



Menopause and HRT

Frequently Asked Questions:

I have been asked to complete a menopause symptom checker (MSQ)

Yes, we ask you to complete one prior to confirming an appointment for an initial assessment and any follow ups so we can review your progress and identify any unresolved issues. This can really help with tracking progress. If you struggle to complete this online, you can collect a paper copy from the surgery. If you need help to complete it, please let a receptionist know so we can support you. Alternatively, you can complete it at the time of your appointment, however, this will reduce the amount of time we can spend on the consultation itself and may impact your experience.

Do I need to complete a menopause symptom checker to access vaginal oestrogen only products?

No this is not necessary.

What are the long-term health outcomes of HRT?

We know that post-menopausal people have a 1 in 3 risk of osteoporosis, 45% risk of cardiovascular disease and an increased risk of type 2 diabetes and vascular dementia with the loss of circulating oestrogen when transitioning into the menopause. To help people stay healthy and reduce their long-term health risks, HRT alongside life style modifications can support people living well.

What hormones do we deplete in when we transition through menopause?

We have 3 key hormones: oestrogen, progesterone, and testosterone.

Oestrogen is an anti-inflammatory hormone. We have oestrogen receptors throughout our body including vital oestrogen hormones transmitting to our brain, heart, skin, muscle and bone, gut and bowel and genitourinary area.

Progesterone influences the impact on menstrual regulation, mood, and sleep.

Testosterone, which is produced both in the adrenal glands and ovaries, helps with our sexual function and anecdotally supports muscle strength, cognitive function, and psychological well-being.

Do I have to use HRT?

The short answer is no, you don't need to use HRT.

However, transitioning through menopause is a time to think about your health and well-being. It's an opportunity to take time to refocus on what lifestyle changes you may wish to consider such as keeping active and healthy for your post menopause years to improve your overall long-term health.

I am over 60 and would like to start HRT. Am I too old?

Starting HRT within the first 10 years of menopause or before the age of 60 offers the best long term health outcomes with menopause. This does not mean you are excluded from a trial of HRT and having an appointment to discuss your symptoms will help determine the best individualised, evidenced based options for you. If you choose to commence HRT you will be offered transdermal body identical HRT. This means the oestrogen products will be provided to use through the skin reducing the risk of blood clots.

What is body identical hormone replacement therapy?

Body Identical HRT products are molecularly structured to match your own hormones which are decreasing through your menopause transition. The type of Oestrogen is called 17 beta oestradiol and come in either patch, spray, or gel products. The progesterone product is 'micronised' progesterone, known as Utrogestan. Taking Utrogestan does not appear to be associated with an increased risk of breast cancer during the first five years of taking it.

Body identical HRT are plant based derivatives extracted from the Yam which is a tropical root vegetable. The HRT we prescribe is regulated by the MHRA.

Do I need to have blood tests before I can start on HRT?

People over the age of 45 who would like to consider HRT do not need to have blood tests to diagnose menopause. You may be advised to have bloods following your menopause consultation depending on the history you provide and the symptoms you are experiencing to identify any other health concerns discussed at your appointment.

People who are between 40-45 years may be offered a follicle stimulating hormone (FSH) blood test at their first menopause consultation if you are having menopausal symptoms and changes to your menstrual cycle.

People under the age of 40 years will be asked to have a blood test and this will be discussed at the initial consultation. The test you will be asked to do is a follicle stimulating hormone (FSH). Ideally taken twice at 4-6 week intervals. FSH is found in higher levels in menopause. You should not be offered this test if you are taking the combined oral contraceptive pill or high dose progestogen such as the Depo Provera because the contraceptive changes your natural FSH levels. It is possible to measure your levels when you have a Mirena coil in place.

What are the common side effects of starting or increasing oestrogen products?

