

Guide To Initiating Hormone Replacement Therapy (HRT)

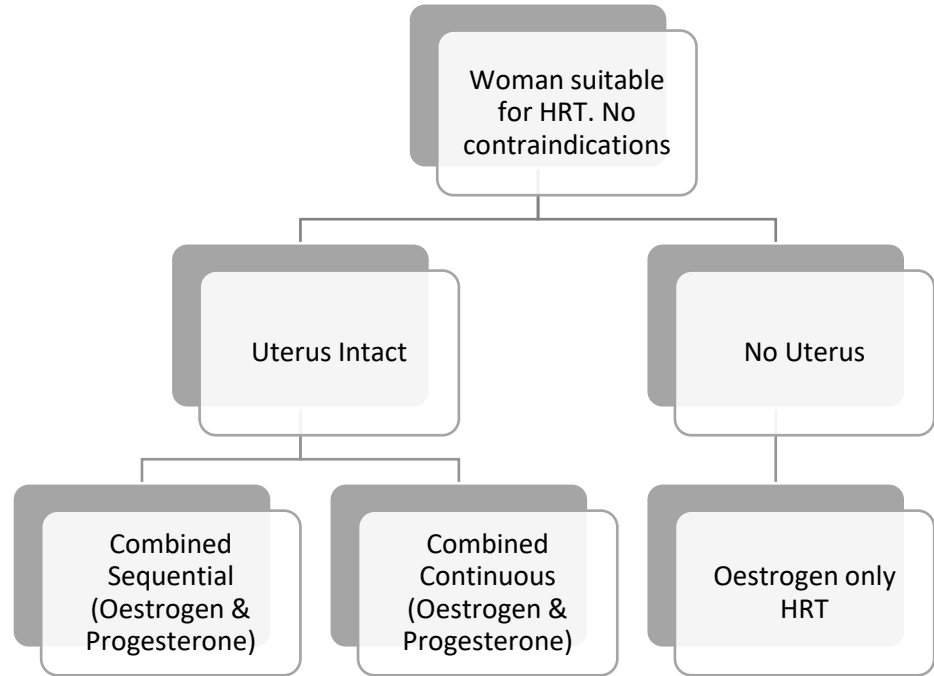
Oestrogen replacement for low oestrogen levels (treats symptoms)
 Progesterone for endometrial protection (if uterus intact)
 + Contraception for 1yr if LMP >50yo
 + Contraception for 2yrs if LMP <50yo

Perimenopause, still having periods, LMP < 1yr ago, age under 53 or Premature Ovarian Insufficiency
Combined Sequential HRT = Oestrogen daily, Progesterone 14 days per month or Mirena Coil

Post Menopause, LMP>1yr ago
Combined Continuous HRT = Oestrogen & Progesterone daily OR Oestrogen daily & Mirena Coil

Assessment:
 Symptoms
 Main symptom of concern
 Impact on quality of life
 What has been tried & outcome
 Risk factors: personal & family history of Breast Cancer & Thromboembolism

Resources
[Easy HRT Prescribing Guide](#)
[Top 10 Tips for HRT Prescribing](#)
[BMS Menopause Videos](#)
[BMS HRT Risk Chart](#)



Guide to Initiating Hormone Replacement Therapy (HRT) Alternatives during Shortages

Combined Sequential HRT

Oral
Femoston® 1/10 ↑ to 2/10
Elleste Duet® 1mg ↑ to 2mg

Patches
Evorel Sequi®
Femseven Sequi®

Combined Continuous HRT

Oral
Femoston Conti®
Elleste Duet Conti®

Patches
Evorel Conti®
Femseven Conti®

Separate Sequential HRT

Oestrogen Daily
Oral: Estradiol 1mg ↑ to 2mg
Patch: Estradiol 25mcg ↑ in 25mcg increments. *Change twice a week.*
Gel: Oestrogel® 1-2 pumps daily ↑ up to 4 pumps max.

Progesterone D14 to 28 each month
Oral: Micronised Progesterone 200mgs nocte or Utrogestan® (off license use vaginally 14 nights) *Improves sleep*
Oral: Medroxyprogesterone 10mgs od
Mirena® coil: 4yrs (5yrs FSRH)

Separate Combined HRT

Oestrogen Daily
Oral: Estradiol 1mg ↑ to 2mg
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Gel: Oestrogel® 1-2 pumps daily ↑ up to 4 pumps max.

Progesterone Daily
Oral: Micronised Progesterone 100mgs nocte or Utrogestan® (off license 200mgs alt nights vaginally)
Oral: Medroxyprogesterone 5mgs od
Mirena® coil: 4yrs (5yrs FSRH)

Transdermal has No VTE risk; good for smokers, Obesity, high BP, migraine
Regular withdrawal bleeds with Sequential HRT. May have irregular bleeding. Review if heavy bleeding. If bleeding settles on cessation of HRT, consider alternative preparation.
Review 3m, 6m, then annually
Document risks- VTE (with oral), breast cancer 5/1000 extra cases, irregular bleeding
[BMS HRT Risk Chart](#)
Document benefits-symptom control, reduce fragility fractures

Red Flags:
Post-Menopausal bleeding despite cessation of HRT



2ww Referral