

Progestogen and Progesterone regimens in HRT

Progestogens or progesterone should only be taken following the regimen advised by your specialist.

Continuous combined HRT regimens:

- Norethisterone 5mg, every day
- Utrogestan 100mg every night

Sequential combined HRT regimens:

- Norethisterone 5mg twice daily, for 12-14 days every month
- Utrogestan 200mg (2x100mg capsules) at night for 12-14 days every month

Further advice and support

www.the-bms.org (British Menopause Society)

www.menopausematters.co.uk

www.womens-health-concern.org

www.chelwest.nhs.uk/services/womens-health-services



If you need to re-schedule your appointment, please ring the appointments

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals.

We value your opinion and invite you to provide us with feedback.

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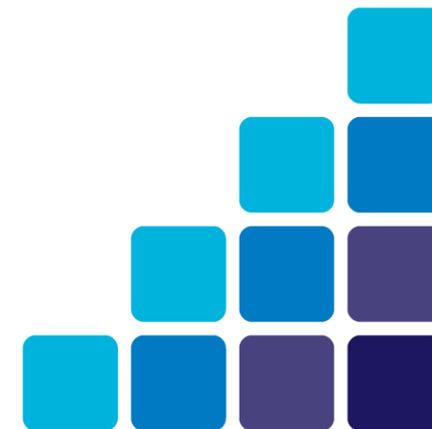
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Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Progestogen and Progesterone Regimens in HRT

Information for patients



Progestogens and Progesterone

Hormone replacement therapy (HRT) may be recommended for women whose periods have stopped and the ovaries are no longer producing estrogen. Women who have not had a hysterectomy will have both estrogen and a progestogen or progesterone prescribed (combined HRT).

When is combined hormone therapy recommended?

Both estrogen with a progestogen or progesterone are prescribed for short-term symptom relief and long-term health protection.

What is the difference between progestogens and progesterone?

Progestogens are synthetic molecules that mimic the action of the ovarian progesterone hormone. There are several different progestogens all with slightly different properties.

Progesterone is produced by the ovary. Its role is to maintain a pregnancy, protect the lining of the womb (endometrium) and control bleeding.

What is natural or bio-identical progesterone?

Natural or bio-identical are interchangeable terms that refer to a natural form of progesterone that is identical to ovarian progesterone (also called body-identical). Bio-identical natural progesterone is synthesised from yams. It is only licensed for HRT use as an oral micronised progesterone capsule. Other licensed progesterone products may be used with HRT, under the supervision of a specialist.

Sublingual (under the tongue) or transdermal progesterone is not licensed or regulated, therefore is not recommended for use with licensed HRT.

When is a continuous progestogen or progesterone used in HRT?

If periods have stopped for more than one year, then a progestogen or progesterone is taken every day with estrogen. With this regimen there will be no bleeding. **Common prescriptions are:**

- **Norethisterone 5mg, every day**
- **Utrogestan 100mg capsule, every night**

When is a cyclical progestogen or progesterone used in HRT?

If periods have not stopped for one year then there is a risk of further menstrual bleeds occurring. To avoid the risk of irregular bleeding on HRT a progestogen or progesterone is taken for 12-14 days each month and an artificially induced bleed will follow discontinuation. **Common prescriptions are:**

- **Norethisterone 5mg twice daily, for 12-14 days every 28 days**
- **Utrogestan 2x100mg capsules at night, for 12-14 days every 28 days**

Why is a progestogen or progesterone important?

In the menstrual cycle, ovarian progesterone protects the endometrium and induces a monthly bleed to reduce the risk of developing abnormal cancerous cells. Combined HRT mimics this protective action only if the progestogen or progesterone is taken at the correct dose and for the recommended number of days.

What is progesterone intolerance?

Some women develop side-effects to progestogens or progesterone. This reaction may be limited to a single progestogen or progesterone, or from all types. Symptoms are similar to premenstrual syndrome and may require a modified combined HRT regimen.

Deviation from the recommended licensed regimen may significantly increase the short-term risk of irregular bleeding or the long-term risk of developing endometrial cancer. Therefore, reducing the dose or number of days that the progestogen or progesterone is taken should only be taken under specialist guidance.

Is an ultrasound needed?

An ultrasound may be recommended if there is a history of new or irregular bleeding. **If you experience new or irregular bleeding, please contact your GP in the first instance for advice.**

If you are on a continuous HRT regimen or post-menopausal, you should be referred directly to the local gynaecology rapid access service and a hysteroscopy may be necessary.

If you are on a cyclical HRT regimen and your normal bleeding pattern has changed, then an ultrasound may be recommended.

Is contraception needed with HRT?

HRT is not a contraceptive. If you are not postmenopausal, then you may be at risk of pregnancy. The only licensed contraceptive for use with HRT is the Mirena intrauterine system containing levonorgestrel. For any other combined HRT combination, the contraceptive options include:

- Barrier contraception
- Copper coil
- Progesterone only pill