When starting any new medication our bodies need time to adjust. This can feel frustrating and unsettling especially if you have heard other people feel fantastic as soon as they start their HRT. The oestrogen dose you start off on may not be sufficient initially to make you feel better. Often the first signs of improvements are reduction of night sweats and day time flushes. This means the oestrogen is absorbing and working. The goal is to find the right dose for you. One size does not fit all!

Fluid retention, breast tenderness, bloating, nausea, and headaches. Other less common symptoms may be experienced and should be discussed with your specialist nurse.

If symptoms do not settle these will be reviewed and discussed at your planned follow up. You may need to amend your product by changing the route, consider reducing your dose or change the

product you are using. If no planned appointment is booked and you are struggling, please contact the team via Ask My GP.

What are the common side effects of starting or increasing progesterone products?

When starting any new medication our bodies need to time adjust.

We typically suggest the first 3 months are the time for your new HRT to settle in. It is possible to feel worse before you feel better which can be very frustrating and leave you feeling uncertain.

The typical common side effects of progesterone are fluid retention, breast tenderness, bloating, headaches, mood changes and premenstrual like symptoms. Other less common symptoms may be experienced and should be discussed with your specialist nurse.

If symptoms do not settle these will be reviewed and discussed at your planned follow up. You may need to amend your product by changing the route, consider reducing your dose if possible or change the product you are using. If no planned appointment is booked and you are struggling, please contact the team via Ask My GP.

Can I take HRT with a history of blood clots?

Taking your oestrogen transdermally (through the skin) is not associated with an increased risk of clot. Taking it as a patch, gel or spray also results in a more reliable absorption into your body and the dose of the oestrogen can be changed more easily.

Can I take HRT with a history of migraine?

Taking your oestrogen transdermally (through the skin) is not associated with an increased risk of migraine. Taking it as a patch, gel or spray also results in a more reliable absorption into your body and the dose of the oestrogen can be changed more easily. Sometimes when increasing the oestrogen dose, it is possible to experience some additional aura's however these should settle once your dose stabilises. Often the first choice for people who suffer from migraines is the transdermal patch to enable consistent absorption over the 24 hours but the main focus is on the individualised approach for each person.

Bleeding with Hormone Replacement Therapy:

When starting HRT, increasing, or decreasing the dose of HRT, or when you have changed HRT products, there is a possibility of unscheduled and unexpected bleeding. Bleeding occurs when the lining of your uterus (endometrial lining) is stimulated by the Oestrogen products you are using. Your body needs time to adapt to the HRT you are prescribed.

If you are experiencing bleeding, please document the days you are bleeding and approximately how much blood loss i.e. light, spotting, only on wiping or heavy and painful. The more detail the better when letting the team know. You may need to have bloods taken and a referral for a transvaginal scan. Further investigations may be required under the care of the gynaecologist to establish the cause of the bleeding.

Generally, bleeding will settle within the first 3-6 months of starting HRT. We may need to adjust the dose or change the type of HRT you are using.

It is important to use the HRT medication according to the directions from your specialist nurse. Please ensure you book your follow up appointments via Ask My GP 3 months after either starting or changing

the HRT product you have been prescribed. We also ask you to arrange a 3 month follow up when a dose or product amendment has been made to your prescription.

I have started HRT and am experiencing breast tenderness

For most people starflower capsules and topical ibuprofen gel can really help if breast tenderness becomes a problem when starting or increasing your dose of HRT. It is advisable to use Starflower capsules without additional vitamins so that you can increase the number of capsules daily without overuse of recommended other vitamins. When you attend your review, we will want to know if you have experienced any negative side effects from the HRT products you have been using.

I have been advised to use Vitamin D3 but not sure how much to use?

The NHS recommends 400 iu daily however we recommend a slightly higher dose of 800-1000 iu daily through taking either an oral tablet or oral spray. Oral Vitamin D3 is relatively inexpensive to buy over the counter at the local pharmacy. We recommend you take it throughout the year even in spring and summer to reduce a risk of deficiency. Vitamin D deficiency has very similar symptoms to the menopause.

