

# **Guidance for patients on HRT with unscheduled bleeding**

## **Advice and Information for Primary Care Clinicians**

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**Approved by : South Yorkshire Integrated Medicines Optimisation  
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## Guidance for patients on HRT with unscheduled bleeding

- Patients on systemic hormone replacement therapy (HRT) who are under 60 years of age have a very low risk of developing an endometrial cancer (local data since 2019 0.5%).
- Unscheduled bleeding on HRT is extremely common: especially during the first 6 months following HRT initiation, or within 3 months of dose or preparation changes in people already established on HRT. It affects approximately 38% of people using sequential HRT and 41% using continuous combined.
- This document provides advice and guidance on managing patients taking systemic HRT who present with unscheduled bleeding. It relates to patients who have a uterus. Unscheduled bleeding is defined by the British Menopausal Society (BMS) as,

*“Unscheduled bleeding on hormone replacement therapy (HRT) is defined as irregular bleeding which occurs after initiating, or changing, a HRT preparation which should be ‘bleed free’ – continuous combined hormone replacement therapy (cCHRT) or, which occurs, in addition to the scheduled monthly withdrawal bleed in persons taking sequential preparations (sHRT)”.*

## Before starting HRT

- As well as discussing the benefits of the treatment, it is important to also explain common side effects including unscheduled bleeding, especially in the first 6 months of starting the medication.
- **Do not start** any patient on systemic HRT who has abnormal bleeding, this should be investigated before the therapy is commenced.
  - Following the NICE guidance on Heavy Menstrual Bleeding 2018 for any patient who has not yet finished menstruating (i.e. had a period within the last 12 months) <https://www.nice.org.uk/guidance/ng88/resources/heavy-menstrual-bleeding-assessment-and-management-pdf-1837701412549>
  - Refer any patient with unexplained vaginal bleeding who has not had a period for > 12 months on a ‘Urgent Suspected Cancer’ Pathway
- Ensure the patient is up to date with their cervical screening.
- Explain the importance of the progesterone component of HRT, to protect the endometrium and reduce the risk of endometrial cancer.
- Explain the importance of good diabetic control and maintaining a healthy weight to reduce risk of endometrial cancer. Offer referral onto local community weight management support programmes.
- Refer to NICE guidance on Menopause, published November 2023 [Overview](#) | [Menopause: diagnosis and management](#) | [Guidance](#) | [NICE](#) for additional advice and information for the management of patients with symptoms of menopause.

