St John's HRT Statement 19/09/2024

At St John's it is our priority to put patients and patient safety first and we pride ourselves on practising evidence-based medicine. Please see the following HRT updates below:

Sometimes patients access private clinics for the management of menopause. We are always happy to work in partnership with private providers. However, we would like to share with you the limits of our capabilities as an NHS provider.

1. **Prescribing higher than licensed doses of oestrogen**

We are happy to prescribe doses of medicine as recommended by the British National Formulary (BNF) and the British Menopause Society (BMS).

2. **Checking oestrogen levels**

We will not routinely check hormone levels.

https://thebms.org.uk/2022/12/bms-statement-hrt-prescribing/

"BMS statement – HRT prescribing

21 December 2022

The Daily Telegraph and the Sun published articles on Monday 19 December, relating to the prescribing of higher than licensed doses of oestrogen in HRT.

The British Menopause Society is aware that high doses of oestrogen are being provided routinely to women in some clinics. This could increase the risk of abnormal bleeding requiring investigation, endometrial hyperplasia and endometrial cancer.

Most women will respond to licensed doses, and it is important to make women aware that some symptoms, such as low mood and anxiety may have other causes and may require other additional treatments. This is safer than increasing the amount of oestrogen provided (outside of license). The MHRA recommends using the lowest dose of oestrogen that controls menopausal symptoms. Length of use depends on an individual's circumstances and dosage recommendations are to ensure patient safety. There are no guidelines which recommend that the dose of oestrogen provided should be increased out of license or that different forms of oestrogen should be added together to control symptoms. In the event of a significant event occurring (such as endometrial hyperplasia or cancer) in women using different formulations of oestrogen, outside of license, the prescribing clinicians are responsible for having put patient safety at risk.

There is no recommended systemic level of oestrogen in association with use of HRT and response to treatment with HRT should be based on symptom control. Checking serum oestradiol levels is influenced by many factors including the timing of the dose and type of assay and cannot be assumed to be indicative of levels over a 24-hour period.

Routine testing of oestrogen levels is unnecessary and is associated with an unnecessary cost both to the NHS and patients in private clinics.

Higher doses of oestrogen require a higher dose of progestogen to ensure adequate endometrial protection (BMS Tools for Clinicians: Progestogens and endometrial protection).

The British Menopause Society educates and supports healthcare professionals to ensure that women who require HRT can access treatment safely. The necessary guidelines are available on the website for all healthcare professionals and are not restricted to members.

This statement was updated on 21 March 2024."

3. Prescribing Testosterone for the treatment of low libido in menopausal women

Once initiated by a specialist we can continue to prescribe BMS recommended doses of testosterone for the treatment of low libido in menopausal women. We will also undertake recommended blood monitoring tests and appropriate medication review (as per BMS guidance and our local Greater Manchester Medicines Managment Group (GMMMG) guidance).

https://thebms.org.uk/2024/07/bms-statement-on-testosterone-2/

"BMS Statement on Testosterone

26 July 2024

In the past few weeks, there has been a significant increase in media attention for more women to be prescribed testosterone. Some of these articles have been written by lay people and it appears that the information provided has been misrepresented to support personal opinion.

Misinformation risks medicalising a normal life stage and render women dependent upon clinicians, some of whom may also be overly promoting treatment with testosterone, which is associated with a high placebo response. Testosterone is not an "essential" hormone for women, as women who have effectively no testosterone production, such as women with no functioning adrenals or ovaries, do not have to have testosterone treatment to be well. Women in whom the ovaries have been removed surgically, still have some testosterone produced by their adrenal glands. So, the frequently used descriptive term, "deficiency state" is incorrect and alarmist.

Whilst some women do benefit from the addition of testosterone, this is not the case for all women and in the interest of patient safety, it is important that women are advised within readily available clinical guidelines from the National Institute for Health and Care Excellence (NICE), British Menopause Society (BMS) and the International Menopause Society (IMS). These were developed to support patient safety, not to prevent women from accessing treatment.

The only current evidence-based factual indication for the addition of testosterone to standard HRT, is for persistent low libido in postmenopausal women, after all other contributory factors have been addressed. There is no evidence to support claims that testosterone will help with other symptoms associated with menopause or prevent bone loss or dementia.

Ongoing research may provide evidence for other indications for use of testosterone by women, and we all agree that more research is needed."