|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Oestrogen Only Preparations** |  |  |   |  |
|  | Ultra Low | Low | Medium | High |
| **Oral**\*Elleste solo (EE 1/2mg)\*Premarin (CEE -0.3/0.625/1.25mg)Zumenon (EE 1/2mg) | 0.5mg | 1.0mg | 2.0mg | 3.0mg |
| **Patch**Estradot -twice weekly(EE25/37.5/50/ 75/100mcg))\*Evorel –twice weekly(EE 25/50/75/100))Estraderm - twice weekly (EE25/50/75/100)Femseven-once a week(EE 50/75/100) | Half 25 | 25 | 50 | 75-100 |
| **Gel – pump**Oestrogel (o.o6%) | Half pump | 1 pump | 2 pumps | 3-4 pumps |
| **Gel – sachet**Sandrena (0.5mg and 1mg strength) | Half 0.5mg sachet = 0.25mg | 0.5mg | 1mg | 1.5-2mg |
| **Spray**Lenzetto | 1 spray | 2 Spray | 3 Spray |  |
|  |  |  |  |  |
| **Progestogen dose Sequential** | 12 -14 days each 28 day cycle  |  try to sync with women’s menstrual cycle |  |  |
| UG (same dose PO/PV) | 200mg | 200mg | 200mg | 300mg |
| NE\* only available in 5mg tablets (can use multiple of noriday 350mcg but off licence) |  1mg  | 1mg | 1mg | 2mg |
| MPA(provera) | 10mg  | 10mg | 10mg | 20mg |
| **Progestogen dose Continuous** | Daily |  |  |  |
|  UG | 100mg | 100mg | 100mg | 200mg |
| NE\* | 0.5-1mg | 0.5-1mg | 0.5-1mg | 1-2mg  |
| MPA | 2.5mg |  |  | 5-10mg |
| LNG –IUS (Mirena) | 52mg | 52mg | 52mg | 52mg |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sequential combined products** |  |  |  |  |
| \*Femoston(E/DYD) |  N/A  | 1mg/10mg | 2mg/10mg | N/A |
| \*Elleste Duet(E/NE) |  N/A | 1mg/1mg  | 2mg/1mg | N/A |
| \*Evorel Sequi PatchTwice weekly(E2/NE) | N/A | N/A | 50mcg/170mcg | N/A |
| \*Tridestra(E2/MPA) | N/A | N/A | 2mg/20mg | N/A |
| Femseven sequi PatchOnce a week(EE/LNG) | N/A | N/A | 50mcg/10mcg | N/A |
|  |  |  |  |  |
| **Continuous Combined products** |  |  |  |  |
| \*Kliovance(E2/NE) | N/A | 1mg/500mcg | N/A | N/A |
| \*Kliofem(E2/NE) | N/A | N/A | 2mg/1mg | N/A |
| \*Premique(CEE/MPA) | 0.3mg/1.5mg | N/A | N/A | N/A |
| \*Femoston conti (EE/DYD) | 0.5mg/2.5mg | 1mg/5mg | N/A | N/A |
| Indivina (EE/MPA) | N/A | 1mg/25.5mg1mg/5mg | 2mg/5mg | N/A |
| \*Evorel Conti PatchTwice weekly(EE/NE) | N/A | N/A | 50mcg/170mcg | N/A |
| Femseven ContiOnce a week(EE/LNG) | N/A | N/A | 50mcg/7mcg | N/A |
| Bijuve(EE/UG) | N/A | 1mg/100mg |  |  |

\*NHS A&A Formulary approved

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| --- | --- | --- |
| Progestogens |  |  |
| Synthetic c 19 | NE – NorethisteroneLNG –LevonogestrolNG -Norgestrel |  AndrogenicCan be better for bleeding controlCan have unfavourable effect on lipids |
| Synthetic C21 | MPA – Medroxyprogesterone Acetate | AndrogenicCan have unfavourable effect on lipids |
| DYD - Dydrogesterone | Non AndrogenicStudies show possibly less breast cancer, VTE and CVD riskOnly available as combined oral product – femoston |
| Body Identical | UG – micronized progesterone(utrogestan) | Non androgenicNo effect on lipidsStudies show possibly less breast cancer, VTE and CVD riskCan have less cycle control than other progestogens |

**Troubleshooting - How to manage side effects**

Advise to continue for at least 3mths as initial side effects often settle

|  |  |  |
| --- | --- | --- |
| Side Effects | Oestrogenic | Progestogenic |
| Acne | - | + |
| Anxiety | - | + |
| Bloating | + | + |
| Breast enlargement | + | - |
| Breast tenderness | + | +/- |
| Depression | - | + |
| Fluid retention | + | - |
| Headaches | + | + |
| Hirsutism | - | + |
| Leg Cramps | + | - |
| Lower abdo/pelvic/back pain | - | + |
| Mood swings | +/- | + |
| Nausea | + | - |

|  |  |
| --- | --- |
| Progestogenic | Oestrogenic |
| Reduce length of progestogen cycle (sequential) | Reduce oestrogen dose |
| Change to continuous combined HRT  | Change type of oestrogen (EE/CEE) |
| Change delivery route (IUS, PV UG) | Change delivery route (oral/transdermal) |
| Change progestogen type | Leg cramps- stretching, exerciseMigraines – use trans dermalBreast – supportive bra, evening primrose Nausea – take at night or change to transdermal |
| Reduce dose – ensure adequate endometrial protection |  |
| Other |  |
| Unscheduled bleeding | Common in the first 3-6mthsAt 3mth review consider:Switching to sequential preparation Increasing duration of progestogen (if on sequential) or increasing dose of progestogen switching progestogen type or mode (IUS) if bleeding continues beyond 6mths refer to post menopausal bleeding clinic |
| Sub Total hysterectomy | Try sequential for 3mths and if no bleeding can switch to continuous |
| Endometriosis | Use continuous combined to prevent reactivation of residual disease |
| History of VTE | Use transdermal oestrogen  |