

Your Complete Guide

Everything you wanted to know about mHT.*

One of the hardest parts of menopause is all the questions it raises. What happened to my waist? Why am I so cranky? Why can't I sleep anymore? How can I stop these hot flashes? Is this normal?

The truth is every woman's body is different, and we all experience menopause in our way. And when you look online or talk to your friends, you might end up more confused than before. Mainly because you'll receive so many different answers.

But finally, there are companies like Pandia Health that have evidence-based answers, along with safe and effective solutions to menopause symptoms. We can't imagine a better time to be going through menopause.

Our menopause care team is led by two certified members of the Menopause Society: Stephanie Culver, MD and Catherine Hansen, MD, Head of Menopause Services. They're modern menopause specialists who are up-to-date on the latest studies. They've helped thousands of women thrive in midlife with a combination of hormonal therapy and lifestyle recommendations, and they can do the same for you.

In this booklet, they answer everything you've been wondering about mHT but didn't know who to ask.

**But didn't know who to ask*



mHT 101.

What is mHT?

The letters mHT are short for menopausal hormone therapy. Sometimes it's also called hormone therapy or hormone replacement therapy (HRT), though that term is now out of date. It refers to estrogen and progestin hormones that women take once the natural levels of these important hormones begin to decline in perimenopause.

What does bioidentical hormones mean?

The terms bioidentical and body identical mean the hormones are just like the natural hormones that your body makes. Your estrogen receptors in your brain, colon, and skin recognize mHT and respond to it. At Pandia, we evaluate each woman's needs and desires and mainly prescribe bioidentical hormones sourced from plants.

What forms does MHT come in and which one is right for me?

There are two main ways to take hormones: locally such as in a vaginal cream, ring or suppository or systemic hormones with a daily pill or a small stick-on patch applied once or twice weekly that delivers estrogen hormones through your skin. Your doctor will help guide you to the best form of mHT for you, depending on your health history and age.

Is mHT safe?

Yes, the majority of women can safely take mHT. Timing is important, and data shows there's a critical time window in which mHT can be more impactful in women's health and wellbeing. Studies show that starting hormone therapy in perimenopause or the early years of menopause, along with lifestyle changes, offers the most substantial benefits.

What can mHT do for me?

What menopause symptoms can mHT relieve?

Pandia's menopause specialists create menopausal hormone therapy treatment plans that are scientifically proven to resolve four primary symptoms:

- Hot flashes and night sweats
- Vaginal and urinary tract issues
- Preventing osteoporosis
- Resolving frequent urinary tract infections

However, replacing the body's natural hormones may help solve many of the nearly 40 menopause symptoms from disturbed sleep and low libido to frozen shoulder and menopausal belly fat.

What are the health benefits of mHT?

Although every woman has different risks and medical background, studies show a range of immediate and long-term benefits for women who start mHT before age 60 or within 10 years of their last period. They include*:

- Relief from night sweats + better sleep in as little as a few weeks
- 52% lower risk of heart disease, the No. 1 killer of women
- 30% lower risk of bone fractures
- 43% lower risk of death from all causes

And, according to current guidelines, there's no recommended age to stop mHT, though it's a good idea to check in with your provider annually to reassess your treatment.

Source: Menopausal Hormone Replacement Therapy and Reduction of All-Cause Mortality and Cardiovascular Disease: It's About Time and Timing by Howard Hodis, MD and Wendy Mack, PhD from Cancer, 2022

What else do I need to do besides take mHT to feel like myself again?

Getting on menopausal hormone therapy can resolve many symptoms of perimenopause and menopause. But to feel even more vibrant and healthy in midlife and beyond, it's important to:

- Eat a plant-rich, colorful Mediterranean diet full of the nutrients your body needs
- Prioritize restful sleep
- Manage stress with meditation, yoga or mindfulness
- Exercise to build muscle, stay flexible and maintain cardiovascular fitness

I'm so easily irritated now, and I feel scattered and a little sad. Is this part of menopause?

