WOMEN'S HEALTH FACTSHEET

HRT: Benefits and Risks

Understanding the options and preparing for an individual discussion

The short version

Hormone replacement therapy (HRT) is an effective treatment for many menopause symptoms and helps protect bone strength while it is being taken. For many people under 60 with troublesome symptoms and no high risk of breast cancer or blood clots, the benefits are likely to outweigh the risks. The balance is individual and depends on age, medical and family history, whether the womb is present, the hormones used, the route, dose and duration.

What is HRT?

HRT replaces some of the oestrogen that falls during perimenopause and menopause. It may be given throughout the body as tablets, patches, gel or spray. Low-dose vaginal oestrogen acts mainly in the vagina and urinary area and has a different risk profile from systemic HRT.

Oestrogen-only HRT	Usually offered after a total hysterectomy. If a womb is present, oestrogen on its own can thicken the womb lining and raise the risk of endometrial cancer.
Combined HRT	Contains oestrogen plus a progestogen. The progestogen protects the womb lining and may be used continuously or for part of each cycle.
Local vaginal oestrogen	Used for vaginal dryness, discomfort and some urinary symptoms. Very little is absorbed into the bloodstream, and a progestogen is not usually needed with low-dose vaginal oestrogen.

Potential benefits

Hot flushes and night sweats	Systemic HRT is the most effective treatment for vasomotor symptoms and can reduce their frequency and severity.
Sleep, mood and daily life	It may improve sleep and wellbeing when these are being disrupted by menopause symptoms. Other causes of persistent sleep or mood problems still need assessment.
Vaginal and urinary symptoms	Vaginal oestrogen can help dryness, irritation and painful sex, and may reduce recurrent urinary tract infections for some people.
Bone health	HRT reduces bone loss and the risk of fragility fractures while it is being taken. This protection decreases after treatment stops.

HRT should be used to treat symptoms or for another agreed clinical reason, not solely to prevent heart disease or dementia.

Understanding the main risks

Serious harms are uncommon for most healthy people around the usual age of menopause, but no treatment is risk-free. The points below describe population-level evidence; they cannot predict one person's outcome.

Breast cancer	Combined HRT is associated with a small increase in breast cancer risk. The increase rises with duration and falls after stopping. Oestrogen-only HRT is associated with very little or no increase. Individual baseline risk and the type of progestogen may matter.
Blood clots (VTE)	Oral HRT increases the risk of venous blood clots. NICE states that transdermal HRT - patches, gel or spray - does not increase VTE risk. A transdermal route is often considered when clot risk is higher.
Stroke	Oral oestrogen slightly increases stroke risk, with a greater increase at higher doses and when started after age 60. Stroke risk is unlikely to increase with transdermal oestrogen. Baseline stroke risk under 60 is very low.
Womb lining	In anyone with a womb, systemic oestrogen without adequate progestogen increases endometrial cancer risk. The correct progestogen regimen is therefore important.
Ovarian cancer	The baseline risk under 60 is very low. Evidence suggests any increase associated with HRT is small; personal history should be discussed with a qualified clinician.

What changes the balance?

Personal factors

- Age and time since menopause
- Severity and impact of symptoms
- Personal and family medical history
- Breast, clot, stroke, heart and bone risks

Treatment factors

- Oestrogen-only or combined HRT
- Tablet or transdermal route
- Type of oestrogen and progestogen
- Dose, regimen and duration

When specialist advice may be helpful

Ask for an individual clinical assessment if you have a personal history or high risk of breast, ovarian or womb cancer; unexplained vaginal bleeding; a previous blood clot or known clotting condition; coronary heart disease or stroke; liver disease; migraine; uncontrolled high blood pressure; or menopause before age 45. These circumstances do not all mean that every form of HRT is impossible, but they may change the safest options.

Starting, reviewing and seeking help

Breast tenderness, headache, nausea, mood changes or unexpected bleeding can occur, especially during the first few months. Treatment can often be adjusted. Attend the review recommended by your prescriber and seek earlier advice if symptoms or side effects are difficult to manage.

Seek urgent medical help

Call 999 for sudden chest pain, severe breathlessness, coughing blood, one-sided weakness, facial droop or speech difficulty. Seek prompt assessment for postmenopausal bleeding, very heavy bleeding, or bleeding that is persistent or unexpected for your regimen.

Questions to take to your appointment

- Which symptoms are likely to respond to HRT, and could anything else be causing them?
- Which type and route would suit my history and risk factors, and why?
- What should I expect, when will we review it, and what alternatives are available?

How Health Matters UK can support you

We can help you record symptoms, organise priorities, explore realistic lifestyle steps and prepare questions for an appointment. We do not diagnose, prescribe or recommend a medicine, and we do not replace a regulated healthcare professional.

A useful next step

List the symptoms affecting you, medicines and contraception, and relevant personal or family history. Take this to a qualified prescriber for an individual discussion. Do not start, stop or change HRT without clinical advice.

Women's health matters to us

Every woman deserves clear, compassionate and evidence-informed information. We aim to help people feel heard, understand their options and take realistic next steps without judgement.

Important information

For general education only; this does not replace personalised medical advice, diagnosis or treatment. Do not change prescribed medication without qualified advice. Use NHS 111 for urgent medical help and call 999 in an emergency.

Evidence, sources and review

This factsheet was prepared to Health Matters UK's Evidence & Editorial Standards. It brings together current UK clinical guidance and patient information, with international context from the World Health Organization. The wording is original and has been written for public education; external guidance remains the responsibility of its issuing organisation.

How the evidence was used

NICE and NHS sources informed the description of benefits, breast cancer risk, womb protection, blood clots, stroke, routes of administration and circumstances needing specialist discussion. British Menopause Society recommendations informed the emphasis on individual assessment and regular review. WHO information supports the wider description of menopause as a life stage for which hormonal and non-hormonal interventions may help.

Principal sources

• NHS. Benefits and risks of hormone replacement therapy (HRT). nhs.uk/medicines/hormone-replacement-therapy-hrt/

• NHS. About hormone replacement therapy (HRT). nhs.uk/medicines/hormone-replacement-therapy-hrt/

• NICE. Menopause: identification and management (NG23), recommendations updated 2024. nice.org.uk/guidance/ng23

• World Health Organization. Menopause fact sheet, 2024. who.int/news-room/fact-sheets/detail/menopause

• British Menopause Society. BMS & WHC recommendations on HRT in menopausal women. thebms.org.uk/publications/consensus-statements/

Review approach

The factsheet should be reviewed earlier than the date below if NICE, NHS, WHO or British Menopause Society guidance changes materially. Health Matters UK should also update links if source organisations move or replace their pages.

Published: November 2026 Version: 1.0 Review due: November 2027, or sooner if guidance changes

© 2026 Health Matters UK. This original factsheet may be downloaded for personal use. Please do not alter or reproduce it commercially without permission.