

HRT

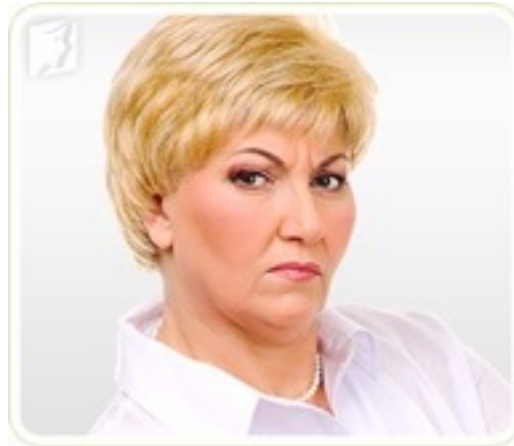
Second time around

Gidon Lieberman

Consultant O &G

Sub-specialist in reproductive
medicine and surgery

Help these patients get back on the slopes



Going to cover

- Estrogen and progesterone types
- Vasomotor
- Bone
- Cancer
- Heart

NICE ISSUES FIRST GUIDELINE ON MENOPAUSE

Today sees the launch of the NICE Guideline on the diagnosis and management of the menopause. It will play an important role in raising awareness of all menopausal symptoms and in encouraging women to consider lifestyle changes to improve later health. The Guideline should also clarify uncertainty - both for women and for healthcare professionals - around both prescribed and non-prescribed treatment options.

- A copy of the NICE Guideline press release is available » [here](#)
- A copy of the joint RCOG and BMS response to the Guideline is available » [here](#)
- The Guideline is available at <https://www.nice.org.uk/guidance/NG23>
- The Information for Patients version is available at <http://www.nice.org.uk/guidance/ng23/informationforpublic>

Medication keep it simple

Single ingredient

Estrogen

Trans-dermal

Evorel patches bi weekly

Estrogel 2-4/day

Tablets

Estradiol valerate

Progesterone

Utrogestan 100mg cont

Levonogestrel

Mirena 4 years*

Medication keep it simple

Combined

Trans-dermal

- Evorel Conti BiWkly
- Evorel Sequi BiWkly

Tablets

Femoston 1/10 or 2/10

Femoston Conti PO

Estrogen and progesterone choice

- Both ?
- Oral/ transdermal
- Contraception
- Sequential or continuous

Breast Cancer

- Breast cancer risk and HRT.....
 -E alone is associated with little/NO
 -E and P can be associated with no/ some increase
 -is related to treatment duration a
 -reduces after stopping HRT

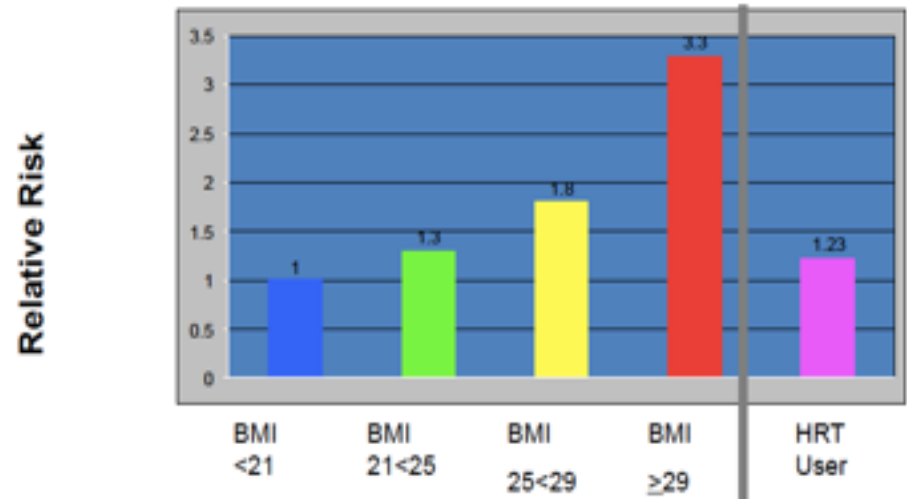


Cardiovascular risk

- No increase in risk if started <60
 - CHD risk with HRT
- E alone no or reduced
- E and P little or no increase



BMI RR relates to risk of nonfatal myocardial infarction and fatal CHD combined, (adjusted for age and smoking). HRT RR relates to risk of CHD.



