

**Table 1 Combined HRT versus no HRT: effect on specific health outcomes**

–	Baseline risk	How does taking combined hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way combined HRT is taken affect these risks?	Does the type of hormone affect these risks?
<b>All-cause mortality (life expectancy)</b>	–	Overall, life expectancy is unlikely to change with the use of combined HRT. <b>[2024]</b>	–	–
<b>Cancer: breast (Information in this table applies to people with no personal history of breast cancer)</b>	Breast cancer risk varies depending on a person's modifiable and non-modifiable risk factors. <b>[2024]</b>	Breast cancer risk increases with combined HRT and the increase: <ul style="list-style-type: none"> <li>• rises with duration of use</li> <li>• is higher in people currently taking HRT than in those who have taken it in the past</li> <li>• declines after stopping HRT but persists at least 10 years after stopping use.</li> </ul> <p>There is a very small increase in risk of death from breast cancer with combined HRT.</p>	Breast cancer risk with sequential combined HRT is: <ul style="list-style-type: none"> <li>• lower than with continuous combined HRT <b>but</b></li> <li>• higher than without HRT. <b>[2024]</b></li> </ul>	There is insufficient evidence to establish whether the increase in risk of breast cancer is different with preparations containing micronised progesterone or dydrogesterone from what it is with preparations containing other progestogens. <b>[2024]</b>

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		Use the <a href="#">discussion aid on HRT for the number of breast cancer cases per 1,000 people taking combined HRT over a 5- or 10- year period</a> . [2024]		
<b>Cancer: endometrial (Information in this table applies to people with no personal history of endometrial cancer)</b>	–	–	<p>Endometrial cancer risk decreases with continuous combined HRT (use the <a href="#">discussion aid on HRT for the number of endometrial cancer cases per 1,000 people taking combined HRT over a 5-year period</a>). [2024]</p> <p>Endometrial cancer risk may slightly increase with sequential combined HRT, and the increase may be greater with:</p> <ul style="list-style-type: none"> <li>• longer duration of use</li> <li>• fewer days of progestogen per cycle</li> </ul>	–

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			<ul style="list-style-type: none"> <li>increased dosage of oestrogen. <b>[2024]</b></li> </ul>	
<b>Cancer: ovarian (Information in this table applies to people with no personal history of ovarian cancer)</b>	The baseline population risk of ovarian cancer in women aged under 60 is very low (use the <a href="#">discussion aid on HRT for the number of ovarian cancer cases per 1,000 people over a 5-year period</a> ). <b>[2024]</b>	In people with ovaries, there is a very slight increase in ovarian cancer risk with combined HRT (use the <a href="#">discussion aid on HRT for the number of ovarian cancer cases per 1,000 people over a 5-year and a 10-year period</a> ). <b>[2024]</b>	–	–
<b>Coronary heart disease (Information in this table applies to people with no personal history of coronary heart disease)</b>	–	Coronary heart disease risk does not increase with combined HRT (use the <a href="#">discussion aid on HRT for the number of coronary heart disease cases per 1,000 people over a 5-year period</a> .) <b>[2024]</b>  Mortality from cardiovascular disease does not increase with combined HRT. <b>[2024]</b>	–	–

–	<b>Baseline risk</b>	<b>How does taking combined hormone replacement therapy (HRT) impact the risks related to this outcome?</b>	<b>Does the way combined HRT is taken affect these risks?</b>	<b>Does the type of hormone affect these risks?</b>
<b>Dementia</b>	–	Dementia risk might increase with combined HRT if it is started at 65 or over (use the <a href="#">discussion aid on HRT for the number of dementia cases per 1,000 people over a 4-year period</a> ). <b>[2024]</b>	–	–
<b>Muscle mass and strength</b>	–	There is limited evidence suggesting that HRT may improve muscle mass and strength. <b>[2015]</b>	–	–
<b>Osteoporosis</b>	<p>The baseline population risk of fragility fracture:</p> <ul style="list-style-type: none"> <li>• is low in the UK for women, trans men and non-binary people registered female at birth who are around the age of menopause, <b>and</b></li> <li>• varies from one person to another. <b>[2015]</b></li> </ul>	<p>Fragility fracture risk is decreased while taking HRT and this benefit:</p> <ul style="list-style-type: none"> <li>• is maintained during treatment but decreases once treatment stops</li> <li>• may continue for longer in people who take HRT for longer. <b>[2015]</b></li> </ul>	–	–

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	(Use the <a href="#">discussion aid on HRT for the incidence of fragility fractures in women not taking HRT.</a> ) <b>[2015]</b>	(Use the <a href="#">discussion aid on HRT for the incidence of fragility fractures in women taking HRT.</a> ) <b>[2015]</b>		
<b>Stroke (Information in this table applies to people with no personal history of stroke)</b>	The baseline population risk of stroke in women aged under 60 is very low. <b>[2024]</b>	–	Stroke risk is unlikely to increase with the use of combined HRT that includes transdermal oestrogen (see the <a href="#">discussion aid on HRT, for the number of stroke cases per 1,000 people over a 5-year period.</a> ) <b>[2024]</b>  Stroke risk increases with combined HRT containing oral oestrogen and the increase: <ul style="list-style-type: none"> <li>• rises with higher oestrogen dosage and longer duration of treatment, for example, if used for more than 5 years</li> </ul>	–

–	Baseline risk	How does taking combined hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way combined HRT is taken affect these risks?	Does the type of hormone affect these risks?
			<ul style="list-style-type: none"> <li>• is greater with increasing age at first starting HRT</li> <li>• differs between ethnic groups and may be greater in Black people.</li> </ul> <p>(See the <a href="#">discussion aid on HRT, for the number of stroke cases per 1,000 people over a 5-year period.</a>) [2024]</p>	
<b>Type 2 diabetes</b>	–	<p>The risk of developing type 2 diabetes does not increase with HRT. [2015]</p> <p>Generally, no adverse effect on blood glucose control is reported when taking HRT. [2015]</p>	<p>The risk is not affected whether HRT is taken orally or transdermally. [2015]</p>	–
<b>Venous thromboembolism (VTE)</b>	–	<p>VTE risk is not increased with transdermal HRT. [2015]</p>	<p>VTE risk is increased with oral HRT. [2015]</p>	–

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			VTE risk is greater with oral than transdermal HRT. <b>[2015]</b>	

Table 1 lists the differences in specific health outcomes between people who are taking or have taken combined HRT, and those who have never had HRT.

The statements from 2015 in tables 1 and 2 do not distinguish between combined and oestrogen-only HRT. These statements have been included in both tables to better support discussions.

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