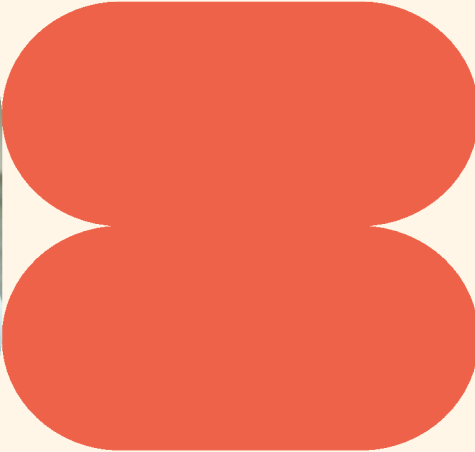




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Oral HRT - Information Leaflet

Oral HRT involves taking one or more tablets daily. Women without a womb usually just take oestrogen only HRT. Women with a womb or extensive endometriosis, will take oestrogen and a progestogen.

Sequential HRT is used for women who have had a period in the last 12 months. Most preparations of oral HRT contain a synthetic progestogen. The 28-day pill packet contains two different colour tablets. This change in colour of tablets indicates when the progestogen is being taken or not taken. There are no breaks in oral HRT.

Some women use micronised progesterone (natural) alongside oral oestrogen. When using this combination, the micronised progesterone is used for 12-14 days of the calendar month. The dose of this micronised progesterone may change with different doses of oestrogen.

15 % of women will not get a withdrawal bleed using sequential HRT. The withdrawal bleed is likely to happen in-line with the change in the colour of the tablets in the packet. 38% of women may experience unscheduled bleeding on this regime.

Over the age of 54 years and/or once a woman has used sequential HRT for 5 years, the HRT should be changed to combined continuous HRT. This is because there is an increased risk of endometrial cancer with more than 5 years of use of sequential HRT. A combined continuous regime means that the oestrogen and progestogen are taken throughout the month with no changes to the tablets used.

Oral HRT is absorbed through the digestive tract and is broken down by the liver. This is called the first-pass metabolism. This process can increase the ability for blood to clot. Therefore, there is an increased risk of blood clots or venous thromboembolism (VTE) and stroke with the use of oral HRT. The risk of this does change depending on which dose and which medication is prescribed.



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Oral HRT is generally absorbed well and can give better bleeding control compared to HRT through the skin. It can, however, affect how well other medications work such as Thyroxine and Testosterone.

There are some specific guidelines for who should not be taking oral HRT:

- Aged over 60
- Gastric/intestinal disorders that mean absorption is compromised (ulcerative colitis, Crohn's disease, gastric bypass etc.)
- Use of GLP-1 medications (Wegovy, Mounjaro etc.)
- Personal or family history of VTE
- BMI >30
- Poorly controlled blood pressure
- Personal history of migraines
- Use of liver enzyme inducing medications (carbamazepine, rifampicin etc.)
- Gall bladder disease

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