



**For Women**  
For Health, For Menopause

# **“I am still having painful, heavy periods could I use HRT to stop them?”**

GP and menopause specialist Dr Jane Davis explains how to counsel patients who are having heavy and painful periods on whether HRT could be a suitable treatment for them.



### Intended learning outcomes:

- Identify perimenopausal bleeding pattern.
- Select between cyclical and continuous combined HRT regimes as appropriate.
- Assess the need for further investigation of unscheduled bleeding on HRT.
- Adapt the HRT regime as menopause progresses.
- Weigh up what is important to the patient for bleeding control.

### Q: “I am still having painful, heavy periods could I use HRT to stop them?”

**A:** The hormonal changes of the perimenopause affect women’s menstrual cycles in various ways.

Periods will continue until a woman reaches the menopause, which usually happens in the late 40s to mid-50s. In the UK the average age of menopause is 51<sup>1</sup>.

Periods usually start to become less frequent over a few months or years before they stop altogether. If a perimenopausal woman presents with painful, heavy periods there are treatments that can help to relieve the symptoms.

Some women may wish to avoid having periods altogether, especially if menstrual changes are affecting their day-to-day lives.

During perimenopause, periods classically occur closer together, then less frequently. Periods may appear out of the blue, or may be heavier or lighter than usual.

### REFERENCES:

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

2 <https://www.nhs.uk/conditions/hormone-replacement-therapy-hrt/types/>

3 <https://cks.nice.org.uk/topics/menopause/management/management-of-menopause-perimenopause-or-premature-ovarian-insufficiency/>

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.



## HRT and periods

### Perimenopause:

- If a woman is under 50 and her last period was less than a year ago, she is in perimenopause.
- Cyclical HRT, also known as sequential HRT, controls the bleeding pattern
- Cyclical HRT is often recommended for women taking combined HRT who have menopausal symptoms but still have their periods

### There are 2 types of cyclical HRT:

- Monthly HRT – estrogen is taken every day, along with progestogen for the last 12-14 days of the menstrual cycle.
- 3-monthly HRT – estrogen is taking every day, along with progestogen for around 14 days every 3 months.

### Postmenopause:

- Continuous combined HRT is usually recommended for women who are postmenopausal. A woman is usually said to be postmenopausal if she has not had a period for 1 year.
- This type of HRT involves taking estrogen and progestogen every day without a break.
- Estrogen-only HRT is also usually taken every day without a break<sup>2</sup>.

## Contraception

If the patient needs contraception, there are other hormonal methods for controlling or stopping periods, for example the copper intrauterine device (Cu-IUD) or levonorgestrel intrauterine system (LNG-IUS).

The CKS Scenario: Managing women with menopause, perimenopause, or premature ovarian insufficiency states<sup>3</sup>:

- Advise on the need for contraception.
- Advise that hormone replacement therapy (HRT) does not provide contraception.
- Advise that a woman is potentially fertile for 2 years after her last menstrual period if she is younger than 50 years of age, and for 1 year if she is over 50 years of age.
- Advise that in general all women can stop contraception at the age of 55 years.
- Be aware that all progestogen-only methods of contraception are safe to use alongside cyclical HRT.
- Be aware that combined hormonal contraception can be used in eligible women under 50 years of age as an alternative to HRT for relief of menopausal symptoms and prevention of loss of bone mineral density. Women should be advised to switch to a progestogen-only method of contraception at 50 years of age, if needed.

Women must be advised that hormone replacement therapy (HRT) does not provide contraception and appropriate contraception counselling should be offered.

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