

## HRT TYPES ROUTES REGIMENS AND SIDE EFFECTS

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## Which HRT ? Which Regimen? Which Route?

- Systemic or local therapy?
- Oestrogen only or combined therapy?
- Cyclical or continuous combined therapy?
- Route?
- Contraception?
- Cost?
- Compliance?
- Symptoms and side effects?
- ?????!

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## Systemic or local therapy

- Systemic therapy will be required for women who present with a wide range of symptoms.
- Local therapy may be needed in addition to systemic therapy or as stand alone, to treat urogenital symptoms

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## Vaginal products



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## Vaginals

- ▶ Vagifem 10mcg Oestradiol
- ▶ Estring 7.5mcg/day Oestradiol
- ▶ Blissell 50mcg Oestriol cream/gel
- ▶ Imvaggis 30mcg Oestriol
- ▶ Ovestin 1mg Oestriol
- ▶ Gynest (generic now) 0.5mg Oestriol
- ▶ Intrarosa 6.5mg prasterone DHEA
- ▶ Senshio 60mg Ospemifine SERM (oral)

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## Vaginal Oestrogens

### Advantages

- No/minimal systemic absorption/side effects
- Exerts local effect on vagina and urethra, *treats vaginal dryness dyspareunia, may help urinary symptoms of urgency and recurrent UTIs*
- Cyclical progestogens unnecessary.
- No/minimal endometrial stimulation
- May be acceptable when systemic estrogens are contraindicated.
- Some products with long term use license.

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## Non –oral Oestrogens

Advantages for;

- Liver disease.
- Diabetes
- Hypertriglyceridaemia.
- Gallstones.
- VTE *past history or family history*
- Epilepsy and Migraine
- Malabsorption diseases
- Lactose intolerance

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## Patches /Gels /Sprays

- Avoids first pass metabolism in liver
- Less affect on clotting factors
- Steady absorption over 24 hours.
- May not be absorbed well.
- Patches may cause irritation or may not stick (try changing application site).

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## Comparative doses

- variable and individual response -

	Ultra low	low	medium	high
oral	0.5mg	1mg	2mg	3-4mg
patch	1/2 25mcg	25mcg	50mcg	75-100mcg
Gel pump	1/2 pump	1 pump	2 pumps	3-4 pumps
Gel sachet	1/2 0.5mg sachet	0.5mg	1+1 5mg	2+3mg
Gel spray		1 spray	2 spray	3 sprays

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## Progestogens ?

- C19 progestogens structurally related to testosterone.
  - Norethisterone*
  - Levo/norgestrel*
 Possible better cycle bleeding control
- C21 progestogens structurally related to progesterone
  - Dydrogesterone*
  - Medroxyprogesterone acetate*
 Less androgenic side effects

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## Natural Progesterone

*Utrogestan*

- Oral micronised progesterone
- Dose 200mg for 12 days (sequential)
- Dose 100mg daily (continuous combined)
- Possible fewer progestogenic side effects
- Licensed to be used vaginally in other European countries .

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## Routes of Therapy; Progestogens

- Oral therapy mostly already combined with Oestradiol.
- Transdermal –patches in combination with oestrogen.
- Intrauterine – Mirena coil (ONLY) 4yrs license (rcog/Covid guidance 5yrs). Often achieves “no bleed.” Contraceptive. Appropriate for pre-menopausal women too. Particularly helpful for heavy bleeding.

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## Testosterone therapy

*Testosterone therapy may be indicated and used when estradiol therapy alone fails to address issues of loss of sexual desire, response and climax.*

- Very common problem in the menopause
- Often multifactorial and difficult to address.
- Will often require several approaches or interventions.
- Consider vaginal dryness and psychosexual problems as well.

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## Testosterone Therapy

- Testosterone gel
- *Testogel / Testim 1% gel*
- Usually maximum 1 sachet per week 1/3 to 1/4 of a 5g (50mg) sachet every other day
- *Tostran 2% gel*
- (10mg per 0.5g metered application), 60g pump 1 pump on alternate days

Not licensed for use in women but prescribed on an off licence basis  
Given in conjunction with transdermal oestrogen.

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## Tibolone

Gonadomimetic

- Synthetic steroidal compound
- Estrogenic, Progestogenic, and Androgenic effects
- Controls symptoms and protects bones
- Initially licensed for libido problems.
- Similar risks and benefits
- Prescribed for post menopausal women treated as a CCT

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## Side effects or start up symptoms?

- Mild and Transient
- Usually settle within 3–4 months
- Light intermittent bleeding is common and doesn't require investigation
- Encourage to persevere if possible

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## Side Effects – Oestrogen

- Fluid retention
- Breast tenderness
- Bloating
- Nausea / Dyspepsia
- Headaches

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## Side effects – Progestogens

- Fluid retention
- Breast tenderness
- Headaches
- Mood swings
- “PMT” like symptoms

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## Side effects of therapy

- Which hormone causing side effects? When are side effects occurring?
- Reduce / change dose
- Change route of administration
- Change the type of therapy
- Are the problems truly side effects of therapy ?

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## Side effects

### Transdermal

- Skin irritation –change site of patch.
- Gel or spray may be tolerated better.

### Oral therapy

- Nausea Gastric problems change time of day tablet taken.
- Change route of therapy

Possible to divide doses and take BD

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## Top tips /take home messages

- There actually isn't that many options....
- Mimms far more user friendly than BNF
- Only ultralow combined is Femoston conti (0.5mg E2)
- Standard Femoston conti only available at 1 mg E2
- Contraception is free..
- sequential HRT preparations = double px charge
- Often best tolerated is what appeals to the patient.

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## Pick a product...



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