We can absorb Vitamin D via food sources however it is often insufficient for our overall needs. The following website offers excellent information:

<https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>

Sun exposure to the arms and face in the mid-day sunlight for 20-30 mins daily is a great boost to Vitamin D. Please be careful with sun exposure and burning.

How do I use my Oestrogen Gel?

Please follow the prescription instructions discussed at the time of your appointment.

Please apply the gel to clean dry skin on the outer arms, shoulders or inner thighs, rubbing the gel in thoroughly. Once you increase beyond 2 pumps or sachets daily, split the dose between morning and evening. Ensure your skin is completely dry before you get dressed or have intimate contact. Do not apply the gel to your breast tissue. Avoid applying other creams including sunscreen for a minimum of one hour after gel application. Do not go swimming within an hour of applying the gel. Please wash your hands after gel application.

How much gel is in my bottle?

There are a total of 64 pump doses per bottle.

2 pumps daily = one month

3 pumps daily = 3 weeks

4 pumps daily = 2 weeks

How do I apply my Oestrogen patch?

The patches need to be applied to clean dry hair free skin below your waist on the lower abdomen, thigh or buttock. Cup your hand over the applied patch so that the heat of your hand will seal the patch in place. The patch needs to be changed twice weekly and having a set day of the week helps with this routine. It is typical for the patch to leave marks on the skin. We suggest you use some oil such as almond or olive oil and a soft cloth to remove any residual glue from the patch. We advise you to rotate the patches to help with maintaining good skin health. If a patch comes off early, you can immediately just reapply another patch to replace it.

How do I apply my Oestrogen spray?

Please follow the prescription instructions discussed at the time of your appointment.

The container should be held upright and vertical for spraying. Before a new applicator is used for the first time, the pump should be primed by spraying three times into the cover.

Please apply the spray to clean dry skin on the forearm between the elbow and the wrist. Once you increase beyond 2 sprays daily, split the dose between morning and evening. Ensure your skin is completely dry before you get dressed or have intimate contact. Avoid overlapping spray sites if 2 or more spray doses are applied to the same arm.

Do not apply the spray to your breast tissue. Avoid applying other creams including sunscreen for a minimum of one hour after gel application. Do not go swimming within an hour of applying the spray. Women should cover the application site with clothing if another person may come into contact with that area of skin after the spray dries. The site of application should not be washed for 60 minutes. Do not allow another person to touch the site of application within 60 minutes of application.

After delivery of 56 sprays, the container must be discarded even if there is some leftover solution in it. The number of sprays made should be marked using the table on the carton. As drug residue will remain in the used-up containers, they should not be disposed of via household waste. Empty containers should be returned to the pharmacy for disposal.

What is Utrogestan?

Utrogestan is a micronised progesterone, so it is "body identical". This means that it has the same molecular structure as the progesterone we produce in our bodies. It is less likely to cause side effects than other types of progesterone. It has a mild sedative effect so is best to take at night. Some people experience some irregular bleeding when they start this progesterone, but this should settle within 3-6 months.

Some people experience side effects initially, which can include abdominal bloating, lower abdominal pain or discomfort, dip in mood and breast tenderness. If this is problematic for you, please get back in contact as we can look at ways to help.

Please note Utrogestan is made from plants including Yam. Utrogestan contains gelatine and soybean.

How do I use Utrogestan capsules?

Utrogestan is taken either **sequentially** (cyclically) or **continuously**. You will have discussed with the specialist nurse which method is correct for you.

Oestrogen taken alone will cause thickening of the lining of the womb.

To prevent this, it is important that you use a progesterone medication.

You are either going to take 1 capsule at bedtime each night on an empty stomach or if taken cyclically you are going to take 2 of the 100mg together at night for 2 out of 4 weeks starting on the 1st or 15th of the month according to the first day of your last period before commencing HRT.

You should stop eating 2 hours before taking the Utrogestan at bedtime.

