# Hormone Replacement Therapy

## A 7 step practical guide to the consultation

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# 1. Is it indicated?

✓ Vasomotor symptoms (flushes/sweats)

✓ Vaginal atrophy

✗ Cycle control

(In perimenopause consider low dose COCP (age <50) or POP – better if needs contraception – will reduce vasomotor symptoms too )

✗ Depression

(Consider SSRI/CBT)

✗ Osteoporosis (prevention of osteoporosis whilst taking HRT but shouldn't be prescribed for that indication only)

# 2.Any contraindications?

(If so, DO NOT prescribe!)

- Pregnancy and breastfeeding
- Abnormal vaginal bleeding
- DVT/VTE
- Active/recent angina or MI
- Ca breast- suspected, current or past
- Ca endometrium or other oestrogen dependent cancer
- Active liver disease with abnormal LFTS (oral HRT metabolised by liver so needs to be avoided – patches can be used)

Precautions with:

- Uncontrolled hypertension
- Migraine (HRT not contraindicated but low dose transdermal preparation may be better)

# 3. Discuss risks

- Ca breast (Oestrogen only HRT – little or no risk, combined HRT slightly increased risk from baseline but declines after stopping HRT)
- DVT (transdermal HRT at standard doses - no higher than baseline population but oral HRT higher than baseline population risk )
- Stroke (oral HRT risk slightly increased but not with transdermal. Baseline risk very low)
- Ca ovary
- Endometrial Ca (only an issue if unopposed oestrogen with uterus – shouldn't happen! Oestrogen only HRT can be given with Mirena IUS in situ. HRT can be given with POP also but must contain progestogen in addition to oestrogen)

- NO increased CHD risk in those under 60
- NO increased risk Type 2 diabetes, and no effect on control in those who are already diabetic
- Presence of cardiovascular risk factors not a contraindication as long as optimally managed
- HRT risk data

# 4. Discuss common side effects

- Breast tenderness (may respond to reduction in oestrogen dose)
- Leg cramps
- Bloating
- Irregular bleeding (may respond to reduction in oestrogen dose.. Persistent bleeding on HRT needs investigation)
- Headaches

(weight gain NOT a side effect)

# 5. Examine and relay information

- Check BP
- Offer Patient information leaflet and f/u appt re prescription
- If patient wants prescription this consult and is well informed prescribe and give PIL anyway. Document for medico-legal purposes.
- Patient leaflet Menopause and HRT

# 6. Consider prescribing principles

- Lowest strength possible for shortest duration
- Oral vs. Patches/gel (oral cheaper so used 1st line.. Transdermal lower oestrogen content so lower ca breast/VTE risk – consider transdermal option in those with increased VTE risk inc BMI >30)
- Systemic vs. Local HRT or both (NICE guidelines suggest can consider vaginal oestrogen for women in whom systemic HRT is contraindicated after seeking specialist advice)

- Choice of Oestrogen :

  Conjugated (eg Premarin) vs. Oestradiol

- Oestrogen only HRT (only if hysterectomy or mirena in situ)

- Combined Cyclical vs. Continuous HRT (Cyclical HRT for perimenopause, use continuous HRT if amenorrhoea >1 yr. Can switch after 1 yr cyclical to continuous HRT)

- Tibolone

- selective oestrogen receptor modulator, oestrogenic, progestogenic and androgenic properties.
- Fairly “weak” oestrogen so option for those with side effects on HRT,
- less ca breast risk than combined HRT but slightly more than oestrogen only BUT increased Ca endometrium and stroke risk
- NOT to be used in age >60 due to stroke risk
- May improve libido.
- Not suitable in perimenopause

Strength/efficacy oestrogen equivalents

- Oral

  1mg oestradiol ~ 0.625mcg conjugated oestrogen

  2mg oestradiol ~ 1.25mcg conjugated oestrogen

- Patches

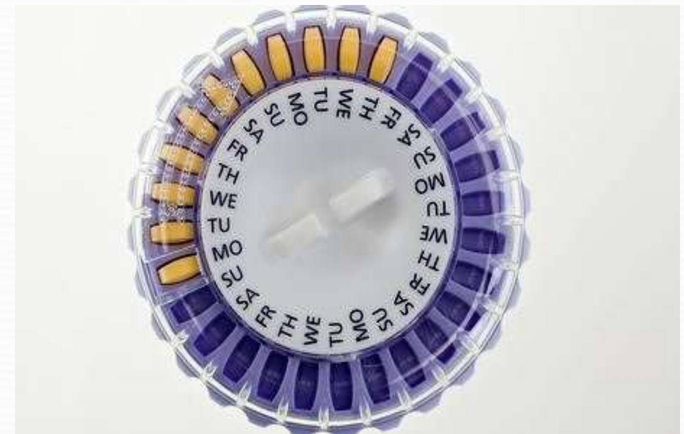
  50mcg oestradiol patch ~ 2mg oral oestradiol

  25mcg oestradiol patch ~ 1mg oral oestradiol

# 7. Prescribe brand HRT

- Mims Online table  HRT table

- Local formulary but outdated … 2006
- Calderdale Formulary HRT



- Prescription for 3 months initially.
- Follow up in 3/12 (ask regarding side effects/bleeding – if on continuous preparation shouldn't bleed!)

- If all well, annual review. Consider stopping/weaning down at reviews.

# References/Sources


- NICE guideline Menopause:Diagnosis and management Nov 2015

- www.patient.co.uk

- www.mims.co.uk

- BNF