### For patients on systemic HRT reporting unscheduled bleeding

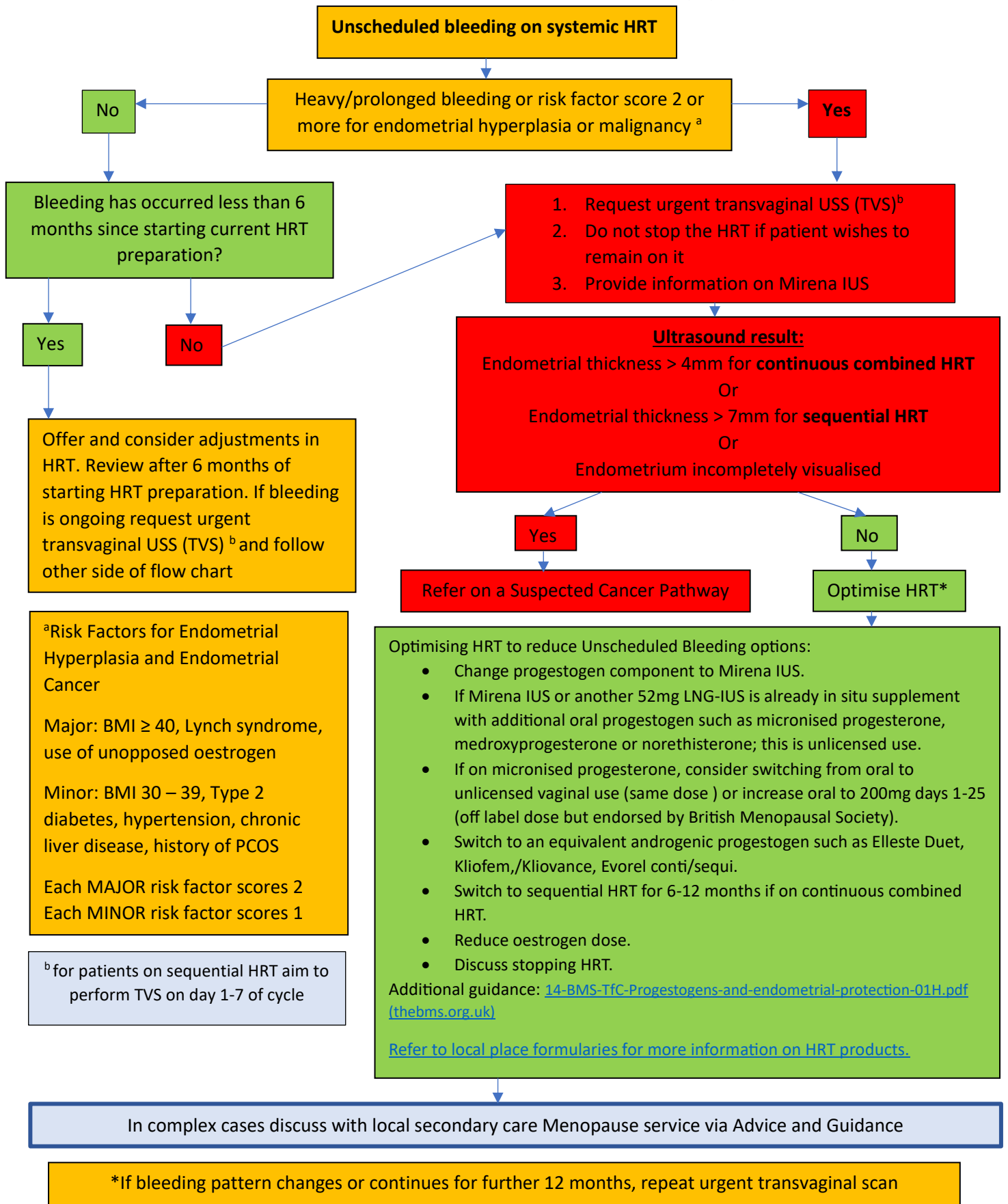
- See patient at the surgery for a face-to-face clinical assessment which should include thorough evaluation of the bleeding pattern, HRT preparations taken and individual risk factors for cancer. Examination of the cervix, vagina and vulva should be performed. Take swabs: high vaginal/cervical if indicated. Only take a cervical screening sample if this is due.

If on examination of the cervix, vagina or vulva there is a concern the appearance is suggestive of cancer refer patient on a 'Urgent Suspected Cancer' pathway.

- Check the patient is taking the HRT correctly i.e. they are taking the progestogen component. If the progestogen component is a Mirena IUS, ensure this is up to date. The Mirena IUS has a four-year licence in the UK for progestogenic opposition of oestrogen HRT; studies have shown it to be effective and to offer sufficient endometrial protection for up to five years within HRT regimens. FSRH guidance states this can be used for up to 5 years, however this should be determined on an individual basis depending on the patient's risk factors, for example in a patient with a BMI of 40kg/m<sup>2</sup> or more, it may be appropriate to change the Mirena at 4 years rather than 5 years. Note: off label use of other 52mg levonorgestrel intrauterine delivery system (LNG-IUS), but not those with a lower strength of levonorgestrel, is also supported by the FSRH and the BMS.
- If the examination findings are normal, the steps, summarised in the flow chart on Page 4, should be followed. This is based on the latest British Menopausal Society Guidelines (2024) (icon below). Please note the distinction between sequential (sHRT) and continuous combined hormone replacement therapy (cHRT).
  - **For patients requiring an urgent transvaginal USS, the referrer should indicate in the referral information whether the patient is on sHRT or cHRT.**



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