



# HRT PRESCRIBING AND REFERRAL CRITERIA

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# HRT – Practical prescribing



## Types of HRT

### Estrogen

<b>Estradiol</b>	> 0.5mg (combined only)/ 1mg / 2mg oral > 25mcg / 37.5mcg / 40mcg / 50mcg / 75mcg / 80mcg/ 100 mcg patches > 0.06% Oestrogel 0.75mg > 500mcg / 1mg Sandrena gel > 10mcg vaginal tablets > 7.5mcg vaginal ring
<b>Estriol</b>	> 0.1% / 0.01% vaginal creams
<b>Conjugated estrogens</b>	> 0.3mg / 0.625mg / 1.25mg

### Progestogens

<b>Norethisterone</b>	> Combined only
<b>Dydrogesterone</b>	> Combined and IUS
<b>Levonorgestrel</b>	> Combined only
<b>Norgestrel</b>	> Combined only
<b>Drospirenone</b>	> Combined only
<b>Micronised progesterone</b>	
<b>Medroxyprogesterone acetate</b>	

### Testosterone

Implants and patches no longer available  
Gel (off licence)



### Routes of therapy

Oral	> Tablets (estrogen only or combined)
Transdermal	> Patches (estrogen only or combined) / gels (estrogen only)
Sub-cutaneous	> Implants (estrogen only)
Vaginal	> Ring / tablets / creams (all estrogen only)
Intrauterine	> IUS (progestogen only)

### Estradiol – equivalent doses

	Ultra low	Low	Medium	High
Oral	0.5mg	1.0mg	2.0mg	3.0mg
Patch	Half 25	25	50	75-100
Gel-pump	½ pump	1 pump	2 pumps	3-4 pumps
Gel-sachet	½ x 0.5mg sachet - 0.25mg	0.5mg	1mg	1.5-2mg

### Regimens

Estrogen only	> Hysterectomised patients
Estrogen and progestogen	> If uterus is present
> Sequential/cyclical preparations	> Perimenopausal women
> Continuous combined	> Post menopausal women
> 3 monthly bleeds	> Perimenopausal women
Tibolone	
Duavive conjugated estrogen + bazodoxifene	



Common side effects	Dealing with side effects
<b>Estrogen</b> <ul style="list-style-type: none"> <li>&gt; Fluid retention</li> <li>&gt; Breast tenderness</li> <li>&gt; Bloating</li> <li>&gt; Nausea / Dyspepsia</li> <li>&gt; Headaches</li> </ul>	<b>Estrogen</b> <ul style="list-style-type: none"> <li>&gt; Reduce dose</li> <li>&gt; Change route</li> <li>&gt; Change type</li> <li>&gt; Which hormone is causing the side effect?</li> </ul>
<b>Progestogens</b> <ul style="list-style-type: none"> <li>&gt; Fluid retention</li> <li>&gt; Breast tenderness</li> <li>&gt; Headaches</li> <li>&gt; Mood swings</li> <li>&gt; PMT-like symptoms</li> </ul>	<b>Progestogens</b> <ul style="list-style-type: none"> <li>&gt; Change type</li> <li>&gt; Reduce dose if available</li> <li>&gt; Change route</li> <li>&gt; Alter duration</li> </ul>

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<https://thebms.org.uk/wp-content/uploads/2018/08/HRT-Practical-Prescribing-AUG2018.pdf>



# HRT BRANDS TABLE WITH COSTS<sup>3</sup>

- <https://www.mims.co.uk/table-hormone-replacement-therapy-hrt/womens-health/article/1415738>



# INDICATIONS FOR TRANSDERMAL THERAPY<sup>1</sup>

- Individual preference
- Poor symptom control with oral preparation
- GI disorder affecting oral absorption
- Previous or family history of VTE
- BMI > 30
- Variable blood pressure control (*HRT can be given as long as BP is controlled and treated first*)
- Migraine (*not a CI for oral HRT but transdermal may be preferable*)
- Current use of hepatic inducing enzymes medication
- Gallbladder disease (*HRT increases the risk of cholecystitis which can be reduced by using transdermal HRT*)



# REFERRAL TO SECONDARY CARE CRITERIA<sup>1</sup>

- Persistent side effects
- Poor symptom control
- Complex medical history
- Past history of hormone dependent cancer
- Bleeding problems:

**Cyclical HRT** – if increase in heaviness or duration of bleeding or if bleeding irregular

**Continuous combined HRT** – if bleeding beyond 6 months of therapy or if occurs after spell of amenorrhoea

**Fast track referral** – Persistent or unexplained PMB after cessation of HRT for 6 weeks.



# MIGRAINE AND HRT<sup>2</sup>

- <https://www.womens-health-concern.org/wp-content/uploads/2017/11/WHC-FACTSHEET-Migraine-and-HRT-November2017.pdf>





# REFERENCES

1. <https://thebms.org.uk/publications/tools-for-clinicians/>
2. <https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/>
3. <https://www.mims.co.uk/table-hormone-replacement-therapy-hrt/womens-health/article/1415738>

