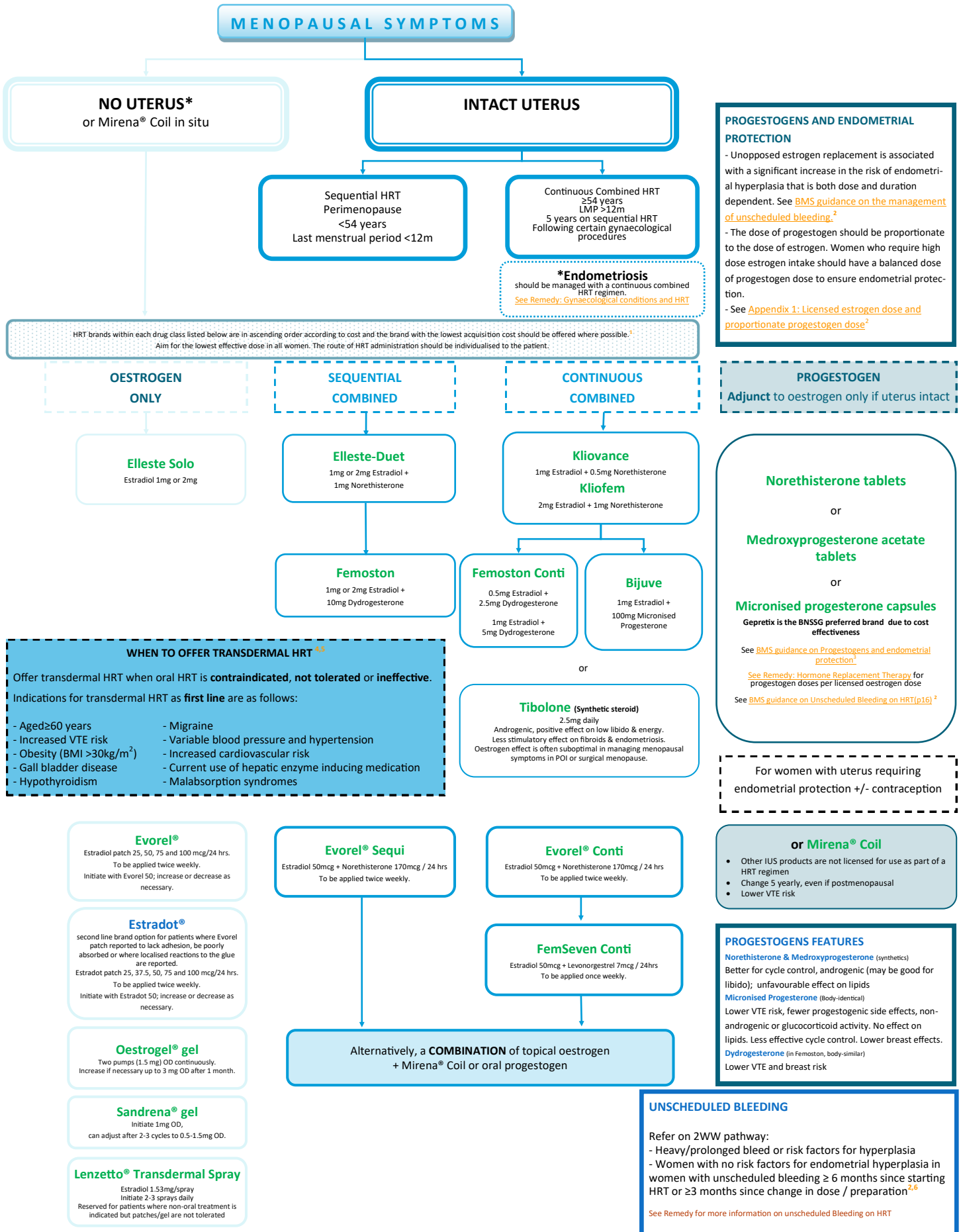


# BNSSG Hormone Replacement Therapy Prescribing Pathway



## VAGINAL SYMPTOMS

### UROGENITAL ATROPHY

Vaginal oestrogen can be used alone or in addition to systemic HRT

NB Vaginal oestrogen does not increase endometrial hyperplasia or VTE risk in a low risk population. Vaginal oestrogen does not increase breast cancer risk in women who do not take aromatase inhibitors.  
[See Remedy: Urogenital Symptoms and Management](#)

**Vaginal moisturisers +/- lubricants**  
Advise patients to buy **over-the-counter**

**Yes! Vaginal Moisturiser** (Restricted)  
Can be offered on prescription to women with oestrogen-sensitive conditions for whom topical oestrogens are unsuitable.

### Estriol 0.01% cream (generic)

Apply 1 applicatorful nightly by vagina for up to 4 weeks, then reduce based on relief of symptoms to a maintenance dose e.g. once to twice weekly

### Vagirux® or Vagifem® Pessaries Estradiol

One nightly for 2 wks, then alternate nights for 2 wks, then twice weekly

#### Estring®

*Estradiol Vaginal Ring*

Reserved for women who are either:

- unable to use vaginal pessaries e.g. lack of dexterity or dementia *or*;
- for those who have tried vaginal creams/pessaries for several months without benefit

#### Imvaggis®

*Lower dose estriol*

**2nd line** after vaginal moisturisers for women with oestrogen-sensitive conditions following discussion with oncologist or menopause specialist

**4th line** for women who have not tolerated other formulary options

#### Ospemifene

*Non-oestrogen oral tablets*

Reserved for women with

- history of breast for whom low dose estriol (Imvaggis) is unsuitable *or*;

- Significant local allergy to vaginal oestrogens *or*;
- for those who have failed to respond to all other formulary options after several months of treatment

#### Prasterone (Intrarosa® gel)

*DHEA*

Reserved for women on aromatase inhibitors;

*or*;

Last line option for those intolerant to all other formulary options e.g. allergy or issues with oral absorption

## TESTOSTERONE GEL

Testosterone is not a third component of HRT.

