A quick guide to HRT for primary care.

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Indications for HRT.

To alleviate symptoms in those older than 45, to manage premature ovarian insufficiency (<40) or early menopause (<45), treatment and prevention of osteoporosis below age 60.

Symptoms.

- Vasomotor symptoms which can last between 2-5 years.
- Sexual dysfunction, low libido, vaginal dryness, lack of sensation, discomfort.
- Menstrual pattern changes without other cause.
- Cognitive impairment, anxiety, brain fog.
- Joint and muscle pains.

FSH levels.

2 levels taken 6-8 weeks apart >30iU/L.

- ✓ Suspected premature ovarian insufficiency (POI)
- ✓ <45 years old and atypical symptoms
- ✓ To determine when to stop contraception.
- × Do not routinely test if >45

Choosing HRT.

- Use combined HRT in women with a uterus or severe endometriosis 2 years after hysterectomy.
- Use oestrogen only in women with a total hysterectomy.
- Use sequential if LMP<12 months ago.
- Use continuous if LMP >12 months ago, over aged 55 or use of sequential for 1 year >50 or 2 years <50.
- Use HRT until the age of 51 if POI or <45 at diagnosis

Oestrogen (trial for 3 months);

- In women <60 begin with 1mg tablet, 50mcg patch, 2 pumps of oestrogel/ 500mcg sandrena gel.
- Start with lowest dose if >60 and lower dose for side effects (nausea, bloating, headaches).

Oestrogen preparation equivalent does

Tablet	Patch	Oestrogel	Sandrena Gel	Spray
500mcg	25mcg	1 pump	½ 500mcg sachet	1-2 spray
1mg	50mcg	2 pumps	500mcg sachet	2-3 sprays
1.5mg	75mcg	3 pumps	1 ½ 500mcg sachet	-
2mg	100mcg	4 pumps	1mg sachet	-

GMMMG Formulary Chapters – Chapter 6 - Information on recommended HRT brands

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When to choose transdermal oestrogen.

- BMI >30
- Risk factors for VTE
- History of migraine
- History of gallbladder disease/gallstones
- Cardiovascular risk factors
- Conditions/surgery affecting absorption
- Enzyme inducing drugs/lamotrigine/thyroxine
- Lactose sensitivity
- Aged >60 years old
- Hyperlipidaemia

Progesterone type	Why choose this?
Dydrogesterone	Good for progesterone sensitivity (PMS, side effects). No lipid effects safer for relevant co-morbidities. Recommended for those with risk factors for breast cancer.
Micronised progesterone	As above Causes sleepiness so improves sleep. Can also be used vaginally off licence if there are GI side effects.
Norethisterone	Better bleeding profile.
Levonorgestrel	Available as patch only.
Medroxyprogesterone	Better bleeding profile, available as a tricyclic preparation (Tridestra)
Mirena IUS	Good for bleeding control and those with progesterone sensitivity.

Tibolone

- Less effective than other HRT, has benefit of being “all in one” and therefore improving libido.
- Higher risk of stroke and breast cancer in those with history of/risk factors for this.

Vaginal oestrogen (trial for 6-12 weeks)

- Useful for atrophy symptoms such as discomfort. May improve sexual function and sensation.

Testosterone (unlicensed) *see when to refer

- Indication for use is to improve sexual function once HRT is optimised and FAI is <1%.

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- Needs monitoring at 8 weeks and then 6 monthly, stop if FAI >5% or no change after 6 months

Risks of HRT.

- Breast Cancer risk increases by 4 cases per 1000 when using combined HRT compared to 24 more cases in those with BMI >30. Likely no or very small increase with oestrogen only.
- Breast cancer risk is related to duration of use and type of progesterone.
- Oral oestrogen increases VTE risk by 2-4 times and there is a small increase in Stroke risk.
- additional 1 case per 1000 in some ovarian cancers.
- HRT started before the age of 60 or up to 10 years after menopause may reduce risk of cardiovascular disease. Starting after 60 does not increase the risk.

Contraindications to HRT

- × Pregnancy
- × Current or recent VTE (6 weeks post)
- × Active or recent MI/Stroke (6 weeks post)
- × Breast cancer
- × Other oestrogen dependant cancers
- × Unexplained vaginal bleeding
- × Acute liver disease/abnormal LFTs
- × Porphyria
- × Endometrial cancer

*When to refer

- Premature ovarian insufficiency and <30.
- Complex medical conditions: cardiovascular, Stroke/TIA, thromboembolic, diabetes, lupus, endometriosis.
- Personal/family history of breast cancer, BRCA, gynaecological or other hormone dependant cancers.
- HRT is contraindicated for any reason.
- Bleeding problems on HRT.
- Advice on testosterone replacement
- Failure of control of symptoms or severe side effects after >3 month trial of two licenced HRT preparations. Consider oestradiol level- therapeutic range (250pmol/L) and adjust as below.

Sub-therapeutic on oral HRT try any transdermal, on patches try gel or spray. Repeat level after 4-6 weeks of change in preparation and if still <250pmol/L refer.

How to manage bleeding.

- Bleeding is expected to be erratic in the first 4-6 months of use.
- New change in bleeding after pattern has settled or continued erratic bleeding after 4-6 months requires PMB referral and pelvic ultrasound.
- Change to a Mirena IUS, norethisterone or medroxyprogesterone based HRT.
- Change from continuous to sequential HRT to regulate.
- Consider increasing progesterone dose e.g. 200mg continuous uterogestan or 300mg uterogestan for 12 nights per month.

Alternatives to HRT.

- Lifestyle modifications, weight bearing exercise, CBT.
- Venlafaxine up to 75mg MR has effect on flushes, improves QoL and mood.
- Paroxetine 10mg similar to venlafaxine but interacts with tamoxifen.
- Clonidine is the only licensed option. Titrate slowly up to a maximum of 150mcg per day in 2-3 doses. Unsuitable for low baseline BP.
- Gabapentin up to 300mg TDS or pregabalin up to 300mg per day. Improves flushes, sleep and pain.
- Vaginal moisturisers and lubricants.
- Check BNF/SPC for monitoring, interactions and side effects.

Don't forget contraception.

- <50 y/o use for 2 years after the last period or after raised FSH noted.
- >50 y/o use for 1 years after the last period or after raised FSH noted.
- 52mg IUS inserted over the age of 45 can be used as contraception until age 55.
- Mirena is licenced for endometrial protection in HRT but must be changed every 5 years.

Patient Information.

Women's Health Concern | Confidential Advice, Reassurance and Education (womens-health-concern.org)
Charity for Women with POI | The Daisy Network

References.

British Menopause Society.
BMS and Women's Health Concern 2020 recommendations
NICE CKS and Guidelines.
Manchester and Stockport draft HRT and menopause guideline 2021
GMMMG Formulary – Chapter 6: Endocrine System
Prescribing available HRT products (SPS website)
British Menopause Society resource on HRT supply