

Body Identical Hormone Replacement Therapy (HRT)

Overview

Body identical hormone replacement therapy (HRT) uses hormones that are molecularly identical to those naturally produced by the body. It is used to relieve symptoms of perimenopause and menopause and to support long-term health where appropriate. Body identical HRT is evidence-based and widely used in modern menopause care.

What Does Body Identical Mean?

Body identical hormones have the same chemical structure as endogenous human hormones. The oestrogen used is usually estradiol, and the progesterone used is micronised progesterone. These differ from synthetic hormones, which have a different molecular structure.

Types of Body Identical HRT

Oestrogen is commonly prescribed as a transdermal preparation such as a gel, patch or spray. Progesterone is usually given as oral micronised progesterone or via a hormonal intrauterine system for womb protection. The combination prescribed depends on symptoms, medical history and whether you have a uterus.

Who Can Use Body Identical HRT?

Body identical HRT may be suitable for many people experiencing menopause symptoms including hot flushes, night sweats, low mood, sleep disturbance, brain fog, joint aches and vaginal symptoms. A personalised consultation is essential to assess benefits, risks and suitability.

Benefits of Body Identical HRT

Benefits may include improvement in vasomotor symptoms, sleep, mood, concentration and overall quality of life. When started at the appropriate time, HRT may also support bone health and reduce the risk of osteoporosis.

Safety and Risks

For most healthy individuals under the age of 60 or within ten years of menopause, the benefits of HRT outweigh the risks. Transdermal oestrogen does not increase the risk of blood clots compared with baseline population risk. Micronised progesterone is associated with a more favourable breast safety profile compared with some synthetic progestogens.

Testosterone in Menopause Care

Testosterone is another hormone produced naturally in smaller amounts in women. Levels decline gradually with age and may contribute to symptoms such as low libido, reduced sexual desire, fatigue and reduced sense of wellbeing for some individuals. In menopause care, testosterone may be considered for those with persistent low sexual desire that has not improved with optimised oestrogen therapy.

Prescribing Testosterone

In the UK, testosterone is prescribed for women on an off-label basis, in line with national guidance. Treatment is only considered following a thorough assessment and blood testing, and after other contributing factors have been explored. Low-dose transdermal preparations are used to maintain hormone levels within the female physiological range.

Monitoring and Safety of Testosterone

Regular monitoring is essential to ensure safe and effective use. Blood tests are used to guide dosing and prevent levels becoming too high. Possible side effects include acne or increased hair growth if levels exceed the recommended range, which is why careful follow-up is important.

Body Identical HRT and Menopause Stages

Body identical HRT can be used during perimenopause, menopause and postmenopause. Treatment plans may be adjusted over time as hormone levels, symptoms and health priorities change.

Monitoring and Follow-Up

Regular follow-up appointments are important to review symptom control, side effects and ongoing suitability of treatment. Dose adjustments are often made to achieve the lowest effective dose that provides symptom relief.

Why Choose Our Clinic?

Care is provided by an experienced menopause clinician using evidence-based guidance. Appointments are unhurried, individualised and focused on shared decision-making, with ongoing support, monitoring and review.