



For Women
For Health, For Menopause

“Hormones don’t suit me! I was moody on the pill should I avoid HRT?”

GP and menopause specialist Dr Jane Davis explains how to respond to patient concerns about hormonal changes and cyclical mood changes in perimenopause, and how to advise on the right treatment for the individual.



Intended learning outcomes:

- Recognise the link between sex hormones and cyclical mood changes in perimenopause
- Select an HRT with the most appropriate progestogen component for the individual
- Identify suitable patient resources for premenstrual syndrome

Q: “Hormones don’t suit me, I found I was moody on the pill, should I avoid HRT?”

A: It is very common for symptoms of premenstrual syndrome to become worse during the perimenopause¹.

The combined hormonal contraceptive (CHC) pill contains two female hormones, estrogen and progestogen. Sometimes the large doses of synthetic hormones needed in the pill to prevent pregnancy can cause low mood in some people¹. However, HRT contains lower doses and different hormone combinations, so may not have the same effect on the woman as CHC.

HRT contains related but different hormones to the pill, therefore the HRT combination needs to be chosen carefully to suit the individual woman. Taking a history from your patient to determine their history with hormonal contraception and any side effects is very helpful in determining the type of HRT that will be suitable for them.

Combined hormonal contraception usually contains ethinylestradiol and a range of synthetic progestogens. Understanding the clinical effects of the progestogenic component is key to addressing safety, suitability and side effects. The same principle applies to individualising HRT for your patient.

REFERENCES:

1 <https://www.pms.org.uk/about-pms/>

2 Ref: Huvinen, Emilia, et al. “Norethisterone and Its Acetate – What’s so Special about Them?” *BMJ Sexual & Reproductive Health*, vol. 47, no. 2, 12 May 2020, p. bmjsrh-2020-200619, 10.1136/bmj-srh-2020-200619. Accessed 12 June 2020.

3 Stevenson, John C., et al. “Progestogens as a Component of Menopausal Hormone Therapy: The Right Molecule Makes the Difference.” *Drugs in Context*, vol. 9, 2020, pubmed.ncbi.nlm.nih.gov/33312219/, 10.7573/dic.2020-10-1. Accessed 19 June 2021.

4 <https://www.nhs.uk/conditions/menopause/>

5 <https://rockmymenopause.com/>

This resource has been produced by primary care medical professionals on behalf of Theramex. Remember this is guidance and to please use your clinical judgement on a case-by-case basis.



17B Estradiol is the preferred estrogenic component of HRT. Progestogens include:

- Norethisterone, which is available orally or in combined patches. Norethisterone provides strong endometrial affinity. In the liver norethisterone partially converts to ethinylestradiol. Norethisterone should not be used in high doses due to side effects – caution should be exercised when considering high dose oral norethisterone for women at high risk of thromboembolic events².
- Levonorgestrel is available in a combined patch or via an intrauterine system. This is good for bleeding control but can be associated with androgenic side effects.
- Medroxyprogesterone acetate, available orally, provides good cycle control and is weakly androgenic.
- Dydrogesterone is available orally in combined HRT. It is anti androgenic and can be tolerated well by those who have had progestogenic side effects, such as mood changes.
- Micronized progesterone also has few progestogenic side effects. Both dydrogesterone and micronised progesterone are considered to have lower risks associated with cardiovascular, thromboembolic and breast cancer compared with those above³.

Signpost your patient to websites such as NHS choices and Rock My Menopause for more information on hormones and HRT^{4,5}.

REFERENCES:

1 <https://www.pms.org.uk/about-pms/>

2 Ref: Huvinen, Emilia, et al. "Norethisterone and Its Acetate – What's so Special about Them?" *BMJ Sexual & Reproductive Health*, vol. 47, no. 2, 12 May 2020, p. bmjsrh-2020-200619, 10.1136/bmj-srh-2020-200619. Accessed 12 June 2020.

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