NHS
Coventry and Warwickshire

HRT Guidance

British Menopause Society Consensus Statement

- Persistent unscheduled bleeding beyond 4–6 months from commencing HRT warrants TWW referral
- Modifying progestogen intake would often control the bleeding especially in women who experience unscheduled bleeding in the first few months after commencing HRT

Progestogen intake could be modified as follows:

- For continuous combined HRT regimens, the dose of progestogen could be increased (e.g., increase micronised progesterone daily dose from 100 mg to 200 mg daily on continuous basis), particularly when combined with higher dose estrogenic regimens
- Those on continuous combined HRT regimens that contain a progestogen in a combined preparation or have the levonorgestrel intrauterine system, could have micronised progesterone/medroxyprogesterone acetate or norethisterone added to their HRT regimen.
    - *5 – 10 mg oral norethisterone 3 times a day or 5- 10 mg oral Provera 3 times a day*
    - *Day 14 to 28 for cyclical/ sequential HRT regimes*
    - *Day 5 to 25 for continuous combined HRT regimes*
- If they continue to experience ongoing unscheduled bleeding within 6 months of starting HRT, the HRT regimen could be changed to a cyclical intake of progestogen. (Timeframe for unscheduled bleeding and cyclical intake specify the days).
- For cyclical HRT regimens, the dose of progestogen could be increased (e.g., micronised progesterone 300 mg for 12 days a month instead of 200 mg) or increase duration of progestogen intake (can take progestogen for 14 days a month or for 21 days out of a 28-day HRT intake cycle)
- If breakthrough bleeding occurs following the switch to continuous combined HRT and does not settle after three to six months, then the woman can be switched back to a sequential regimen for at least another year

Investigations prior to referral

If PMB, further investigations are required if speculum and vaginal examination are normal AND ET is ≥ 4mm if not on HRT and ≥ 5 mm if on HRT or a heterogenous endometrium with cystic change is highly suspicious of underlying disease

Testosterone Replacement in Menopause Factsheet from the BMS

08-BMS-TfC-Testosterone-replacement-in-menopause-DEC2022-A.pdf (thebms.org.uk)

04-BMS-TfC-HRT-Guide-NOV2022-A.pdf (thebms.org.uk) (includes flowchart)

References

BMS & WHC's 2020 recommendations on hormone replacement therapy in menopausal women - British Menopause Society (thebms.org.uk)