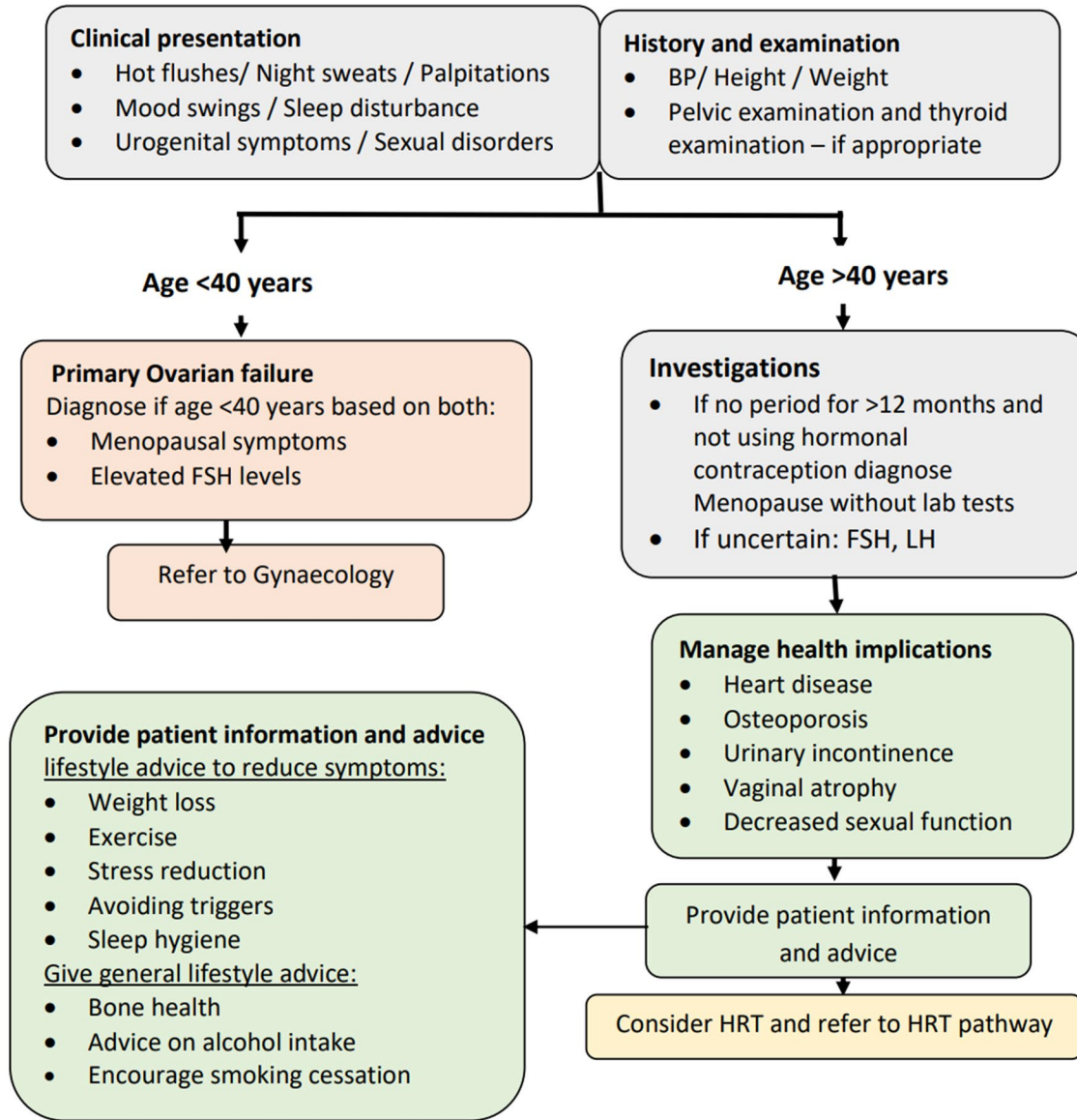
