



BENEFITS AND RISKS

Breast cancer	Venous thromboembolism (VTE)	Benefits and other risks
<ul style="list-style-type: none"> Oestrogen only – little or no ↑. Combined – small absolute ↑ (10 cases/1000 ♀ aged 50-59 for up to 14 years use). Breast cancer risk of BMI ≥ 30 or drinking ≥ 6 units alcohol per day outweighs that of HRT. No ↑ breast cancer mortality. Strong FH/PMH breast cancer – get specialist opinion. 	<ul style="list-style-type: none"> Oral – relative risk x2-4. Transdermal (TD) – no increase in relative risk. No indication for routine thrombophilia testing. TD can generally continue if admitted for surgery, or oral can be switched to TD. 	<ul style="list-style-type: none"> Symptom control and some evidence for ↑ muscle strength. ↓ fragility fractures. ↓ CVD if started <60 or <10 years after menopause. ↓ colorectal cancer (data for oral combined HRT). Small ↑ ovarian cancer (1 case/5000 ♀/year). ? small ↑ stroke with oral HRT.

WHAT HORMONE(S) AND REGIME

Combined or oestrogen only	Continuous or sequential	Which progestogen
<ul style="list-style-type: none"> Combined if has uterus, oestrogen only if hysterectomy. Oestrogen only with uterus risks endometrial hyperplasia or cancer. If hysterectomy was due to endometriosis, may need combined – get advice from gynaecologist who did surgery. Endometrial ablation – still needs combined as there will be some endometrium left. 	<ul style="list-style-type: none"> LMP < 12/12 ago – sequential, or risk irregular bleeding. LMP > 12/12 ago – continuous. Irregular bleeding in first 6/12 is not worrying unless heavy, irregular with sequential HRT or after a period of amenorrhoea. Bleeding for > 6/12 after starting HRT needs suspected cancer referral. Usually switch to continuous after 2-3 years sequential. 	<ul style="list-style-type: none"> Any 52mg levonorgestrel IUD can be used for five years as part of HRT (off-licence but supported by FSRH guidance). Oral micronised progesterone likely less risk breast cancer and VTE than older progestogens. Consider progestogen change if androgenic side-effects or cycle control issues – PCWHF guide is a good reference for this.

WHAT DOSE AND ROUTE OF DELIVERY?

Delivery	Dose	Vaginal oestrogen
<ul style="list-style-type: none"> TD if VTE or CVD risk factors, including BMI ≥ 30. TD may be better than oral for vasomotor symptoms. Otherwise patient choice. 	<ul style="list-style-type: none"> Start with standard BNF dose. If apparent need to ↑ above licensed dose, consider another cause for symptoms and need to ↑ progestogen and/or get specialist opinion. 	<ul style="list-style-type: none"> Vaginal and systemic HRT can be combined. Vaginal oestrogen used alone does not need a progestogen even in a woman with a uterus.

MANAGEMENT OF SIDE-EFFECTS

Oestrogen related	Progestogen related	Local
<ul style="list-style-type: none"> Fluid retention, bloating. Breast tenderness/enlargement. Nausea, headaches, leg cramps, dyspepsia. Reduce dose oestrogen. 	<ul style="list-style-type: none"> Fluid retention, breast tenderness, acne. Headache, abdo/back pain. Mood swings/PMS like symptoms/depression. Reduce dose or change formulation of progestogen. 	<ul style="list-style-type: none"> Contact dermatitis from patch – treat as usual with emollient/topical steroid. Use a different place for each patch to avoid dermatitis.