Did you know the female brain runs on estrogen, according to a leading neuroscientist? And when this vital hormone starts to decline, it can trigger anxiety, irritation, mood swings, and brain fog, as well as more severe ADHD symptoms. This brain fog is usually temporary, and it doesn't mean you're on the way to Alzheimer's or dementia. Women who have experienced depression in the past are at higher risk for a depression episode during this transition, and mHT is thought to lower that risk. And in women who experienced an early surgical menopause, mHT has been shown to lower their risk of dementia later. In midlife, many women are put on antidepressants to manage depressed mood, mood swings and hot flashes. But emerging* research shows that mHT is very effective at lifting depression, either alone or with an antidepressant.

*Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9355926/>

Will I ever see my waist again?

When we're low in estrogen, we tend to pack more weight around our middle. Thankfully, studies show women on mHT have less belly fat, overall body fat, and visceral fat in and around the organs. Build muscle you need to help burn calories and keep your blood sugar stable by using muscle resistance such as bands, weights, or isometric exercises. Pair it with moderate-intensity cardio, and flexibility/balance exercises to make sure you feel steady on your feet and reduce falls as you age. Excess cortisol, the stress hormone, can also cause us to gain belly weight, so make time for meditation, self-care, and sleep.

I prefer holistic and natural medicine. Is there a supplement that does the same thing as mHT?

Some women seeking relief from menopause symptoms eat soy for plant estrogens or take herbs like black cohosh or milk thistle. And while this may be offering some relief, a review of scientific studies on herbal remedies conducted by The Menopause Society found that these remedies didn't show a meaningful reduction in symptoms like hot flashes. In fact, no natural supplements or herbs can offer all of the short and long-term benefits found in mHT.

Why are some people afraid of mHT?

Hormone therapy for women has always been controversial, and that is true today too. In this section, we'll explain why some women and even MDs are uncomfortable with menopausal hormone therapy—and why you don't need to be.

Why do some doctors not want to prescribe mHT?

MHT has been prescribed for decades to women in midlife. In 1991, a commitment to study cardiovascular disease, cancer and osteoporosis in menopausal women was made and the Women's Health Initiative (WHI) was launched which included a series of studies throughout the United States.

Unfortunately, one of the arms of the study, the placebo-controlled study of conjugated equine estrogen (CEE) plus medroxyprogesterone acetate (MPA) in post-menopausal women, was terminated prematurely in 2002 after it reported an increased risk of breast cancer diagnosis, without beneficial cardiovascular effects. This resulted in a massive decline in prescriptions and interest in mHT.

Over the years and continuing today, other studies like the Kronos Early Estrogen Prevention Study (KEEPS) demonstrate that mHT has a beneficial risk-benefit ratio in younger women and those close to menopause. Scientists and researchers are uncovering reasons and explanations as to why one arm years ago led to misleading interpretations that created a knowledge gap between evidence-based science and the type of care and treatment offered to women in midlife. In the past few years, a reanalysis of the WHI in addition to ongoing research has been in the spotlight and advocacy in women's health has been center stage.

What have we learned since this WHI study?

We learned three things that matter for ensuring that women are safe and mHT is effective:

1. The type of hormones prescribed
2. The way the hormones are delivered
3. The timing of when women start it

The WHI study tracked the effects of two specific hormones: conjugated equine estrogen (CEE) made from pregnant mare urine and a synthetic progestin called medroxyprogesterone acetate (MPA). The manufacturer supplied both for free, so those were the only hormones studied.

Today, we know that these medications may have contributed to some of the negative health effects noted in the WHI. Unfortunately, the negative reputation around these hormones in the WHI study were applied to every form of estrogen and progesterone on the market—even the ones that were never studied.



And we also know that different forms of estrogen, such as the bioidentical estradiol made from wild yams, may have different effects. So does the bioidentical micronized progesterone commonly prescribed today. In fact, a 2022 UK study of menopausal women on any form of estrogen plus bioidentical micronized progesterone found they had NO increased breast cancer risk.

