

Steven Bruce

Does it complicate that overall mortality equation or is it still the case that yes, you've got there's a history of breast cancer. Take the ATM To your you might be slightly more likely to get breast cancer, but overall, you're less likely to die.

Susanna Unsworth

Yeah, I would say they would still get the same health benefits. So, you know, the reason the mortality rate is lower, and it's the same, yeah. So I feel that that would be identical to the health benefits this

Steven Bruce

has asked whether transdermal oestrogen is better in terms of risk than oral.

Susanna Unsworth

Yeah. So and in to, and so not necessarily in regards to breast cancer. And in regards to things like thrombosis, transdermal ishan, is much safer. So we know that using Asian through the skin does not confer an increased risk of clotting problems. So for the vast majority of women, I often encourage them to use transdermal HRT anyway, because I kind of feel why would you want to use a product that does have an increased risk of a blood clot when there's something available that doesn't, and also, it gives you a more constant dose, which I think is much more effective. So for the vast majority of women, I encourage transdermal oestrogen, the breast cancer risk, if we're if we're taking the Women's Health Initiative data, which I think is the most accurate and data to work from, we've got an ongoing study. Yeah, I think it has conclude. I mean, I don't know that they're carrying on now that it was a study that was done sort of in the 19, late 1990s. And then the, they were followed up, and that was republished just earlier this year. And so yeah, it's been a very long long term assessment. And what it showed is that it seems to be a combination of the Eastern and the progesterone together that confers this increased risk of breast cancer. So what we're trying what I try and encourage women to have is a transdermal oestrogen and then a very natural progesterone, so usually using something called micronized progesterone, which is chemically identical to our body's natural progesterone Potentially using the marina coil to deliver the progestogen. These these have been shown to be much safer forms of progestogen in regards to breast cancer risk, but they are giving it through the skin doesn't really necessarily affect the breast cancer risk.

Steven Bruce

Okay. Eva has asked whether women can take HRT over the age of 45. Are there any benefits?

Susanna Unsworth

Yeah, yep. So the lot of the data that I'm talking about is looking at women aged 50 to 60. So that's kind of the age group that we're thinking about the breast cancer risk, and yet using it above the age of 55. There is no problem with that. What we try and encourage women to do is start HRT close to the time of menopause. The reason for that is if you delay using HRT, beyond menopause, that the cardiovascular risks start to increase. So we would encourage women to use it closer to the time of menopause but there is no exact age. That was saying that you couldn't use it. And age between 50 and 60. The health benefits far outweigh the negatives. And so in that age group, I'd be quite happy for women to carry on.

Steven Bruce

interesting you say that about cardiovascular disease Anna sent in an observation. A patient has been told that she can't have HRT because she suffers from familial hypertension. Is that correct?

Susanna Unsworth

No. So what what whenever we start someone on HRT, we do look off to look at risk factors. And we do want to look at their cardiovascular risk factors. But if she's got adequately controlled hypertension, there is no reason that she can't have HRT, if anything is going to actually offer her a benefit, because it's going to be cardiovascular protective. And so for me, a woman who's got a history of family history of high blood pressure. She's someone who might be thinking, actually, you're likely to get health benefits from HRT, rather than saying you can't have it. An HRT doesn't increase the pressure. I think a lot of people think that that's one of the side effects from it. It has been data has shown that there is knowing when the pressure does not increase with HRT. So it's, it's really quite safe

Steven Bruce

for what might be quite useful for analysts to take back to that patient because a very important piece of clinical advice. you confuse me slightly, though, because a moment ago, I mean, earlier you said cardiovascular risk is improved with HRT, you said it again. But in between you said, actually, cardiovascular risk gets worse over the age of 55. Well, what happens if you start the HRT later?

