

# HRT Reviews

ScotGEM  
Scottish Graduate Entry Medicine



NHS  
Dumfries  
& Galloway

## Importance of doing HRT reviews

Whilst HRT can be beneficial at reducing the symptoms of the menopause, the efficacy and tolerance of HRT is highly variable, individual and can change over time. It is important to monitor these factors and consider the potential risks HRT can increase. We aim to find the regimen that works best for the individual at the lowest effective dose and with the least amount of risk. NICE guidelines and BMS menopause practice standards highlight the need for **at least annual reviews** once a woman is stable on an HRT regimen.

## What should be included in an HRT review?



### Assess Efficacy

Aim for the lowest effective dose



### Discuss Side Effects

Such as breast tenderness, nausea, bloating, headaches and PV bleeding



### Check BP and weight

Part of the women's health plan for Scotland increases focus on cardiovascular health



### Screen for PV bleeding

Unexpected changes in bleeding can be a sign of endometrial or cervical pathology and should be picked up in a review appointment



### Check Progestogen

Women on HRT who haven't had a hysterectomy need to be on proportionate progestogen  
**Check regimen** - can they switch from sequential to continuous



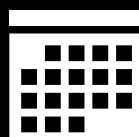
### Screening Programs

Ensure women are attending their breast and cervical cancer screening programs



### Lifestyle advice

Provide women with lifestyle advice to help manage their symptoms



### Next Review date

All woman on HRT should be reviewed **3 months** after starting or changing HRT and at least **annually** once stable

# HRT Practical Prescribing

**ScotGEM**  
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University of  
St Andrews



University  
of Dundee

**NHS**  
Dumfries  
& Galloway



**Women with a uterus require an equivalent dose of progestogen when prescribed oestrogen-only HRT to prevent endometrial thickening and reduce the risk of endometrial cancer**

## Oestrogen Dose

†Always consider factors such as BMI, lifestyle, stress, adherence, caffeine, patient expectations, and other medications before prescribing high dose oestrogen

	Ultra low	Low	Medium	High <sup>†</sup>
<b>Oestrogel</b>	½ pump	1 pump	2 pumps`	3 pumps
<b>Sandrena</b>	0.25 mg (half 0.5)	0.5mg	1mg	1.5-2mg
<b>Lenzetto spray</b>	1 spray	2 sprays	3 sprays	4-5 sprays*
<b>Patch</b>	12.5 mcg (half 25)	25mcg	50mcg	75-100mcg
<b>Oral Estradiol</b>	0.5mg	1.0mg	2.0mg	3.0mg*

\*Oestrogen is rarely prescribed at this dosage and is unlicensed for Lenzetto spray

## Equivalent Progestogen doses<sup>†</sup>

†Combined prescriptions are preferred to separate prescription and will have the sufficient dose of progesterone



**The Mirena coil** – provides sufficient progestogen for all doses of oestrogen **up to 5 years of use** after which it must be replaced, or an alternate progestogen must be prescribed

<b>Medroxyprogesterone acetate</b>	Ultra low	Low	Medium	High
<b>Continuous</b>	2.5mg	2.5mg	2.5-5mg	5mg
<b>Sequential</b>	10mg	10mg	10mg	10mg
<b>Micronised progesterone</b>	Ultra low	Low	Medium	High
<b>Continuous</b>	100mg	100mg	100mg	200mg*
<b>Sequential</b>	200mg	200mg	200mg	300mg*

\*Limited evidence of optimal micronised progesterone dose with high dose oestrogen

<b>Norethisterone</b>	Ultra low	Low	Medium	High
<b>Continuous</b>	5mg	5mg	5mg	5mg
<b>Sequential</b>	5mg	5mg	5mg	5mg

Find out more at <https://thebms.org.uk> and search for BMS PPMC resources toolkit