Management of low libido in menopause requires a biopsychosocial approach and clinicians should consider contributory factors such as vulvovaginal atrophy and relationship issues.

**Tostran® 2% gel and Testogel® 40.5mg/2.5g gel sachets** should only be considered in postmenopausal women who meet the following criteria:

1. libido causing distress **and**
2. Ongoing symptoms despite optimised oestrogen and progesterone HRT **and**
3. All other causes (biopsychosocial approach) have been excluded **and**
4. total testosterone <1.5nmol/L.

Testosterone gel is amber 3 months which means it must be initiated by a menopause specialist. [See testosterone shared care protocol](#)<sup>7</sup>

A qualified menopause specialist in primary care may initiate testosterone for women who meet this criteria and according to the shared care protocol.

[See the Formulary for the definition of a specialist in menopause.](#)

### Referral criteria

If referring to the specialist menopause clinic for consideration of testosterone replacement, ensure:

- HRT is optimised e.g. oestrogen dose is sufficient – consider increasing oestrogen dose and assessing response after 3 months.
- Baseline blood test is taken including total testosterone levels (<1.5nmol/L) and sex hormone binding globulin (SHBG)

[See Remedy: Testosterone](#)

## MONITORING HRT

### FOLLOW UP 3 MONTHS AFTER INITIATING OR CHANGING HRT

- Assess symptom control
- Bleeding pattern (See 'Unscheduled Bleeding' box)
- Side effects. Encourage women to persist with treatment for 3 months if possible as side effects may resolve. (See 'Managing Side Effects' box)

### ANNUAL REVIEW

- Assess efficacy
- Medication review including dose, preparation, compliance and side effects.
- If uterus intact and taking oestrogen only HRT, ensure Mirena® Coil is in date and in situ. If Mirena® Coil is removed, ensure an appropriate combination of oestrogen and progesterone is prescribed.
- Discuss risks vs benefits of continuing HRT
- Discuss breast awareness, mammography & cervical screening attendance
- Ask about symptoms of urogenital atrophy
- Check BP, weight, CVD risk factors

### WHEN TO STOP HRT [See Remedy: Hormone Replacement Therapy](#)

- Consider weaning dose down after 5 years of HRT (5 years after reaching average menopausal age in POI).
- Withdraw HRT slowly to reduce risk of recurrent symptoms. If symptoms do recur, then recommence treatment.

### HRT AVAILABILITY

There is currently good availability of most HRT products. However if formulary HRT products become unavailable, prescribers should liaise their community pharmacist for the most up to date information regarding Out of Stocks.<sup>9</sup>

### MANAGING SIDE EFFECTS

Oestrogen related	Fluid retention, bloating, breast tenderness or enlargement, nausea, headaches, leg cramps, and dyspepsia.	<ul style="list-style-type: none"> <li>X Change formulation if intolerable</li> <li>X Dose reduction</li> <li>X Leg cramps may improve with lifestyle changes (exercise, stretching calf muscles)</li> </ul>
	<i>They may occur continuously or randomly throughout the cycle.</i>	<ul style="list-style-type: none"> <li>X Nausea - adjust the timing of the oestrogen dose or taking with food.</li> <li>X Breast tenderness - may be alleviated by a low-fat, high-carbohydrate diet</li> <li>X Migraine - switch to transdermal</li> </ul>
Progesterone related	Fluid retention, breast tenderness, headaches or migraine, mood swings, depression, acne, lower abdominal pain, and back pain.	<ul style="list-style-type: none"> <li>X Change the progesterone type</li> <li>X Change formulation if intolerable</li> <li>X Dose reduction / change to a product with a lower dose of progesterone</li> <li>X Reduce the regimen of progesterone administration by swapping from 14-day to a 10-day product.</li> </ul>
	<i>They tend to occur in a cyclical pattern during the progesterone phase of cyclical hormone replacement therapy (HRT).</i>	<ul style="list-style-type: none"> <li>X Change to continuous combined therapy or tibolone (postmenopausal women only)</li> </ul>

## CLINICAL GUIDANCE ON MENOPAUSE

Click links below to access guidance on Remedy

[Premature Ovarian Insufficiency](#)  
[Early Menopause](#)  
[Diagnosing Menopause](#)  
[Hormone Replacement Therapy](#)  
[Genitourinary symptoms](#)  
[Side Effects and risks of HRT](#)  
[Testosterone for low libido](#)  
[Breast Conditions and HRT](#)  
[Gynaecological Conditions and HRT](#)  
[Hormone Sensitive Cancers](#)  
[Cardiovascular Conditions and HRT](#)  
[HRT over 60 years old](#)  
[HRT and VTE Risk](#)  
[Migraines and HRT](#)  
[Alternatives and Adjuncts to HRT](#)  
[Contraception](#)  
[Referrals](#)  
[Resources for patients](#)

## REFERENCES

All medications included in the HRT Pathway reflect the [BNSSG Adult Joint Formulary](#)

1. [Drug Tariff prices May 2024](#)
2. [BMS Joint Guidelines - British Menopause Society: Management of Unscheduled Bleeding on Hormone Replacement Therapy](#)
3. [British Menopause Society: Progestogens and endometrial protection](#)
4. [NICE NG23 Menopause: diagnosis and management](#)
5. [British Menopause Society Tools for clinicians: HRT—Guide](#)
6. [Womb \(uterus\) cancer - Causes - NHS](#)
7. [BNSSG Testosterone shared care protocol](#)
8. [BMS Testosterone Replacement in Menopause](#)
9. [British Menopause Society further update on HRT supply](#)