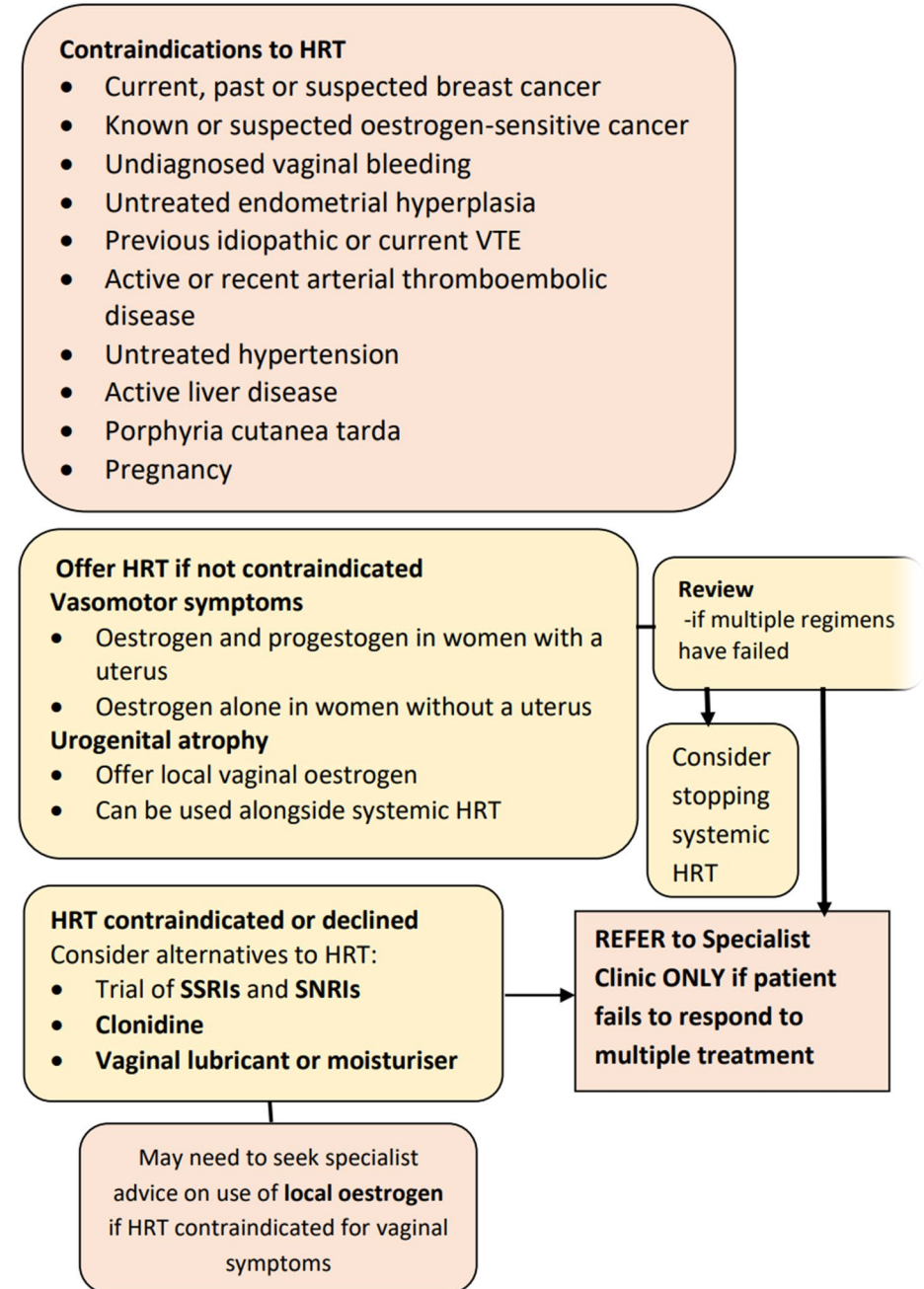