Peri-menopause

- 45 year Judge
- Symptoms: VMS, low libido, labile mood
“.. had to close the court because I felt so hot and uncomfortable”
- Tried COC but symptomatic with pill free week
- Needs contraception
- Bio-identical wanted???



Contraception / vasomotor symptoms

COCP: VMS typical during pill free week

- if healthy: maximum 50 years of age (UKMEC 3&4)

HRT

- Transdermal E2 – decreases SHBG: increase free testosterone so improved libido**
- HRT regimen: SCHRT (bleed)
- HRT inhibits ovulation in only 40% of women

BIO-IDENETICAL HORMONES

UGGHHHH (yes or no- not sure)

YET ANOTHER WAY OF MAKING MONEY OUT OF
PATIENTS ?????

Bio identical

- Check the ASRM
- Check BMS

What to advise

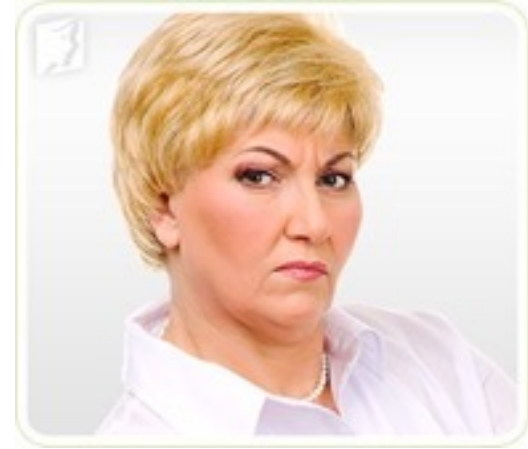
Bio-identical = body identical i.e.: same as ovarian hormones and plant based

All transdermal

Estrogen HRT is bio-identical

**So “bio-identical” estrogen prescription is
easy**

Irregular bleeding



47 year old self-employed beautician

- Night sweats, poor sleep and exhaustion.
- Poor concentration and memory

Menorrhagia and irregular cycles 6/12

- Submucosal fibroid 25x19x18mm (small)

Anti-phospholipid syndrome

no tranexamic acid

- Does not want surgery (already sterilised)

