

# HRT Starting Treatment Guide

**Hysterectomy\* or Mirena® in situ?**

Yes

**Oestrogen only**

No

**Combined oestrogen and progestagen**

Woman at increased risk of VTE / stroke?  
Women with BMI > 30kg/m<sup>2</sup>?

**LMP < 1 year?**

No

Yes

Yes

No

Combined sequential HRT  
Monthly bleeds

Continuous combined HRT  
No bleed

**Oral**  
Oral preparations are convenient and cost-effective

**Transdermal**  
Transdermal HRT is not associated with increased risk of VTE / stroke.  
Consider first line in women with BMI > 30kg/m<sup>2</sup>

Woman at increased risk of VTE / stroke?  
Women with BMI > 30kg/m<sup>2</sup>?

Woman at increased risk of VTE / stroke?  
Women with BMI > 30kg/m<sup>2</sup>?

No

Yes

No

Yes

**Oral**  
Elleste Solo® 1mg, 2mg  
or  
Zumenon 1mg, 2mg

**Patches**  
Evorel® 25, 50, 75, 100microgram  
**Gel**  
Oestrogel® 0.06%  
or Sandrena® sachets 500mcg, 1 mg  
**Spray**  
Lenzetto® transdermal spray

**Oral**  
Elleste Duet® 1mg, 2mg  
or  
Femoston® 1/10mg, 2/10mg

**Patches**  
Evorel Sequi®

**Oral**  
0.5mg oestradiol:  
Femoston Conti® 0.5mg/2.5mg  
1mg oestradiol:  
Kliovance® or  
Femoston Conti® 1mg/5mg or  
Bijuve® 1mg/100mg  
Indivina® 1mg/2.5mg, 1mg/5mg  
2mg oestradiol:  
Kliofem®  
Indivina® 2mg/5mg

**Patches**  
Evorel Conti®

**\*Specialist advice on HRT regimen is required for women who have had a subtotal hysterectomy or who have a history of endometriosis. Women with an early menopause (<45yrs), especially if surgically induced, require the higher dose of oestrogen to control symptoms and for bone protection. See Prescribing Choices for further product information.**