Source: <https://pubmed.ncbi.nlm.nih.gov/35675607>

Women in the WHI study took a high dose CEE oral estrogen pill and a synthetic progestin pill. Today, the bioidentical estrogen pills are prescribed in lower doses. Some women are safer with estrogen via a stick-on patch that delivers hormones through the skin. For other women with a history of breast cancer, a vaginal estrogen cream that works locally might be the best choice.

Most women in the WHI study (66%) were in their 60s or 70s, so they were no longer having menopause symptoms. These older women in particular were the ones who saw negative outcomes that due to their age, may have been in progress before the study. But the 34% of younger women in the study largely benefited, so researchers learned that timing matters. Now, we know it's best to start hormonal treatment as soon as menopause begins and definitely by age 60 or within 10 years of menopause. We also have emerging evidence showing that continuing mHT, once started, has beneficial effects well beyond age 60.

Were there any positive results from the WHI study?

Yes, there were, but they didn't get much attention. Overall, women in the estrogen-only group saw lower risk for:

- Breast cancer
- Alzheimer's disease/dementia death
- Osteoporosis
- Cardiovascular disease

And younger women under 60 on combined CEE and MPA therapy saw lower risk of colon cancer, endometrial cancer and hip fractures.

What do modern studies say about mHT safety?

When researchers and bodies that set treatment guidelines, such as The Menopause Society, look at all the studies of hormonal therapy, it's clear that it offers a range of important benefits as long as it's started in appropriately screened women, before age 60 and within 10 years of menopause.

Plant-based, bioidentical hormones—estradiol and micronized progesterone—are the standard of care for resolving menopause symptoms. And menopausal women of any age can use estrogen cream for relief from symptoms like vaginal dryness and urinary issues. This mode of treatment is supported by leading organizations for women's midlife care including The Menopause Society and the American College of Gynecologists and Obstetricians.



What are my treatment options?

What is the recommended mHT regimen and why?

For women with a uterus, the recommended regimen is a combination of bioidentical estrogen and progesterone to protect the uterine lining. Women who have had a hysterectomy can take estrogen alone. Depending on age, weight, and other factors, our menopause specialist doctors might prescribe a systemic hormone pill, a patch that delivers hormones through the skin as well as vaginal estrogen cream to relieve dryness and urinary issues.

What are the different forms of mHT?

There are a range of safe, convenient hormonal and non-hormonal treatments to help with menopause symptoms. Many hormonal treatments are made with plant-based, bioidentical hormones, meaning that to your body it seems like your own estrogen and progesterone came back again.

These medications are mainly prescribed to relieve primary symptoms like hot flashes and night sweats that disturb your sleep, vaginal dryness, bladder leaks, or thinning bones. But they may also help with other issues like brain fog and body aches. Depending on your needs, age, and medical history, our [Pandia Health menopause specialists](#) will choose the best options from this list of FDA-approved hormonal and non-hormonal patches, gels, pills, sprays, and creams.



Estradiol gel

Divigel is a popular brand of topical gel that delivers bio-identical estrogen through the skin. It's an alternative for women who are allergic to the patch.



Estradiol Patch

Convenient, stick-on patches deliver bio-identical, plant-based estrogen through the skin.



Estradiol Pill

A once-daily pill provides bio-identical, plant-based estrogen in either 0.5, 1, or 2 mg. It's a top choice for women with menopause symptoms.



Evamist Spray

This systemic hormone option delivers estradiol in a spray.



Vaginal estradiol tablets

Inserted into the vagina, these provide relief from local symptoms like dryness, painful sex, frequent UTIs, bladder leaks, and constant feelings of having to pee.



Progesterone

This bioidentical hormone in pill form is paired with estradiol in women who still have a uterus. It may have a relaxing effect so many women take it at night.



Vaginal estrogen cream and gel

These topical creams and gels relieve dryness, itching, and help restore tissue to prevent recurring UTIs and constantly feeling like you have to urinate. It's safe even for women who have had breast cancer.



Norethindrone

This progestin-only medication protects the uterine lining. During perimenopause, if dosed appropriately, it prevents pregnancy by stopping ovulation.

Non-hormonal options

Veozah

This non-hormonal pill taken once daily reduces the intensity and number of hot flashes and night sweats.

