

## Menopause

This bulletin supports the implementation of the National Institute for Health and Care Excellence (NICE) guidance on menopause: diagnosis and management [NG23].<sup>1</sup> Cost-effective hormone replace therapy (HRT) preparations are recommended and potential savings highlighted.

### Key recommendations

- Only prescribe HRT for the relief of menopause symptoms that adversely affect quality of life. Review regularly to ensure HRT is used for the shortest time at the lowest dose. This is due to the increased risk of breast cancer with all types of HRT, except vaginal oestrogens, and the increased risk of venous thromboembolism with oral HRT, compared with transdermal.
- Where HRT is deemed necessary, offer oestrogen and progestogen/progesterone (progestogen/progesterone to protect against the risk of endometrial cancer) to women with a uterus requiring HRT. Women without a uterus should be offered oestrogen alone.
- Breast cancer risk: oral or transdermal HRT should not be offered routinely to women with a history of breast cancer and it should be stopped in women who are diagnosed with breast cancer. If a woman is at moderate or high risk of breast cancer, generally HRT usage should not be used over the age of 50 years. Oestrogen-only HRT should be used where possible for women with a family history of breast cancer, however oestrogen-only HRT (and tibolone) in women with a uterus increases the risk of endometrial cancer, so the risks are finely balanced.
- Offer vaginal oestrogen to women with urogenital atrophy (including those on systemic HRT) and continue for as long as is needed to relieve symptoms. It should also be considered when systemic HRT is contraindicated, after seeking advice from a healthcare professional with expertise in menopause.
- Advise women with vaginal dryness that over-the-counter vaginal moisturisers and lubricants can be used alone or in addition to vaginal oestrogen.
- Premature ovarian insufficiency: offer a choice of HRT or a combined hormonal contraceptive, unless contraindicated. It is important to continue treatment until at least the age of natural menopause.
- Bilateral salpingo-oophorectomy: offer HRT to women who have no personal history of breast cancer, but have either a BRCA1 or BRCA2 mutation or a family history of breast cancer, if they have had a bilateral salpingo-oophorectomy before their natural menopause. Continue up until the time they would have expected the natural menopause (average 51 to 52 years).
- Each treatment for short-term menopausal symptoms should be reviewed at 3 months to assess efficacy and tolerability and annually thereafter unless there are clinical indications for an earlier review.

### Switch Savings

In England, Scotland and Wales, £122,217,140 is spent annually NHSBSA (Sep-Nov21) and Public Health Scotland (Sep-Nov21) on HRT.

**Reviewing women on HRT and discontinuing 10% of prescribing where the ongoing risks outweigh the benefits of treatment could save £10,256,383 in England, £545,579 in Wales and £1,115,956 in Scotland annually. This equates to £16,929 per 100,000 patients.**




**Switching 50% of eligible women to a more cost-effective alternative\* could save £33,456,186 in England, £1,773,341 in Wales and £3,860,460 in Scotland. This equates to £55,526 per 100,000 patients.**

\*Based on switching vaginal oestrogen to oestrinol (Ovestin®) 0.1% cream, oral combination HRT to Premique Low Dose®, transdermal combination HRT to Evorel® plus Provera®, single oral oestrogen to Premarin®, single transdermal oestrogen to Evorel®.

**Switching women prescribed vaginal lubricants and moisturisers to self care with purchase OTC could save £2,347,950 in England, £302,805 in Wales and £387,207 in Scotland. This equates to £4,315 per 100,000 patients.**

## References

1. NICE. Menopause: diagnosis and management. NICE guideline [NG23]. Published November 2015, last updated December 2019. <https://www.nice.org.uk/guidance/ng23>

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