VTE- Nice 2015

- VTE risk

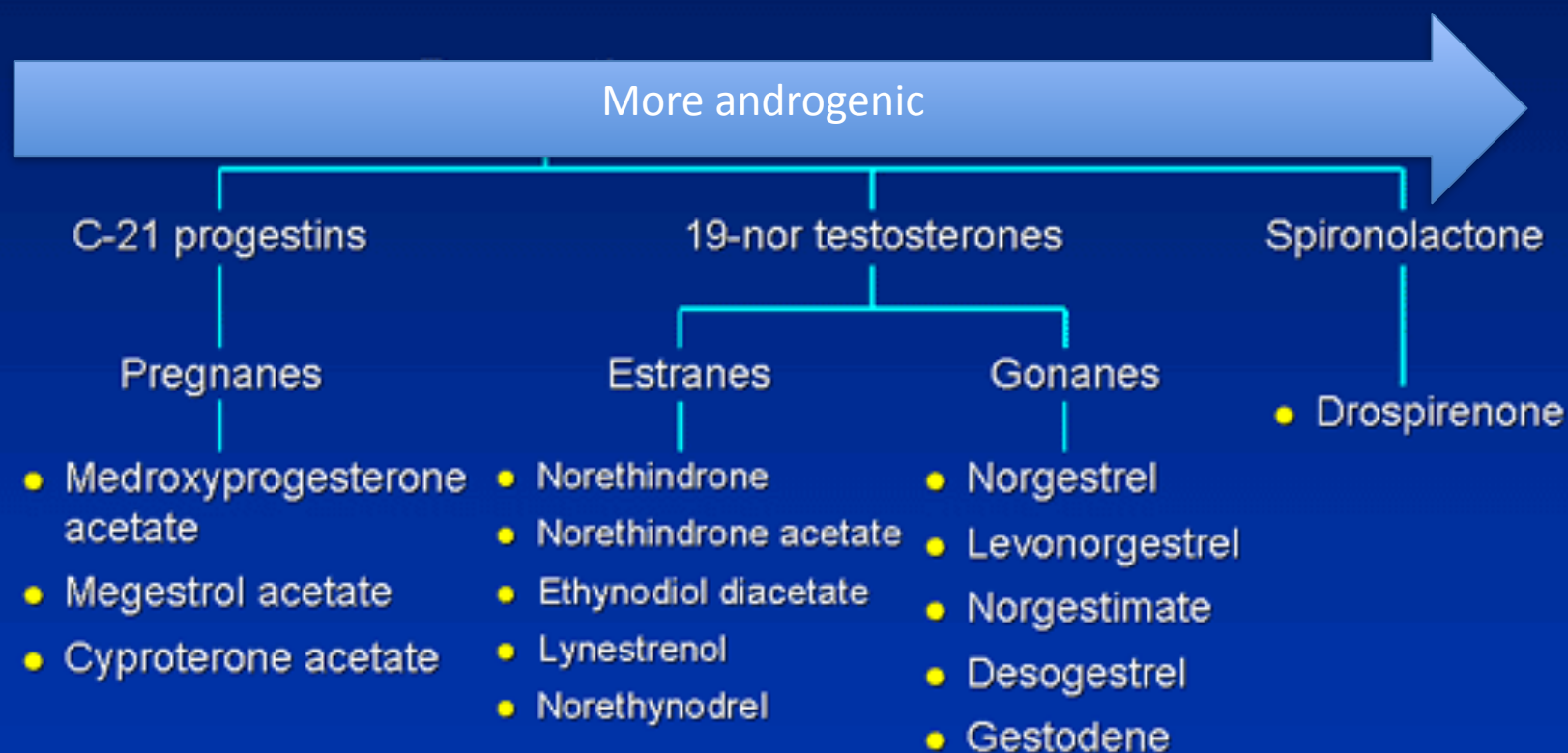
.....is increased by oral HRT compared with baseline

.....is greater for oral than transdermal

.....**transdermal HRT is no greater than baseline**

- Consider transdermal if at increased risk of including those with a BMI over 30
- Haematology review if high risk before HRT

Classification of Progestins



A good solution for irregular bleeding

- Oestrogel 2-4/day
- Mirena 4 years*

Bones

Mood and irregular
bleeding now settled
down so lets head for the
piste!



Bones



Healthy bone



Osteoporosis



Osteoporosis in one slide- efficiency and cost

Treatment	Vertebral fracture (%)	Hip fracture (%)	Cost per month (£)
HRT (E alone)	-38	-39	1.68
HRT (E+P)	-34	-34	2.08
oral bisphosphonates	-55	-53	1.10
IV bisphosphonates	-70	-41	21.12
tibolone	-45	NS	10.36
SERMs	-35	NS	17.06
strontium ranelate	-24	-43	25.60
PTH/teriparatide	-64	NS	271.88
calcitonin	-33	NS	33.58
denosumab	-68	-40	30.50

Bones NICE 2015

Risk of fragility fracture is decreased with HRT

- is maintained during treatment but decreases once treatment stops
- may continue for longer in women who take HRT for longer.

Apres Ski ? Low libido

- Hormonal: Local estrogen
 - Vagifem 2-3x/wk: indefinite usage
 - Estriol 0.01%, Ovestin 0.1%, Estring (review periodically)
- Testosterone replacement
 - Testim 50mg 1 tube 7-14 days (off-licensed)
 - Testogel 2-3x/week (off-licensed)

And now ...I am back on the slopes again!!!



Thanks