

**The Belfast Trust HRT clinic is a specialist gynae clinic located on level 5 Dempsey Building, Mater Hospital. Telephone 02895042899.**

The HRT clinic provides:

- 1. Advice and care for women with a premature menopause < 40years**, and young women requiring oestrogen replacement for other endocrine problems.
- 2. Advice and care for women who have HRT or Menopause related gynae problems which cannot be managed by their GP** - including postmenopausal bleeding associated with HRT.
- 3. Telephone advice via a Menopause Nurse specialist for practice Nurses & GPs .**

**In most women with troublesome menopausal symptoms the benefits of HRT outweigh the risks.** Where there are no specific contraindications, women should be started on HRT by their GP & referred to the clinic only if their symptoms do not respond to treatment, or they develop complications – such as unexpected bleeding or side effects.

**There is no indication to discontinue HRT in women over 55years who remain symptomatic after a trial off HRT - as long as they have been adequately counselled about risks/ benefits.** Ultralow dose preparations such as **Evorel 25µg patch** (for women who have had a hysterectomy) or **Femoston Conti Low dose** (0.5mg oestradiol) for women with a uterus may provide adequate symptom relief in older women and should be tried as first line.

**Prior to starting HRT the risks and benefits should be discussed – refer to BMJ 14/11/15 p30-32.** BP & fasting lipid profile should be checked. Routine mammography & cervical smears should be up to date.

1. In general **oral** preparations are convenient & cost effective.  
Tablets contain 1mg or 2mg of oestradiol either alone (for women who have had a hysterectomy) or combined with a progestagen for women who have a uterus.
2. **Transdermal** HRT (patches or gel) is not associated with an increased risk of VTE/ stroke and so should be considered as first line for women with BMI>30kg/m<sup>2</sup>
3. HRT in women > 45years should be prescribed at **the lowest effective dose** for symptom relief- starting dose 1mg oral oestradiol or 50µg patch, increased if necessary.
4. Combined HRT preparations can be either :

#### **COMBINED SEQUENTIAL HRT**

Contains oestrogen every day, plus progestagen for 12-14 days of each 28 day cycle, giving a monthly bleed.

#### **CONTINUOUS COMBINED HRT**

Contains oestrogen, plus the same low dose of progestagen *every* day. These preparations are designed to maintain an atrophic endometrium and were developed to be 'bleed free' preparations. It is not uncommon for women to experience intermittent bleeding/staining for the first 3-4 months of use but any bleeding after this should be investigated.

Bleeding is likely to occur if there is endogenous oestrogen production and so continuous combined preparations are not suitable for women who are still perimenopausal. **Ideally they should be prescribed for women who have not had a period for >1year** or women who have had bilateral oophorectomy.

#### **DIFFERENT PROGESTAGENS**

Most combined HRTs contain the same oestrogen – **Oestradiol**, but different preparations contain different progestagens:

#### **PROGESTAGENIC SIDE EFFECTS**

Women may have progestagenic side effects which may be worse with one progestogen than another.

Typically women who suffer from progestagenic side effects describe symptoms similar to 'PMS'.

In women who complain of progestagenic side effects consider:

- Changing to a preparation with a different progestagen or different route of progestagen administration – eg. transdermal v oral
- Giving progestagen for only 2 weeks every 3 months– Tridestra is the only licensed preparation.
- Using a Mirena IUS as the progestagen component of HRT.

In women with only vaginal symptoms, vaginal oestrogen alone may be adequate. This can be prescribed as Vagifem 10µg tablets or Estring.