**Referral Criteria for the NHS Ayrshire and Arran Menopause Clinic:**

* Women with contraindications to HRT that want to use it e.g. complex medical problems, history of hormone dependant cancer
* Women having difficulty with side effects despite logical changes in preparation( see below)
* Poor symptom control despite changes of dose/preparation
* Women whose premature ovarian insufficiency started before age 40

**Bleeding Problems on HRT**

Heavy or irregular bleeding in the first few months of treatment is quite common and usually settles. If not, the HRT can be changed and consideration given to [referral](http://www.menopausematters.co.uk/investigations.php) to gynaecology.

With period free HRT some bleeding within the first 6 months is quite common. Referral to gynaecology is recommended if bleeding persists beyond 6 months, or if bleeding occurs at a later stage.

**Side effects of HRT.**

Many women experience side effects in the first few months of taking HRT. If problems persist after 3 months of therapy, a change of therapy should be considered.

[**Weight gain**](https://www.menopausematters.co.uk/weightgain.php)around the time of the menopause is very common and HRT does not generally cause significant further weight gain.

**Nausea** associated with HRT can be reduced by taking tablet HRT at night with food instead of morning or by changing from tablet to another route.

**Side effect management table** from www. Menopause matters.co.uk

|  |  |  |
| --- | --- | --- |
| **Estrogenic** | symptoms | notes |
| Breast tenderness, enlargement Leg crampsBloatingNauseaHeadache Fluid retention | For breast symptoms **»** | Evening Primrose oil, starflower oil or reduce dose of estrogen |
| For gastrointestinal symptoms **»** | Take with food or change route |
| Fluid retention | Lose weightChange dose or route |
| Other side effects **»** | Change type or route |
| **Progestogenic** |    |    |
| PMS type symptomsBreast tendernessLower abdominal painBackacheDepressed moodAcne/greasy skinHeadache **»** | Change progestogen. **»** | *Testosterone* derived:Norethisterone, Norgestrol, Levonorgestrel.*Progesterone* derived:Medroxyprogesterone, Dydrogesterone, Drospirenone.*Nature identical*:Micronised progesterone |
| Change route **»** | Progestogen by Mirena or vaginal gel avoids side effects. |
| If postmenopausal, change to continuous combined or tibolone**»** | Avoids symptoms of progestogen fluctuation. |

R Holman Sexual Health Department 05\_02\_2020