Paroxetine

This SSRI antidepressant relieves hot flashes and night sweats in a non-hormonal pill.

What are the side effects of mHT?

Three common side effects of mHT are normal—and temporary—for most women says Dr. Catherine Hansen, head of Pandia's menopause practice.

1. Bleeding- In the first three to six months, you may have some spotting once or a period that lasts a few days to a few weeks. It's not usually cause for alarm, says Dr. Hansen. Note on a calendar when bleeding occurs.

2. Breast tenderness - The breasts can become more sensitive or sore as your body adjusts. This is temporary and usually goes away over time.
3. Bloating - Progesterone can cause you to retain water, so many women feel puffy. Dr. Hansen recommends drinking lots of water and staying active to help it subside.

These symptoms usually clear up in three to six months as your hormones find their new balance. If they last longer, talk to your doctor about whether you need to adjust your medication.

Who can take mHT?

My doctor says I'm too young to be having symptoms like hot flashes since I'm in my 40s and I still have my period. Is that right?

It's entirely possible to start having symptoms like hot flashes and brain fog in your 40s while you still have your period.

Women's hormone levels fluctuate a lot during the lead up to menopause, a time that's called perimenopause. This fluctuation of hormone levels can cause some perimenopause symptoms such as hot flashes, irregular periods (heavier, lighter or skipped), vaginal dryness and night sweats among others. Even though the average age of menopause is 51, symptoms like hot flashes can start eight to 10 years before your period stops. So you definitely could experience perimenopausal symptoms in your 40s, even if you're still having regular periods. If that's you, we're here to help you find options to get relief.

I'm having perimenopause symptoms. Why was I prescribed a birth control pill?

While you're in perimenopause, we want to do two things: prevent unintended pregnancy and balance your hormones to lessen symptoms. The hormones in a birth control pill are the same ones found in menopausal hormone therapy, just a different dosage. So when your period stops, your doctor will probably switch you to taking mHT if this is a safe solution for you. For women in their 40s who are still having regular periods along with perimenopause symptoms, the pill helps:

- Regulate your hormone levels and periods
- Reduce hot flashes and night sweats
- Lower risk of endometrial cancer
- Support healthy bones

I had breast or ovarian cancer. Can I take mHT?

We want to honor the courage and struggle it took to overcome your cancer. Right now, there's not enough safety data to support systemic menopausal hormone therapy for women who are breast or ovarian cancer survivors. That's why most medical bodies including The Menopause Society recommend that breast and ovarian cancer survivors don't take systemic estrogen without individualized care in conjunction with your oncologist.

However, most cancer survivors can safely use vaginal estrogen cream for symptoms like dryness, irritation, and recurrent urinary tract infections.

Plus, there are several effective non-hormonal options for managing symptoms like hot flashes and mood changes. And most women with a family history of breast cancer can safely take mHT. Studies show whether you take mHT or not, your risk is the same.

When do I have to stop taking mHT?

There's no required time limit for stopping mHT. Many women have taken it safely for decades. The important thing is to start systemic hormone therapy when menopausal symptoms begin or within 10 years of your last period.

If I'm over 60 is it too late for me to benefit from mHT?

Starting mHT is a shared decision made between you and your healthcare provider. Overall, the sooner you start hormone therapy after you notice symptoms the greater the benefits. Treatment guidelines indicate that systemic hormone therapy is best when started within 10 years of menopause and under the age of 60. However, each woman is unique and a thorough discussion about your health goals and risks is warranted. Women of any age can use topical vaginal estrogen cream for relief from vaginal dryness or irritation and to keep tissues healthy.

A photograph of two women sitting at a small white round table, laughing and talking. The woman on the left is Black with long braids, wearing a blue and white striped shirt. The woman on the right is white with short curly hair, wearing a white shirt and a red patterned skirt. On the table are two mugs, one blue and one orange, and a small potted plant. The background is a plain white wall with a plant on the left and a blue abstract graphic on the right.

Want to find out if mHT is right for you?

[Complete The Questionnaire](#)