

HRT guidance for GPs – Wessex Unscheduled bleeding on HRT pathway

For advice on HRT preparations and equivalent doses please see following link to the British Menopause Society:
www.Thebms.org.uk/publications/tools-for-clinicians

GP to consider the following management:

- If on sequential HRT regimens, consider increasing dose of progesterone to 300mg micronised progesterone (Utrogestan), or switch to a different progesterone, or increase duration of progesterone intake (can take progestogen for 14 days a month or for 21 days out of a 28-day HRT intake cycle)
- If on continuous combined HRT regimens, consider increasing the dose of progestogen (e.g. increase micronised progesterone daily dose from 100mg to 200mg daily on a continuous basis), particular when combined with higher dose estrogenic regimens or raised BMI
- For continuous HRT regimens in a combined preparation or have the levonorgestrel intrauterine system consider adding micronised progesterone/ medroxyprogesterone acetate or norethisterone
- If breakthrough bleeding occurs after 3 to 6 months after switching from sequential to continuous HRT they can be switched back to sequential for at least one year
- Unscheduled bleeding is higher with transdermal preparations than oral preparations
- If evidence of urogenital atrophy (despite those on systemic HRT) consider vaginal oestrogens

Consider scan if heavy bleeding (flooding) or persistent (almost daily) bleeding arises within 6 months of initiation of HRT, or within 3 months of change in dose/ preparation. Adjustments to comorbidities and progestogen dose should be considered prior to referral to scan and whilst awaiting ultrasound scan.

Consider Advice & Guidance route if additional advice required.

Progestogen in HRT recommended doses

Micronised progesterone

200mg PO 12 days/cycle (cyclical)
 100mg PO daily (continuous combined)
 Preparations: Utrogestan 100mg PO

Dydrogesterone

10mg for 12-14 days a month (cyclical)
 5mg a day (continuous combined)
 2.5mg a day (low dose continuous combined)

Medroxyprogesterone acetate (MPA)

10mg for 12 days a month (cyclical)
 2.5mg a day (continuous combined)

Norethisterone

5mg for 12 days a month (cyclical)
 0.5-1mg a day (continuous combined)

Levonorgestrel IUS

Licensed for 4 years in the UK

Vaginal oestrogen preparations for vaginal atrophy

Intravaginal cream

Ovestin (1 mg estriol in 1 gram cream) - insert one applicatorful daily for a maximum of 4 weeks, reducing to one applicatorful twice a week)

Vaginal tablets

Vagifem vaginal tablets (estradiol 10 micrograms) - insert one vaginal tablet daily for 2 weeks then reduce to one vaginal tablet twice a week.

Vaginal gel

Blissel® (50 micrograms estriol in 1 gram vaginal gel) -insert one applicator dose daily for 3 weeks, reducing to one applicator dose twice a week. Reassess after 12 weeks.