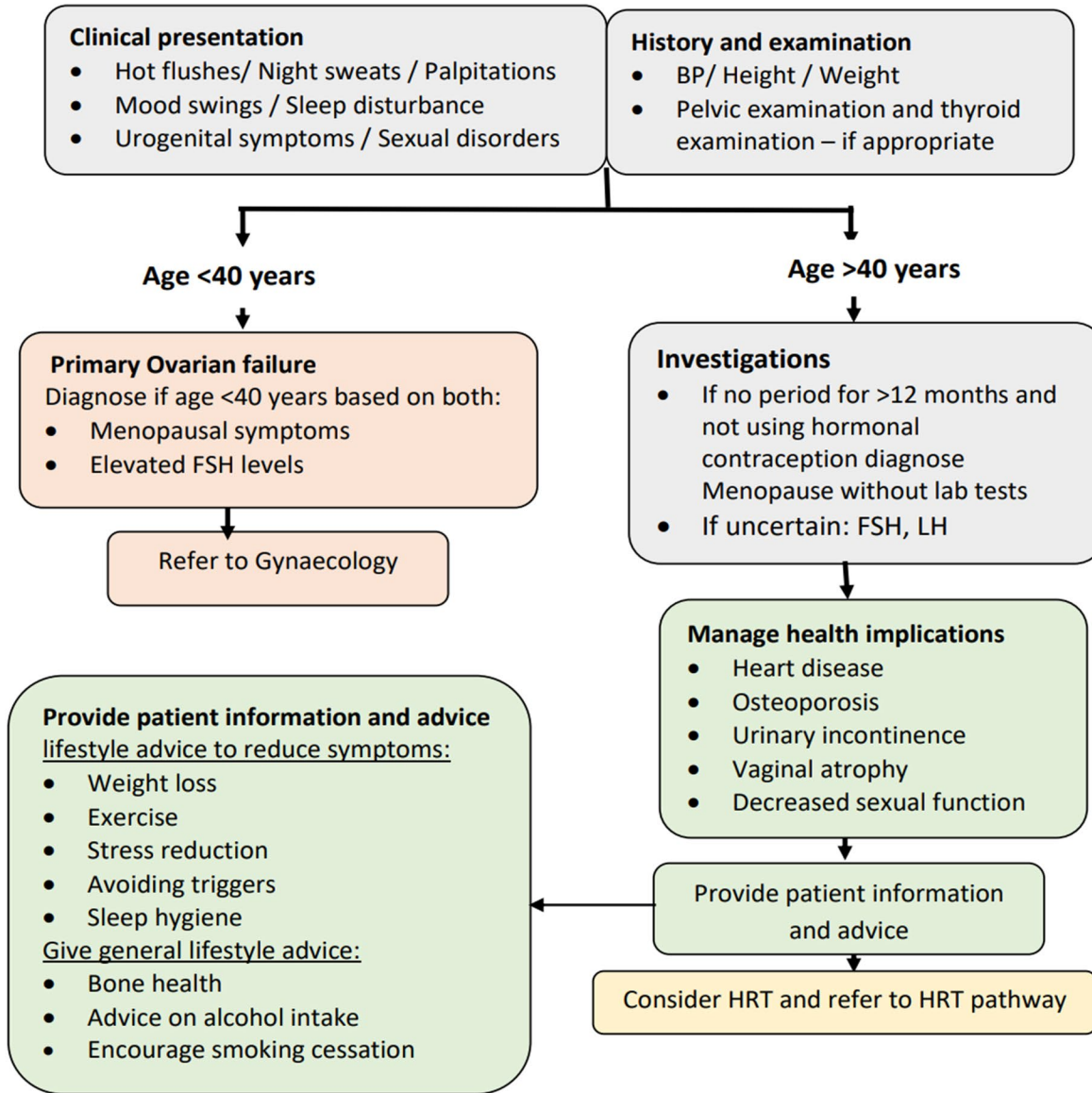
## Menopause Guidelines



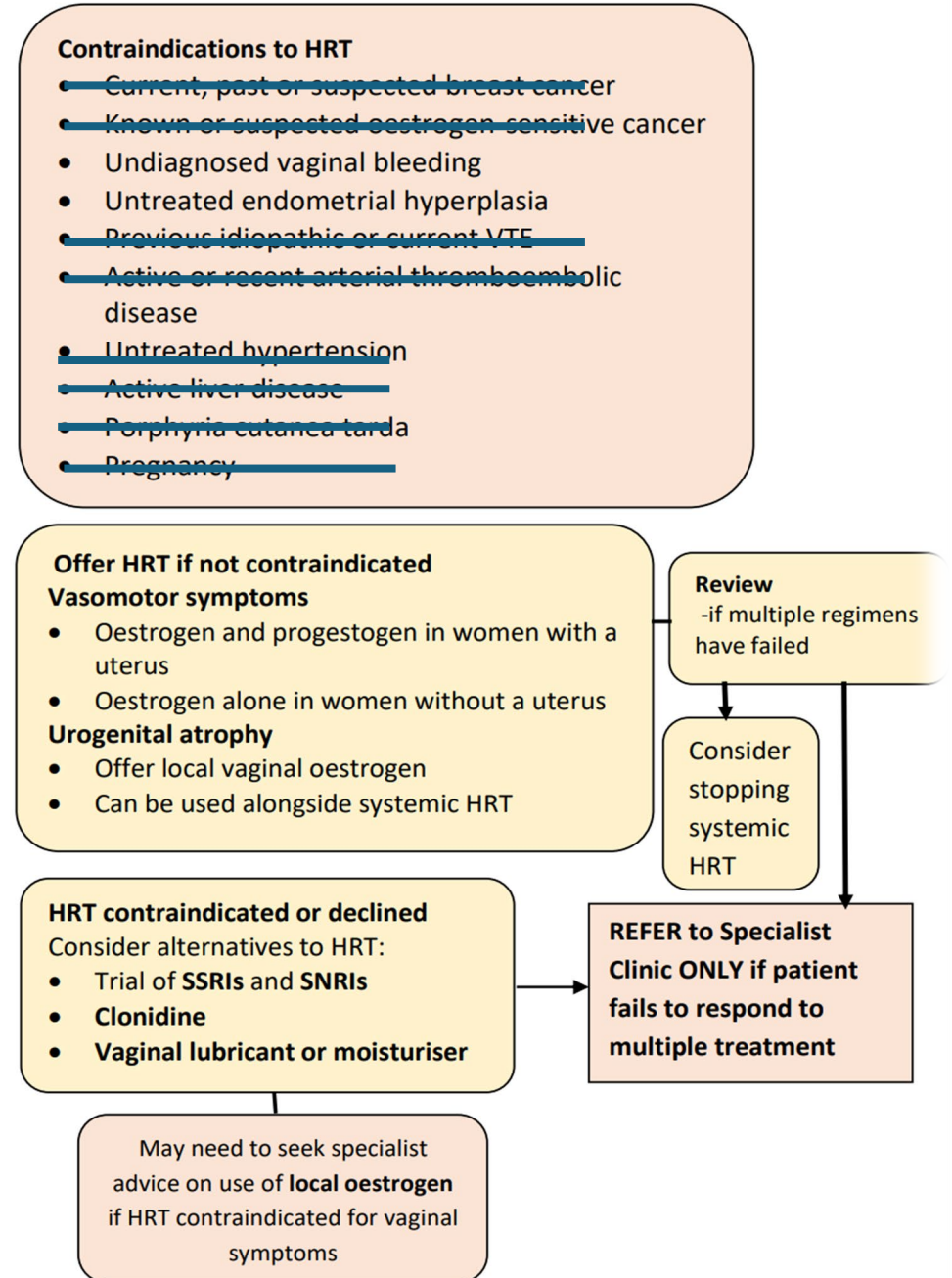
## HRT Guidelines



# Menopause Guidelines



# HRT Guidelines **TRANSDERMAL**



# Treatment principles

- have a low threshold to try treatment
- there is no lower or upper age limit
- there is no duration limit – HRT can be taken for as long as a woman wants
- for the majority of women under 60yrs, HRT benefits outweighs the risks
- use transdermal oestrogen and micronized progesterone as first line

# Risks by type of hrt

Risk	Oral HRT	Transdermal combined	Transdermal oestrogen only	Micronised progesterone
Breast cancer	0.8% ↑	0.8% ↑	↓ Reduced risk	0
VTE	0.7% ↑	0	0	0
Stroke	0.1% ↑	↓ 0.7%	↓ 0.7%	0

Benefits	Oral HRT	Transdermal combined
CVD	↓ 50%	↓ 50%
Stroke		↓ 40%
Diabetes	↓ 30%	↓ 30%
Fragility fracture	↓ 22%	↓ 22%
Dementia	0	↓ 34%
Mortality	0	↓ 30%
Vaginal symptoms	↓85%	↓85%

**<https://wellspring.health/hrt/>**

# Which HRT regime

## Without womb:

Continuous oestrogen only therapy

## With womb or hx of untreated endometriosis:

Combined therapy

LMP within 12/12

sequential - transdermal oestrogen all the time, and progesterone for 2 weeks on then 2 weeks off, 200mg utrogestan at night

LMP beyond 12/12

continuous – transdermal oestrogen all the time, and progesterone continuously 100mg utrogestan

Progesterone challenge – 3/12 oestrogen, then 2 weeks utrogestan 200mg, then stop and review if bleeding

TRANSDERMAL TREATMENT OPTIONS

**Oestrogen only**

**1<sup>st</sup> line Evorel®** patches  
Change TWICE per week  
25, 50, 75, 100mcg estradiol

**2<sup>nd</sup> line Estradot®** patches  
Change TWICE per week 25,  
37.5, 50, 75, 100mcg oestradiol  
OR **Estraderm MX®** patches

**Oestrogel®** 0.06% oestradiol gel,  
0.75mg estradiol per measure,  
2 measures= standard regime  
OR  
**Sandrena®** gel 0.5mg or 1mg  
estradiol individual sachets

