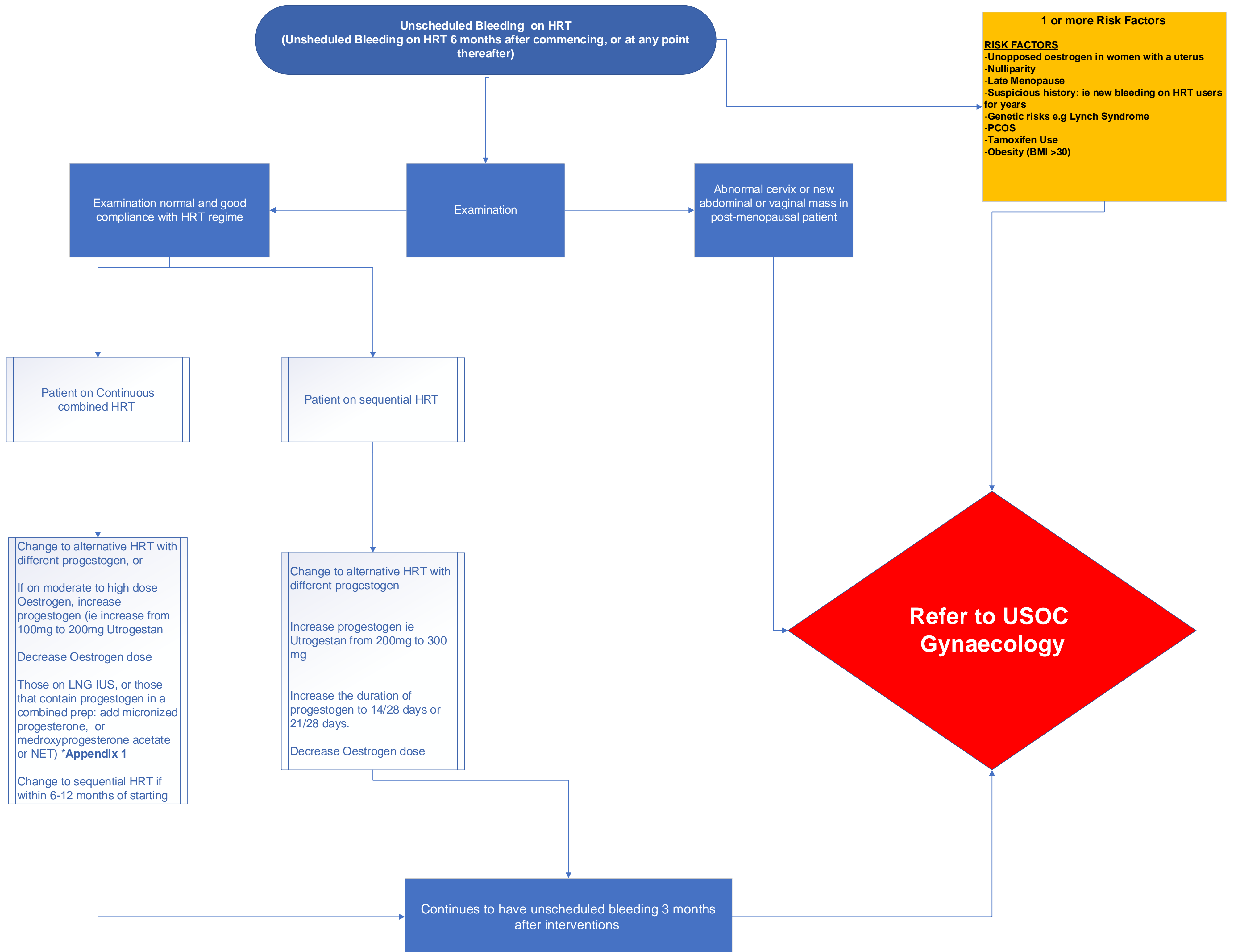


# Post Menopausal Bleeding on HRT: Management and Referral Pathway



The following investigations are important prior to referral:

- Abdominal Exam, Speculum and VE (to rule out pelvic mass, cervical, vaginal or vulval pathology)
- Please check HRT compliance prior to referral as missed doses or incorrect application on sequential preparations can result in bleeding.
- If **PMB and NOT on HRT** please make an **Urgent USOC (gynaecology) referral**



## Appendix 1: Postmenopausal Bleeding on HRT

Table 1: Recommended Normal Doses

Drug	Continuous Preparation	Sequential Preparation
<b>Micronised progesterone</b>	100 mg PO daily (increase to 200mg if bleeding)	200 mg orally 12 days/cycle (increase to 300mg if bleeding)
<b>Medroxyprogesterone acetate (MPA)</b>	2.5 mg a day	10 mg for 12 days a month
<b>Dydrogesterone</b>	5 mg a day	10 mg for 12-14 days a month
<b>Norethisterone</b>	0.5-1 mg a day	5 mg for 12 days a month
<b>Levonorgestrel IUS</b>	Can be used for 5 years (Mirena IUS has a license for 4 years in the UK but BMS recommendations up to 5 years use)	

Table 2: Options for change in regime

Continuous Preparation	Sequential Preparation
- Increase micronised progesterone daily dose to 200 mg	Increased micronised progesterone to 300 mg for 12 days a month or switch to a different progestogen
Switch to a different progestogen particularly when combined with moderate to high dose estrogenic regimens (2).	Increase duration of progestogen intake (can take progestogen for 14 days a month or for 21 days out of a 28day HRT cycle).
Consider levonorgestrel IUS	Consider levonorgestrel IUS

### References:

- [https://www.researchgate.net/publication/356586797\\_British\\_Menopause\\_Society\\_tools\\_for\\_clinicians\\_Progestogens\\_and\\_endometrial\\_protection](https://www.researchgate.net/publication/356586797_British_Menopause_Society_tools_for_clinicians_Progestogens_and_endometrial_protection)
- Furness S, Roberts H, Marjoribanks J, Lethaby A. Hormone therapy in postmenopausal women and risk of endometrial hyperplasia. Cochrane Database Syst Rev. 2012 Aug 15;2012(8):CD000402. doi: 10.1002/14651858.CD000402.pub4. PMID: 22895916; PMCID: PMC7039145.
- Abdullahi Idle S, Hamoda H. Outcomes of endometrial assessment in women with unscheduled bleeding on hormone replacement therapy. Post Reproductive Health. 2019;25(2):95-99. doi:10.1177/2053369119830822