Susanna Unsworth

Yeah, so what happens is pre pre menopausal age women. The issue in your body is protecting your heart and blood vessels, it's really cardioprotective. Once you get to menopausal age, that protection, if you're not using any HRT starts to decline because your issue level starts to decline. And over time, you start to develop cardiovascular problems. So the atherosclerosis forming inside arteries, that the changes that start to take place in sort of heart and blood vessels over time start to take place. So the longer we leave it beyond menopause, more of this damage has occurred. If we then introduce oestrogen, say 10 years down the line, if you've already developed offering of your arteries and these sorts of symptoms, potentially each Trojan

can disrupt that and cause little bits to break off, which can lead to things like heart attacks and strokes. So there is what we call a window of opportunity for using it in respect to the cardiovascular system. So ideally, you want to use HRT within 10 years of menopause. I do sometimes use it beyond that. And, and this is maybe where we might take other factors into account such as someone's blood pressure, maybe their cholesterol if they were very high risk for already having significant cardiovascular disease. You may not want to put them on HRT at night. point. But around the time of metaphors, that would, to me would be the perfect opportunity to do it.

Steven Bruce

Are there other medications which contra indicates HRT?

Susanna Unsworth

Um, no, not really. I can't think of anything that I would say you shouldn't use HRT alongside I mean, if you're using the contraceptive pill, and if using a combined contraceptive pill, you wouldn't necessarily use HRT alongside that because they both contain the shin and progesterone and the progestogen and that you can use the progestogen only pill alongside HRT, because one important distinction is HRT isn't a contraceptive. So that can sometimes, you know, be a factor. So it's important to make that distinction. And so No, there aren't really any any medications that come to mind. I would say you shouldn't use them alongside.

Steven Bruce

I've had some follow up on that business of instability. Charlotte says that her patients on HRT often get instability in the pelvis with pain along the inguinal ligaments bilaterally and pain over the medial malleolus and the medial wrists bilaterally?

Susanna Unsworth

Oh, no, I mean, I'm not particularly aware of it causing any any sick, you know, very localised and soft tissue connective tissue issues. For the vast majority of women, I think those problems tend to improve. And I know that those sort of things are often an issue around pregnancy, aren't they as well, you know, women often get pain issues, taking the pelvis and risk problems in pregnancy. And I mean, in my experience, I would expect HRT to actually improve that. So whether the women in this situation maybe need their HRT reviewing and whether it's actually not not adequate or not managing it properly. For them, that would be my thing. That would be my suggestion to to look at rather than it being the HRT causing it.

Steven Bruce

Really interesting study to conduct I imagine, I don't know. But I imagine that they've done an extensive review of the adverse side effects of HRT, which ought to include joint pain, but

Susanna Unsworth

yeah, yeah. I mean, some women do get some side effects from using HRT. And it's usually the progestogen that causes a lot of side effects. And so breast tenderness, bloating, nausea, and that sort of thing that

women often experience when using the progestogen. Sometimes the oestrogen can give nausea, nausea, and this is another reason why I don't often like to use it orally because I think oral issue often makes people feel a bit nosy Yes, whereas using it transparently can often improve that. So it's not without side effects, sadly, but for the vast majority of people, they don't experience significant issues and they noticed significant improvements from their menopausal symptoms usually pretty quickly.

Steven Bruce

For Sophie has sent in an observation about oestrogen being key to collagen formation. And being anti inflammatory and ligaments and therefore joints can improve greatly with age.

Susanna Unsworth

Yeah. As my experience. Yeah, yeah.

Steven Bruce

And Vanessa says, what are your thoughts regarding natural progesterone eg wild yam products?

Susanna Unsworth

Yeah. So, um, we do have women who have definitely used these products with some benefit. And the difficult thing is with a lot of these natural products is this sort of level of regulation and how much is in them and how safe they are? It's very difficult to establish because there's not enough data to sort of support their safety. So on the whole, I don't encourage women to use these sort of products. I think I much preferred using something that I know is well regulated, and know what doses are safe, what doses are going to be effective. And I know the potential risks involved. And you know, interestingly, a lot of the HRT I use is actually synthesise from yams. So it comes from these natural products. And so people are sort of worried about using something natural. Actually, that's where most of the HRT comes from these days. So, you know, it's gone are the days where we extract it from horses urine, really. And so if that's something that women are interested in, then actually the standard HRT kind of can offer that. So

Steven Bruce

that's perfect. I suspect we probably deal with not perhaps more patients, but a greater percentage of our patients might be more inclined to use a non drug.

