

NORTHERN IRELAND MEDICINES MANAGEMENT

Learning from an Adverse Incident (AI) - HRT

February 2026

An adverse incident was recently reported in which a patient who had been non-compliant with the progesterone part of her HRT regimen developed **endometrial cancer**.

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HRT summary points

- Oestrogen therapy alone (unopposed oestrogen) causes the lining of the endometrium to build up, which is a major risk factor for endometrial hyperplasia and subsequently endometrial cancer
- **Progesterone is a crucial component of HRT for patients with an intact uterus**
- Progesterone keeps the lining of the uterus thin and healthy, thereby reducing the risk of developing endometrial cancer
- Women who have a uterus are at risk of endometrial hyperplasia if they **only** take the oestrogen component of HRT
- Women who have had a hysterectomy **do not** need the progesterone component of HRT
- Women who have a Mirena[®] coil in situ, **do not** need to take additional progesterone as part of their HRT regimen because progesterone is delivered directly to the uterus by the Mirena[®] coil



Summary of HRT hormone requirements according to Uterine status

Patient Situation	Oestrogen Required?	Progesterone Required?
Uterus present	Yes	Yes
Post hysterectomy	Yes	No
Uterus present + Mirena Coil*	Yes	No

***NICE** state the following, “Mirena[®] coil is currently the only Levonorgestrel Intrauterine System (LNG-IUS) licensed for endometrial protection as part of an HRT regimen (licensed for 4 years but may be used for up to 5 years off-label) however the Faculty of Sexual and Reproductive Healthcare (FSRH) supports use of any 52mg LNG-IUS for up to 5 years (outside product license) for this purpose”. Advice from the British Menopause Society (**BMS**) is similar.

Factors Contributing to Adverse Incident

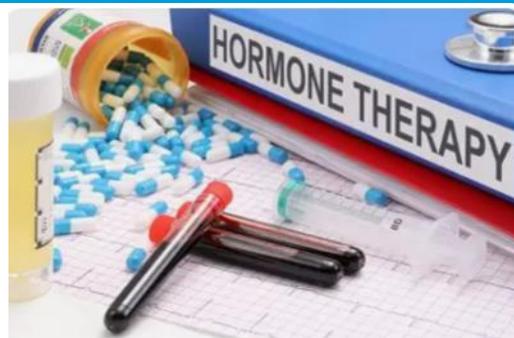
- The patient’s HRT regimens were changed several times, due to side effects/intolerance
- The patient was first prescribed Femseven Conti[®] patches (combined oestrogen/progesterone product)
- The final HRT regimen prescribed was Femseven[®] patches (oestrogen only) along with Utrogestan[®] capsules (oral progesterone)
- The patient mistakenly assumed that Femseven[®] patches were the same as Femseven Conti[®] patches and as a result did not take the Utrogestan[®] capsules
- The patient returned the Utrogestan[®] capsules to the pharmacy and continued to order a repeat prescription for Femseven[®] patches only
- Although the patient had been prescribed both oestrogen and progesterone, a practice audit did not identify that she was **not ordering** the progesterone capsules.

LEARNING

Actions for GP Practices

All GP practices should consider implementing the following learning for the management of patients prescribed HRT medications:

- Complete an audit of patients prescribed **oestrogen only** HRT, to ensure that any patient with an intact uterus has a progesterone component co-prescribed (unless a Mirena[®] coil is in situ). The audit should include checks of the frequency/last date of issue of progesterone, to identify any potential concordance issues.
- Check patient's understanding of their HRT regimen, both at initiation of HRT therapy and during reviews.
- Provide additional counselling if patients change from one HRT regimen to another, to ensure clear understanding.
- Increase vigilance during HRT medication reviews/reauthorisations regarding concordance.
- Populate HRT prescriptions with concordance/safety warnings e.g. the importance of being compliant with progesterone if relevant.
- Patients using a Mirena[®] coil as part of their HRT regimen, should have on their records the date of insertion and a recall date for removal/replacement (see notes above*)



Actions for Community Pharmacists

- Speak to patients prescribed oestrogen only HRT to check if they require the progesterone component (ask if they have a Mirena[®] coil in situ or have had a hysterectomy), and if any concerns are identified, seek advice from the patient's GP
- Ensure that patients who have not had a hysterectomy and are not using a Mirena[®] coil are counselled on the importance of compliance with the progesterone part of their HRT
- If a patient is not compliant (e.g. returns any prescription medication to the pharmacy) assess the reasons why and if a concern remains, contact the patient's GP to make them aware and encourage the patient to discuss with their GP
- Ensure there are processes in the pharmacy which allow identification of uncollected medicines and the need to contact patients and/or their GP practice



Resources

- Additional information from British Menopause Society is available at this [link](#)
- [NICPLD](#) on line course; Menopause Management
- NICE guidance, [Menopause: identification and management](#)

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