Drug Safety Update

NHS Lancashire and South Cumbria Integrated Care Board

Medicines Matters

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Improving the safety of HRT in female patients with a uterus

Several safety reports have been received of patients with a uterus prescribed hormone replacement therapy (HRT) being exposed to unopposed oestrogen. The British Menopause Society (BMS) provides guidance on progestogens and endometrial protection.

Background:

- Unopposed oestrogen can significantly increase the risk of endometrial hyperplasia that is both dose and duration dependent. Therefore, non-hysterectomised women require progestogen to minimise the risk of endometrial hyperplasia and endometrial cancer alongside oestrogen.
- Women with a uterus require adequate progestogen to be administered for 12–14 days in sequential HRT regimens or daily in continuous combined HRT regimens to minimise the risks.
- Insufficient progestogen dosing is associated with an increased risk of breakthrough bleeding and can increase the risk of endometrial hyperplasia and endometrial cancer.
- The BMS advises women who require high dose oestrogen intake should consider having their progestogen dose increased to ensure adequate endometrial protection. The BMS provides further information within its Management of Unscheduled Bleeding Guidance and in their FAQ document.
- Intrauterine progestogen administration through the 52mg levonorgestrel releasing intrauterine system (52mg LNG-IUD) provides adequate endometrial protection and The Faculty of Sexual and Reproductive Healthcare (FSRH) support use for up to 5 years for this indication (see statement). Licensing duration differs between HRT and contraception and patients should be counselled on this. The FSRH provides guidance. GP practices should ensure patient records reflect if a female patient has a levonorgestrel releasing intrauterine system in place and the date this needs changing. Lower strength intrauterine systems do not provide enough protection alone.

Recommendations for practices

- Undertake regular audits to identify female patients with a uterus who may be prescribed unopposed oestrogen. *The Medicines Optimisation Team (MOT) are developing a package of searches which can be used to help identify patients, please contact your local MOT for further information.*
- Practices should check a patient's compliance with progestogen by reviewing the drug history.
- Ensure patients prescribed HRT are educated to inform their GP practice if they stop taking progestogen or have their levonorgestrel releasing intrauterine system removed.
- A helpful education video explaining HRT could be sent out to patients - What is HRT? on Vimeo.
- If a female patient is identified as having been prescribed unopposed oestrogen or is non-compliant with progestogen, they will need a prompt clinical assessment with an appropriately skilled clinician.
- Practices should review their processes to help minimise the risk of this error occurring. For example, by ensuring correct SNOMED codes are used. There is an Ardens template available, which may be useful.
- Some groups of female patients will require special consideration including those with subtotal hysterectomy, endometriosis, endometrial ablation and those prescribed Glucagon-like peptide-1 receptor agonists (GLP1s). The BMS provides guidance for these special populations.

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