Susanna Unsworth

Yeah, yeah. Yeah.

Steven Bruce

But of course, as you say, if you have no idea of the dosage and and the outcome, I

Susanna Unsworth

think that's it, I think, yeah, it's knowing how safe how safe is it. And suddenly a lot of these kind of natural herbal treatments, they don't have to go through huge amount of regulation towards to be able to be sold.

Unlike medicines that do have to go through lots of regulations, so for the same reason nobody's doing the tests on them because there's no money. Well, exactly. And that's one thing I can say to women is just because there's no evidence to say it works. It works. It doesn't mean it doesn't work. It just means Yeah, that there hasn't been in a study looking at it. And usually that is because of the money involved, isn't it savvy? And so I mean, I think for most women, they're probably they they likely are safe to use. But whether they're going to offer the benefit that you that you need, and probably not.

Steven Bruce

We're kind of straight away back to HRT, which I know we talked about a lot last time because when you were when we were talking about menopause one way but Amy, for example, says how do you find women cope when they stop their HRT?

Susanna Unsworth

Yeah, so it's really variable. And I think one thing that I often stress is that women should never be told they have to come off their HRT because they've been on it too long that there's there's no definite length of time that you should stay on it for. What I tend to encourage women to do is gradually reduce it down and see what happens with their symptoms. So what we're hoping is that HRT is kind of bridging the time when their body's kind of resetting its balance in respect to the hormones. And then hopefully, when we withdraw the HRT that they're in a steady state to come out the other side of everything, and everything is settled down. But you will find that women symptoms do sometimes come back, in which case, I would just go back up with the dose, and leave it maybe another six months, and then try again. And again, it's all about an individual process. I would never encourage a woman to come off HRT unless she felt it was the right time for her. I can say this to women in my clinic, you know, if you're just about to move house, or you're just about to change jobs or something, it's probably not the time to be coming off the HRT as well. And they've got to feel like it's the right time for them. But for a lot of women, if you gradually reduce it, and then then they usually Okay.

Steven Bruce

One final question, if I may. I don't know who sent this one in, but they've asked what effect there is on women's testing. After him as a result of HRT,

Susanna Unsworth

so yeah, so testosterone around the time of the menopause does start to decline. So, you know, about 50% of testosterone is produced in the ovary so it does start to decline and HRT standard HRT doesn't contain testosterone, but I often do use testosterone in my practice. The sad thing is in the UK is that there's no licenced product available for women to use as testosterone supplement. So either we have to use male products and give them a 10th of the dose which is not ideal, or we there is a product that is imported from Australia, which is designed for women, but it's not available on the NHS sadly, and I think a lot of GPs feel a little bit uneasy about prescribing testosterone because of this lack of licenced product. And so a lot of women do miss out on being able to have testosterone. One thing I would say is that testosterone is usually only effective if you've got adequate oestrogen in your body. So using it on its own is often not very

effective. So it would often i'd often recommend, it's used in combination with some form of HRT as well. And But yeah, I use it, I use it quite a lot.

Steven Bruce

That's the end of our time. Susanna, if I were to say there's their one big takeaway message from this, I think for me, it would be being able to advise patients that never mind what the press says your overall health and overall mortality is going to improve as a result of HRT, even if there is a tiny risk of breast cancer.

Susanna Unsworth

I think that's a perfect some of the situation actually. And I think it's important that no, no sort of risk is taken in isolation. I think you have to you have to weigh it up in combination with with lots of factors in order for someone to make their own personal choice. And also it is a personal choice. And so I don't think a woman should ever be told that she can't have HRT. I think it's about a risk benefit assessment and that will be different from You know, for every individual,

Steven Bruce

brilliant, thank you. It's been a real pleasure having you on the show. Again, thank you for giving up your time. I'm sure we can find something else we can get you in the future.

Susanna Unsworth

Nice to meet you. Thanks