



Rose Clinic Bray

Cyclical HRT

What is HRT?

Hormone Replacement Therapy (HRT), also known as Menopausal Hormone Therapy (MHT), is a treatment designed to manage symptoms of perimenopause and menopause. It typically consists of two hormones:

Oestrogen

This hormone helps relieve menopausal symptoms.

The oestrogen hormone is often delivered through a patch, spray, or gel, available in various brands and doses.

- Patch: Apply to a clean, dry area of your lower tummy, lower back, hip, or bum. Wear the patch continuously, changing it every 3–4 days (you'll use two patches weekly). Each patch lasts 4 days max (96 hrs). Patches are water-resistant, so you can shower, bathe, or swim with them. Any sticky residue can be removed with baby oil or an alcohol wipe.
- Gel: Apply to a clean, dry area of your outer arm or thighs once daily. Allow it to dry for 5 minutes before dressing and wait 1 hour before showering, bathing, or applying moisturisers or fake tan.
- Spray: Store device with bullet facing downwards (in box or glass). Spray to your forearm daily. Best to use the same area daily. Allow it to dry for 5 minutes before dressing and wait 1 hour before showering, bathing, or applying moisturisers or fake tan.

Progestogen

Progestogens are essential for women on HRT who still have a uterus, as oestrogen can cause the lining of the womb (endometrium) to thicken if used alone, potentially increasing the risk of cancer over time.

Exceptions to progestogen use include:

1. Women who have had a hysterectomy (removal of the uterus).
2. Women with a Mirena coil in place for less than 5 years.

*Women with a history of endometriosis who have had a hysterectomy usually still require progestogens.

There are two common types of progestogens available:

1. Utrogestan: A natural progesterone available as small yellow capsules that can be taken orally or inserted vaginally.
2. Duphaston: A synthetic progestogen that must be taken orally.

Recent data supports the safety of both Utrogestan and Duphaston in terms of breast cancer when used for up to 5 years and clot risks



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What is cyclical HRT?

Cyclical HRT mimics a natural menstrual cycle by including progestogen for part of the month. It is usually prescribed to women who are still having periods. It is also known as sequential HRT.

How to take cyclical HRT?

Cyclical HRT involves taking oestrogen continuously and adding progestogen for part of each month.

When you first start cyclical HRT, your doctor will try to align the progestogen phase with your natural menstrual cycle. This typically means starting progestogen on Day 15 of your cycle, with Day 1 being the first day of your period.

If your cycle is very irregular or infrequent, this timing may not be possible. In such cases, your doctor will advise you on when to start.

Once you've started taking HRT, there's no need to keep waiting for Day 15 of your cycle. Simply follow one of the two recommended progestogen schedules:

1. Two weeks on, two weeks off: Take progestogen for 14 days, followed by a 14-day break, and then repeat., or
2. Same start date each month: Take progestogen for 14 days starting on the same date each calendar month.

You may notice changes in your bleeding pattern as your body adjusts to the HRT. It can take 3 to 6 months for your cycle to settle into a regular pattern. Typically, you can expect bleeding to occur during the first 7 days of your break from progestogen or during the last 7 days of taking progestogen.

Other Important Information

- It's important to take HRT exactly as prescribed to reduce risks and improve its effectiveness.
- Regular check-ups with your doctor are essential while on HRT to monitor your symptoms and overall health.
- Inform your doctor of any other medications or supplements you are taking to avoid interactions.
- Lifestyle changes, such as maintaining a healthy diet and regular exercise, can complement HRT and help manage menopausal symptoms.



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Common Side Effects of Cyclical HRT

Side effects may occur as your body gets used to the hormones. These are usually mild and will settle within the first 3 months.

These include:

- Breast tenderness or swelling.
- Bloating or fluid retention.
- Nausea or headaches.
- Leg cramps.
- Mood changes (e.g., irritability, low mood).
- Acne or greasy skin.
- Irregular spotting or breakthrough bleeding -irregular bleeding is common during the first 3-6 months of HRT or after a prescription change. Contact us if the bleeding is heavy or does not improve after 3 months of taking cyclical HRT or a dose change.

Most side effects improve over time as your body adapts. If they persist or are severe or you have any concerns, please contact the clinic, as your dose may need adjusting or you may need to try a different product.

If you are ever really worried about side effects or bleeding from HRT, stop it. It is never dangerous to just stop your HRT if you prefer.

Your menopause symptoms should start to improve within 2-3 weeks, but you will not get all the benefit for these products for about 3-6 months.

Additional Resources:

- Women's Health Concern (The British Menopause Society's patient information site)
- Primary Care Women's Health Forum