How do I use Utrogestan capsules vaginally?

Using Utrogestan by inserting into the vagina is an off-license approach and this needs to be discussed with the specialist menopause nurse. The regime is the same as per oral approach. This means either inserting a capsule every night before bed or 2 capsules taken for 2 weeks every month.

Where should I store my HRT products?

All medicines should be stored safely and out of reach from children and pets.
Do not refrigerate or freeze.
Do not store above 25°C.

Where should I dispose of my unused HRT products?

If you have surplus stock of HRT you no longer wish to use then it is recommended for you to return them to your local pharmacy for disposal. Please do not dispose these items via general household waste collections.

It is also recommended to return used oestrogen spray cannisters to your local pharmacy for disposal. When removing used transdermal patches, it is recommended that you fold the adhesive sticky side in half to seal together and inserting into an empty pouch before discarding.

Can I use my Mirena coil as part of my HRT management?

Yes, the Mirena coil is a fantastic progestogen hormone to help support the endometrial lining when using Oestrogen products. It is also a 'gold standard' for supporting heavy menstrual bleeding which can be particularly problematic in the perimenopause. It is used for both contraception and HRT. It can remain in place for a maximum of 5 years before needing to be changed when using for HRT. The Mirena coil can be used alongside oestrogen gel, patch, spray or tablet as part of combination HRT. You can request using a Mirena coil even if you have previously been sterilised or if you have never had a pregnancy.

I am struggling with vaginal dryness / bladder irritation can you help?

Experiencing vaginal dryness and soreness and bladder irritation, frequency or urgency can be severely debilitating through our menopause transition. This is a time we naturally lose collagen and oestrogen from our genitourinary skin. This can affect our PH and bacterial balance in our genitourinary area.

We recommend some amendments to your intimate hygiene and suggest an emollient wash such as Aveeno, Zero-Base or Cetaben rather than soap-based products. Alternatively, you may wish to purchase Yes or Sylk foam wash which are safe to use and not soap-based. We suggest you try vaginal moisturisers such as YES and Sylk organic ranges to support any vaginal dryness and can be used on both external skin and internally twice daily. These products can be bought online.

Localised oestrogen pessaries, creams and rings will benefit both urinary symptoms and vaginal dryness. Vaginal oestrogen products are very low dose and are safe to use alongside your current HRT. Primarily you are going to use pessaries and creams every night for 2 weeks and then reduce to twice weekly. It takes approximately 3 months to notice any significant improvements with genitourinary health. For some women it can take up to a year. If you experience no improvements after the first 3 months, please arrange an appointment for examination. The E-String (ring) is a soft, flexible ring used after menopause that continuously releases oestrogen over 3 months (before needing changing) to treat menopausal changes in and around the vagina.

Localised topical products can be safely used alongside systemic HRT or as a stand-alone treatment.

Can I have a prescription for testosterone?

Testosterone is an area of women's health in which there is an increased recognition of importance. In the UK, we do not currently have a licensed testosterone product for women. Within Tudorlodge surgery testosterone is prescribed by the specialist nurse who is accredited within the British Menopause Society. The testosterone we prescribe is a male product used off license for women in much smaller doses. Not all women notice the impact of testosterone depletion and therefore may not want to use it. If you are thinking about testosterone as part of your HRT management, you will need to have a detailed consultation to understand the aims for adding this into your HRT management. You need to consider risks and benefits of the treatment and agree to routine bloods which will be repeated 3 monthly and move to annually once stable. It takes up to 6 months to notice a difference with testosterone and if there are no significant improvements with testosterone therapy there would be no benefit continuing with this product. We have a detailed patient information leaflet if you are considering this as part of your management.

I need to arrange a blood test appointment before my next HRT review?

At the surgery we may ask you to have a set of bloods carried out. This may be due to the presenting symptoms you describe at your initial assessment, the age you are at the time of menopause, persistent menopause symptoms despite being established on HRT or due to your request for initiating testosterone.

