**Annual HRT Review**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your most recent blood pressure? Date taken

**Blood pressure needs to be checked every 12 months while on HRT. Home readings are acceptable or you can make an appointment with the healthcare assistant at the surgery or your local pharmacy**

Height (in cm)? Weight (in kg)?

Do you smoke?: Yes ⃝ per week No ⃝

What is the name of the HRT you are using? \_\_\_\_\_\_\_\_\_\_\_\_

How long have you been on HRT? \_\_\_\_\_\_\_\_\_\_\_\_

If you are on Oestrogen gel/spray, how many actuations are you using daily? \_\_\_\_\_\_\_\_\_\_

Do you have a Mirena coil in place? Yes ⃝ Date inserted: No ⃝

Have you had a hysterectomy? Yes ⃝ No ⃝

Have you or anyone in your family ever had breast, ovarian or endometrial cancer? Yes ⃝ No ⃝

If yes, please provide details including relationship to you and age at the time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your family ever had blood clots (e.g. DVT or PE) or a clotting disorder?

Yes ⃝ No ⃝

If yes, please provide details including relationship to you and age at the time

\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a heart problem, stroke or chest pains? Yes ⃝ No ⃝

Do you have migraines? Yes ⃝ No ⃝

Do you have periods or bleeding with you HRT? Yes ⃝ No ⃝

Have you experienced any unexpected bleeding since starting HRT, including after sex?

Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently using weight loss injections? Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you up to date with your smears? (5 yearly until 64 years)

Yes ⃝ No ⃝ Not sure ⃝ Not applicable ⃝

If you are over 50, are you up to date with your breast screening? (3 yearly until 70 years)

Yes ⃝ No ⃝ Not sure ⃝ Not applicable ⃝

Do you have any problems with your HRT that you wish to discuss e.g. side effects, control of menopausal symptoms, vaginal dryness:

\_\_\_\_\_\_\_\_\_\_\_\_

HRT is not a contraceptive. The Mirena is also a contraceptive method. In general all women can stop contraception at the age of 55 years. Do you need contraception: Yes ⃝ No ⃝

If yes please see GP

**To safely prescribe HRT, we need to ensure that you are aware of the risks that may be present with HRT.**

You understand that rarely oral oestrogen as part of HRT can cause a clot and the symptoms/signs of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood. You will seek urgent medical attention if these symptoms occur. (oestrogen does not have this risk) Yes ⃝ No ⃝

You understand that irregular vaginal bleeding on HRT should be reported to a clinician

Yes ⃝ No ⃝

Do you have any breast symptoms that weren’t there before e.g. lump, nipple discharge

Yes ⃝ No ⃝

There is little or no increase in breast cancer risk if you take oestrogen only HRT or gel or spray oestrogen with Utrogestan. Combined HRT can be associated with a small increased risk. Using vaginal oestrogen for vaginal symptoms is very safe.

Please read the following NHS information: [www.nhs.uk/conditions/hormone-replacement-therapy-hrt/risks/](https://www.nhs.uk/conditions/hormone-replacement-therapy-hrt/risks/)

HRT is not always necessary, and many women find that they can reduce menopausal symptoms through regular exercise; by keeping their weight in a healthy range for their height and reducing alcohol and caffeine.

**T**here is little evidence regarding HRT for older women. Although it is an individual decision when to stop HRT, risks will increase with age – particularly after 60 years of age. Some women, who are otherwise fit and well continue to gain benefits from taking HRT even if it has been more than 10 years since their menopause. Older women may need smaller doses of oestrogen than younger women and there are preparations of lower doses to allow for this. The safest way to take replacement oestrogen is through the skin in a patch, gel or spray. If you wish to discuss your individual risk in more detail please book an HRT review apt.

Do you wish to proceed with HRT? Yes ⃝ No ⃝

**If you would like further information or to discuss alternative HRT, please contact the practice to make an appointment**

**Weight Loss injection disclaimer**

We are aware that many patients are choosing to access Mounjaro and Wegovy privately. Such prescriptions remain the responsibility of the prescriber but we would like to raise awareness of new guidance recently release by the British Menopause society (BMS).

There is very little data available on the interaction between weight loss injections (GLP-1 agonists) and progesterone used in HRT. GLP-1 agonist delay gastric emptying and therefore may reduce the absorption of oral progesterone. Progesterone is important to protect your endometrium (womb lining). If Progesterone absorption is affected there is an increased risk of womb cancer.

We are therefore recommending that all women using either Mounjaro or Wegovy be prescribed non-oral progesterone. Options include a combined patch or an intrauterine device (Mirena coil).

We are able to fit a Mirena coil for women at the practice. It can be used for 5 years before needing to be replaced.

If you do not wish to switch to a Mirena coil or a patch it may be possible to increase the dose of oral progesterone prescribed. Please be aware that there is uncertainty as to what the correct dose increase might be and whether increasing the dose is enough to ensure safety. Therefore this is not a course of action we would recommend.

**By signing below, I acknowledge that I have read and understand the above disclaimer regarding using weight loss injection while on HRT.**

**Signature** Date .