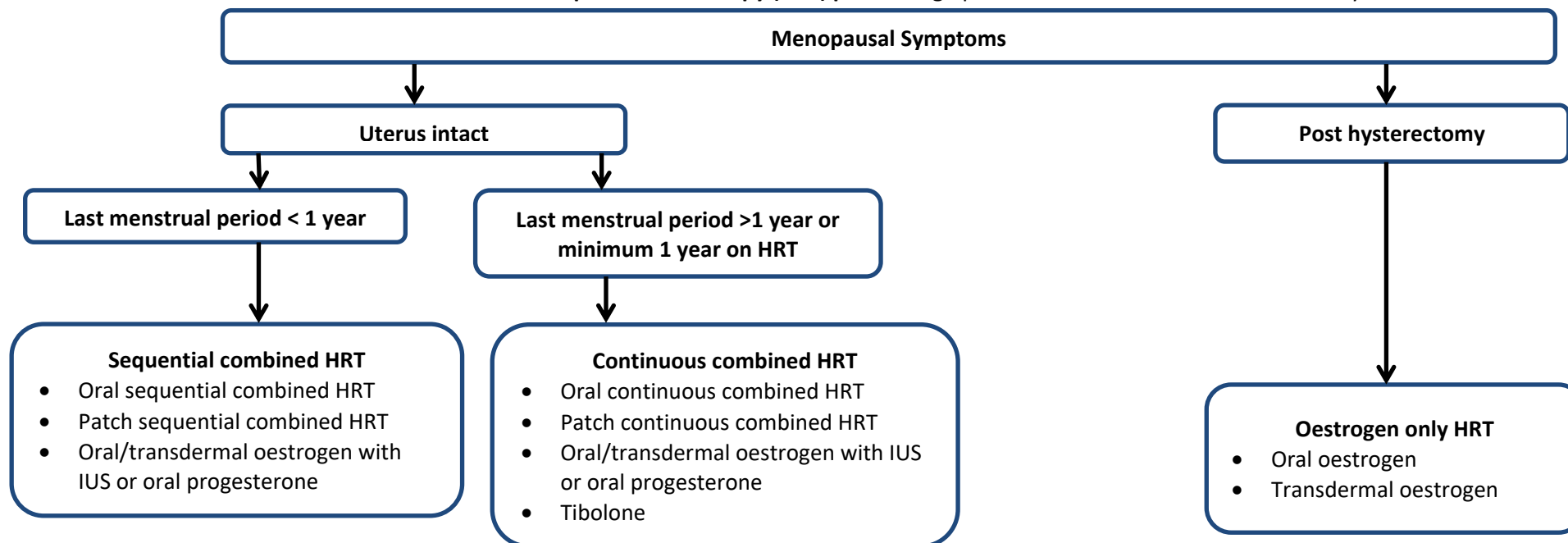


## Menopause – Guidance on management and prescribing

Flow chart for Hormone Replacement Therapy (HRT) prescribing - please refer to table below for formulary choices



### Prescribing considerations

Oral therapy is usually first choice – most cost effective and acceptable for the majority of patients.

Consider patches where:

*Raised BMI over 30; history of, or risk of thrombo-embolism (VTE); consider referring to haematologist for advice; poor control or side effects on oral HRT; variable hypertension (control BP before starting); hypertriglyceridaemia; bowel disorder which may affect absorption of oral therapy (lactose sensitivity; history of gallstones); history of migraine; on interacting drugs (hepatic enzyme inducer) e.g. anticonvulsants.*

Where HRT is to be used in women over 60 years of age, lower doses should be started, preferably with a transdermal route of administration.

### Review

Women should be reviewed 3 months after starting treatment and then annually. They should be advised that unscheduled bleeding is common in the first 3 months.

### Stopping HRT

There is no specific age when stopping HRT is advised. Reduce HRT dosage to minimise chance of recurrence of symptoms

Women with premature ovarian insufficiency (menopause <40yr) should be advised to continue HRT until at least 50 yr, the age of the natural menopause.

### HRT Formulary Choices

	Sequential combined HRT	Continuous combined HRT	Oestrogen only HRT	
CRITERIA FOR USE	Intact uterus Perimenopausal – under 1 yr or amenorrhoea	Intact uterus - amenorrhoeic >1yr >54 yrs. old > 1 yr. on sequential HRT	Post hysterectomy	<b>*Progesterone/progestogen for endometrial protection</b> <i>As adjunct to topical oestrogen if not had a hysterectomy</i>
ORAL TREATMENT OPTIONS	Elleste Duet® tablets 1mg or 2mg estradiol & 1mg norethisterone	Kliovance® tablets 1mg estradiol and 500 micrograms norethisterone	Elleste Solo® tablets 1mg or 2mg estradiol	Micronised Progesterone capsules (Utrogestan®) 200mg days 14-28 or 100mg daily <i>NB - fewer progestogenic s/e; non androgenic or glucocorticoid activity. No lipid effects.</i>
	Femoston® tablets 1/10 or 2/10 tablets 1mg or 2mg estradiol & 10mg dydrogesterone	Klifem® tablets 2mg estradiol and 1mg norethisterone		Levonorgestrel (Mirena®) Coil <i>Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines recommend that the coil can be replaced after 5 years (NB - licensed use is to replace after 4 years. There is minimal systemic absorption.</i>
		Femoston Conti® tablets 0.5/2.5 = 0.5mg estradiol & 2.5mg dydrogesterone <b>OR</b> 1/5 = 1mg estradiol & 5mg dydrogesterone		Medroxyprogesterone acetate tablets (Provera®) 10mg day 14-28 or 5mg daily
		Tibolone 2.5mg tablets		
TRANSDERMAL TREATMENT OPTIONS	Evorel Sequi® patches 50micrograms estradiol & 170micrograms norethisterone Change patch TWICE a week	Evorel conti® patch 50micrograms estradiol & 170micrograms norethisterone Change patch TWICE a week	Evorel® patch 25, 50, 75, 100mcg estradiol Change patch TWICE a week	
	FemSeven Sequi® patches 50micrograms estradiol & 10micrograms levonorgestrel Change patch ONCE a week	FemSeven Conti® patches 50micrograms estradiol & 7micrograms levonorgestrel Change patch ONCE a week	Estradot® patch 25, 37.5, 50, 75, 100mcg estradiol Change patch TWICE a week	
	Oestrogel® 0.06% estradiol gel + endometrial protection with Progesterone 200mg daily from days 14-28 or other progestogen*	Oestrogel® 0.06% estradiol gel + Progesterone 100mg daily or other progestogen *	<i>Topical gels: option where skin irritation occurs with patch</i> Oestrogel® 0.06% estradiol gel or Sandrena® 0.1% (estradiol gel)	