We may ask you to have bloods carried out for thyroid function, full blood count, liver function test, cholesterol, HbA1c, Vit D, folate & B12 and ferritin. This will be to ensure the symptoms you experience are not related to other underlying causes.

You may require annual bloods if you have experienced early menopause due to the increased risk of cardiovascular disease and type 2 diabetes.

If we realise any of the bloods are out of range, we will arrange to speak with you at your next review or earlier if required. Please confirm you consent to contact via text messaging?

We will arrange for your bloods to go onto ICE lab requests to help our team know what we are screening you for and the ranges we are looking at.

On the day of your blood test please do not apply any HRT products such as the gels or sprays until AFTER the blood test if you have already commenced your treatment. For people diagnosed as MENOPAUSAL we will discuss the inclusion of Oestradiol levels. Delaying the application of your HRT on the day of the blood test helps avoid the possibility of contamination and an inaccurate reading. You will not be asked to remove your transdermal patches on the day of the blood tests.

Why is my HRT prescription not on repeat?

We do not provide repeat prescriptions for your HRT initially as we need to follow up to review your symptom and dose management.

This includes when you start HRT, change HRT products, increase the dose of HRT or commence testosterone therapy.

We offer repeat prescribing for annual review patients when you are issued 3-month prescriptions renewals.

Why is my HRT prescription only for 3 months?

Currently, there is a national shortage of HRT and to enable all patients to have equal opportunities to continue with their choice of product, the government have implemented a 3-month restriction to any oestrogen product we prescribe.

The pharmacy I regularly get my HRT medication can't provide me with my usual HRT products, what should I do?

Pharmacists are currently allowed to offer alternative hormone replacement therapy products if the original prescription is out of stock, under new rules aimed at tackling the ongoing shortage. This is to help women from having to travel across the area to search for available stock.

Can I ask for a print out of my NHS prescription?

Yes, you can ask for your prescription to be printed and available for collection if you would also like to phone around pharmacies to access your preferred HRT option. However, stock is limited for some types of oestrogen products. You can also ask for 'one off' nominations if you know a pharmacy can provide you with your prescription even if they aren't your usual pharmacy.

Should I be using any supplements?

Whilst there is no hard evidence, some people find magnesium with B vitamins helpful for general relaxation, sleep, aches and pains, migraine. We recommend you have a look at Emma's nutrition at www.emmasnutrition.co.uk or the organic pharmacy www.theorganicpharmacy.com.

(Tudorlodge surgery is not responsible for the content contained in any of the websites listed above).

How can I approach the menopause 'natural'?

NICE Guidelines state herbal remedies which are not regulated by a medicine authority should not be considered safer, as there is much variety in their effectiveness and potency and that there may be significant side effects. The same warning is given for bio-identical hormones which are compounded and again not regulated or subject to quality control. It is always important to check whether any 'natural remedies' negatively interact with prescription medications. Guidelines recommend that you look for the THR logo standing for traditional herbal medicines. Therapies such as acupuncture, hypnotherapy, and cognitive behaviour therapy (CBT) are recognised to have positive benefits in managing the symptoms of menopause independent of HRT.

How important is lifestyle and menopause?

In your consultation, the specialist nurse will discuss the importance of a healthy lifestyle and how what we call modifiable risk factors can influence the risk of breast cancer and overall health. The most important of these are aiming to stop smoking, maintain weight within the normal BMI range, eating a Mediterranean diet with reduced processed foods and sugars, keeping within the recommended alcohol limit of 14 units per week and moderate aerobic exercise for at least 150 minutes a week plus strength training which is beneficial for bone health and maintaining muscle mass.

Ideally, you want to find exercises which you enjoy and have fun with and will therefore feel inspired to continue. Walking, running, cycling, dancing, Yoga, Pilates, cold water swimming, tennis, badminton, and resistance training are all ideas of what you could try for both physical and mental well-being whilst transitioning into your menopause and beyond.