**Sequential combined**

**1<sup>st</sup> line Evorel Sequi®** patches  
Change TWICE per week  
50mcg estradiol + 170mcg  
norethisterone

If progestogenic side effects:  
**2<sup>nd</sup> line FemSeven Sequi®** patches  
Change ONCE weekly 50mcg  
estradiol + 10mcg levonorgestrel  
Alternative:  
Use oestrogen only transdermal  
therapy with micronised  
progesterone (**Utrogestan®**) 200mg  
at night for 12 days per cycle (usually  
from days 12-26) \*

**Continuous combined**

**1<sup>st</sup> line Evorel Conti®** patches  
Change TWICE per week  
50mcg estradiol + 170mcg  
norethisterone

If progestogenic side effects:  
**FemSeven Conti®** patches  
Change ONCE weekly  
50mcg estradiol + 7mcg  
levonorgestrel  
Alternative (also see below):  
Use oestrogen only transdermal  
therapy with micronised  
progesterone 100mg at night  
continuously\*\*





## Topical treatments- genitourinary symptoms

Pessaries	Vagirux	Oestradiol	10mcg, One daily for two weeks then twice weekly	Can be used more frequently depending on need
	Vagifem			
	Imvaggis	Estriol	30mcg estriol, one daily for three weeks then twice weekly	Can be used more frequently depending on need Can damage latex condoms
	Intrarosa	Prasterone (DHEA)	6.5mg, one daily	Converts into oestrogen and testosterone Can damage latex condoms Use if no response to oestrogen alone
Cream	Gynest	Estriol	0.01%, once daily until improvement then twice weekly	More dilute, but can be helpful if stronger preps irritating. Contains peanut oil
	Ovestin	Estriol	0.1%, Once daily for two weeks then twice weekly	Can be used more frequently depending on need
Gel	Blissel	Estriol	50mcg, one daily for 3 weeks, then twice weekly	
Ring	Estring	Estradiol	7.5mcg/24hr, worn continuously for 3/12	Flexible, silicone ring,
				9

# Troubleshooting

Switching between preparations – not available or patient choice

Not working ...

Abnormal bleeding – review what this means

Migraines with aura – not contraindication to transdermal HRT – as no increased clot risk

High BP - as above

Endometriosis /subtotal hysterectomy

HRT certificate

Breast cancer

<b>Equivalent doses</b>	<b>Evorel 50</b>	<b>Lenzetto 3 sprays</b>	<b>Oestrogel 2 pumps</b>	<b>Sandrena 1mg sachet</b>
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# 3 month review

## **SYMPTOMS WELL CONTROLLED**

- Move to annual reviews

## **SYMPTOMS POORLY CONTROLLED OR NOT CHANGED**

- Compliance
- Consider absorption
- Consider alternative diagnosis

## **SYMPTOMS IMPROVED**

- Increase dose and review in a further 3/12

## **SIDE EFFECTS**

## **REVIEW LIFESTYLE**

## **CONTRACEPTION REVIEW**

# Progesterone intolerance

If coping with symptoms continue for another 3/12 to see if settles

Change progesterone type or route:

- use utrogestan vaginally - off license
- mirena

If symptoms ongoing – consider use without progesterone for 3/12

If improves consider:

- cyclogest
- lutigest

# Bleeding on HRT

HRT does not need to be stopped when referring for abnormal bleeding.

Exclude pregnancy and red flags – persistent, heavy bleeding, pcb, persistent bloating, weight loss,

Risk factors for endometrial cancer – nulliparity, PCOS, poor compliance with progesterone, high BMI, early menarche, late menopause, tamoxifen use,

Bleeding outside of normal period pattern needs examination and onward referral if necessary.

Bleeding after 6/12 or ongoing bleeding beyond 6/12 - needs further ix

Bleeding after 12/12 of amenorrhoea is PMB and should be referred as such.

# Bleeding within 6/12

## CHANGE THE REGIME

Go back to sequential regime for 6/12

## CHANGE THE ROUTE

Utrogestan capsules vaginally

- CC – 100mg every other night
- SC – 100mg every night 2/52

## CHANGE THE DOSE

- CC – 200mg every night
- SC – 300mg 2/52

## CHANGE THE TYPE

- Mirena
- Combined patch
- Norethisterone - cc 5mg PO OD, sc 5mg PO BD
- Medroxyprogesterone - cc 5mg PO OD,  
- sc 10mg PO OD 2/52

Progestogens and endometrial protection

<https://thebms.org.uk/wp-content/uploads/2023/04/14-BMS-TfC-Progestogens-and-endometrial-protection-APR2023-A.pdf>