

## **THE BELFAST TRUST HRT CLINIC**

**Level 5, Dempsey Building, Mater Hospital. Telephone 02895042899.**

### **Service provided:**

- 1. Advice and care for women with a premature menopause < 40years**, and young women requiring oestrogen replacement for other endocrine problems such as hypothalamic amenorrhea and hypopituitarism.
- 2. Advice at a secondary/ tertiary care level for women who have HRT or Menopause related gynae problems which cannot be managed by their GP or general gynaecologist .** These include problems with HRT, perimenopausal bleeding problems or post menopausal bleeding associated with HRT.

**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 (**use attached guide**) 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.

**Prior to starting HRT the risks and benefits should be discussed (See table in BMJ 14<sup>th</sup> Nov 2015, p 30-32, *Diagnosis and Management of the Menopause*).** Check BP and fasting lipid profile. If BP is high HRT can be commenced when BP has stabilised either with or without antihypertensive medication.

Routine mammography screening and cervical smears should be up to date.

- 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.
- Transdermal HRT (patches or gel) should be considered as first line for women with BMI > 30kg/m<sup>2</sup> because of no increased risk of VTE/ stroke.
- HRT prescribed for symptom relief in women > 45years should be started at the lowest effective dose – generally 1mg oestradiol or 50µg patch.
- Combined HRT preparations can be either :  
**COMBINED SEQUENTIAL HRT**  
Contains oestrogen every day , with progestagen added on the last 12-14days of each 28 day pkt. They are usually associated with a monthly withdrawl bleed.

### **CONTINUOUS COMBINED HRT**

Contains oestrogen plus the same *lose dose of progestagen EVERY day*. These preparations are designed to maintain an atrophic endometrium and allow women to be 'bleed free' . It is not uncommon however for women to experience irregular staining for the first 3-4 months of use but any bleeding after 6 months 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:

**Norethisterone** in Kliofem, Kliovance, Elleste Duet & Conti

**Dydrogesterone** in Femoston -1/10, -2/10 & Conti

**Medroxyprogesterone acetate** (Provera) in Indivina

### **PROGESTAGENIC SIDE EFFECTS**

Norethisterone is more androgenic than dydrogesterone or micronised progesterone. Women may experience progestagenic side effects which may be worse with one progestagen 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 (see prescribing guide)
- Giving 3 monthly progestagen – Tridestra is the only licensed preparation with progestagen for only 2 weeks out of 13. Can use tailor made regimen with patches / gel and Utrogestan but probably best reviewed in HRT clinic.
- Using a Mirena as the progestagen component of HRT

### **HRT IN OLDER WOMEN**

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.

### **VAGINAL OESTROGEN**

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

For further information refer to  
NICE guidelines  
thebms.org.uk