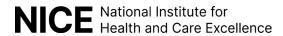
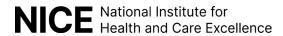


Table 2 Oestrogen-only HRT versus no HRT: effect on specific health outcomes

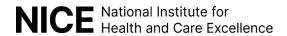
_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
All-cause mortality (life expectancy)	_	Overall, life expectancy is unlikely to change with the use of oestrogen-only HRT. [2024]	_	_



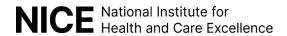
_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
Cancer: breast (Information in this table applies to people with no personal history of breast cancer)	Breast cancer risk varies depending on a person's modifiable and non-modifiable risk factors. [2024]	There is very little or no increase in breast cancer risk with oestrogen-only HRT. There is little or no increase in the risk of breast cancer mortality with oestrogen-only HRT. Use the discussion aid on HRT for the number of breast cancer cases per 1,000 people taking oestrogen-only HRT over a 5- or 10-year period. [2024]		Breast cancer risk is similar with oestradiol and with conjugated equine oestrogen. [2024]



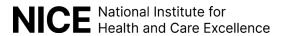
_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
Cancer: endometrial (Information in this table applies to people with no personal history of endometrial cancer)		In people with a uterus, endometrial cancer risk increases with oestrogenonly HRT (use the discussion aid on HRT for the number of endometrial cancer cases per 1,000 people taking oestrogenonly HRT over a 5-year period). [2024] See also recommendation 1.8.1 on which type of	In people with a uterus, endometrial cancer risk increases with both oral and transdermal oestrogen-only HRT. [2024]	
		HRT to offer depending on whether people have a uterus or not in the section on starting HRT. [2024]		



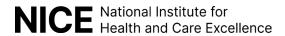
_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
Cancer: ovarian (Information in this table applies to people with no personal history of ovarian cancer)	The baseline population risk of ovarian cancer in women aged under 60 is very low. (Use the discussion aid on HRT for the number of ovarian cancer cases per 1,000 people over a 5-year period). [2024]	In people with ovaries, ovarian cancer risk increases very slightly after 5 years of using oestrogen-only HRT and this risk increases with duration of use (use the discussion aid on HRT for the number of ovarian cancer cases per 1,000 people over a 5-year and a 10-year period). [2024]	Ovarian cancer risk increases with both transdermal and oral oestrogen-only HRT. [2024]	
Coronary heart disease (Information in this table applies to people with no personal history of coronary heart disease)		Coronary heart disease risk does not increase with oestrogen-only HRT (use the discussion aid on HRT for the number of coronary heart disease cases per 1,000 people over a 5-year period). [2024] Mortality from cardiovascular disease does not increase with oestrogen-only HRT. [2024]		



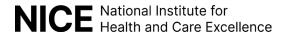
_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
Dementia	_	Dementia risk is unlikely to increase with oestrogen-only HRT (see the discussion aid on HRT for the number of dementia cases per 1,000 people over a 5-year period). [2024]	_	_
Muscle mass and strength	_	There is limited evidence suggesting that HRT may improve muscle mass and strength. [2015]	_	
Osteoporosis	The baseline population risk of fragility fracture: • is low in the UK for women, trans men and non-binary people registered female at birth who are around the age of menopause and • varies from one person to another.	Fragility fracture risk is decreased while taking HRT and this benefit: • is maintained during treatment but decreases once treatment stops • may continue for longer in people who take HRT for longer.		
	(Use the <u>discussion aid</u> on HRT for the incidence	(Use the <u>discussion aid</u> on HRT for the incidence of fragility fractures in women.) [2015]		



_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
	of fragility fractures in women.) [2015]			



_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
Stroke (Information in this table applies to people with no personal history of stroke)	The baseline population risk of stroke in women aged under 60 is very low. [2024]		Stroke risk increases with oral oestrogen-only HRT and the increase: • rises with the dosage of oestrogen • is greater if HRT is started after the age of 60. (See the discussion aid on HRT, for the number of stroke cases per 1,000 people over a 5-year period.) [2024] Stroke risk is unlikely to increase with transdermal oestrogen-only HRT (see the discussion aid on HRT, for the number of stroke cases per 1,000 people over a 5-year period). [2024]	
Type 2 diabetes	_	The risk of developing type 2 diabetes does not increase with HRT. [2015]	The risk is not affected whether HRT is taken orally or transdermally. [2015]	_



_	Baseline risk	How does taking oestrogen-only hormone replacement therapy (HRT) impact the risks related to this outcome?	Does the way oestrogen-only HRT is taken affect these risks?	Does the type of hormone taken affect these risks?
		Generally, no adverse effect on blood glucose control is reported when taking HRT. [2015]		
Venous thromboembolism (VTE)	_	VTE risk is not increased with transdermal HRT. [2015]	VTE risk is increased with oral HRT. [2015] VTE risk is greater with oral than transdermal HRT. [2015]	_

Table 2 lists the differences in specific health outcomes between people who are taking or have taken oestrogen-only 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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