BUSHLOE SURGERY
Annual HRT Review

Date Received

Thank you for completing this form. We are aiming to avoid the need for you to see a clinician in order to re-issue your pill prescription. Once completed, please hand the form to reception and we will generate your next 12 month supply of the contraceptive pill. Scales and a blood pressure machine can be found in the waiting area – we are unable to issue a repeat prescription without up to date blood pressure and weight measurements. **Please allow 7 working days for us to check and issue your request.**

PERSONAL DETAILS

Full Name			Telephone Number		
Mr/Mrs/Miss/Ms/Other			Work Number		
Address and Postcode			Mobile Number		
			E-mail Address		
Date of Birth					
Height	Feet/inches	cm	Weight	Stones/lbs	kg
Blood Pressure Reading 1 (Please use the machine next to the patient lift, at the surgery. Take 2 readings ,5 minutes apart)			Blood Pressure Reading 2		

MEDICAL HISTORY

Please circle or tick your answers. If you answer **yes** to any of the following questions, we may contact you to discuss further.

Have you had any problems or concerns with the pill?	Yes / No
Are you breast feeding?	Yes / No
Do you suffer from migraines?	Yes / No
Do you have a family or personal history of DVT or pulmonary embolism?	Yes / No
Are you currently taking any weight-loss medication?	Yes / No
Have you had any irregular bleeding?	Yes / No

Do you smoke? (please tick 1 box only)	Current Smoker	Ex-Smoker	Never Smoked

How often do you have an alcoholic drink? (please tick 1 box only)	Never	Monthly or less	2-4 times per month
	2-3 times per week	4+ times per week	
How many standard* alcoholic drinks do you have on a typical day when you are drinking? (please tick 1 box only)	1-2 drinks	3-4 drinks	5-6 drinks
	7-9 drinks	10+ drinks	
How often do you have 6 standard* alcoholic drinks on one occasion? (please tick 1 box only)	Never	Less than monthly	Monthly
	Weekly	Daily or almost daily	

* A standard alcoholic drink is 1 unit of alcohol – a small glass of wine, a pub measure of spirits or ½ pint of lager/beer

Name of requested HRT medication	
I have read the attached HRT patient leaflet & understand the side effects and risks linked to taking HRT.	Signed: Date:
For office use: **Issue repeat prescription for 12 months:** ☐ **Issue repeat prescription for 1 month and then review:** ☐ **Needs review with GP:** ☐ **Needs review with Practice Nurse:** ☐	Signed: …… (GP/Nurse) Date: ……

Hormone Replacement Therapy (HRT)

The leaflet aims to answer your questions about taking HRT to treat your menopausal symptoms. If you have any questions or concerns, please speak to the doctor or nurse caring for you.

What is HRT and why do I need it?

HRT is medication aimed at relieving the symptoms that some women experience during the menopause, also known as the change of life. For example hot flushes, night sweats, vaginal dryness, tiredness and irritability, and decrease in sex drive.
HRT works by replacing the hormone (oestrogen) your body stops producing when you go through the menopause or when you have had surgery to remove your ovaries.
Used long-term, HRT may help to reduce the risk of osteoporosis (thinning of the bones) and bowel cancer. However, there are also known risks including an increased risk of certain types of cancer. These risks are described in more detail later in this leaflet. As new research is available this will be discussed with you in your clinic appointment.
When you start HRT, the doctor or nurse will discuss your age, symptoms and medical conditions before looking at the risks and benefits of HRT which are specific to you. These can change and will be discussed at your yearly review.
Any information given in this leaflet should be read alongside any patient information provided by the manufacturer.

What are the different types of HRT?

There are two different types of HRT:
Oestrogen only (no progestogen) - when women have had a hysterectomy, they do not need progestogen to protect the lining of the womb.
Combined HRT (oestrogen and progestogen) - this is necessary if you still have your womb. This can be given in two ways:
Continuous combined HRT - oestrogen and progesterone, taken together daily (one a day) for 28 days, this means that there will be no withdrawal bleeds.
Sequential HRT - oestrogen only for the first 14 days then both hormones for the second 14 days. This usually results in monthly withdrawal bleeds.
The type of HRT you take will depend on where you are in the menopause and if your periods have stopped completely for a year.

How much will HRT cost?

HRT is only available on prescription and will be charged at the current prescription rate. Sometimes your HRT will involve two medicines and you may need to pay two prescription charges

How long does HRT take to work?

It usually takes a few weeks before you will feel the initial benefits of HRT and up to three months to feel the full effects.

It may also take your body time to get used to HRT. When treatment begins you may experience side effects such as breast tenderness, nausea and leg cramps. Usually these side effects will disappear within six to eight weeks. If they do not, a change in the type or dose of HRT may be necessary and your own doctor or nurse will advise you on this. If after four to six months of HRT you have not felt the benefits of the HRT it may help to try a different type.

How do I take the medicine?

This depends on the type of HRT you are taking (oestrogen only or combined) and does not always mean tablets. The different types, or 'preparations', of HRT are:

Patches

HRT patches can contain oestrogen, alone or with progestogen. They are applied once or twice a week to any area below the waist. They are effective in relieving both short-term symptoms and, if taken for longer, the long-term complications of the menopause.

HRT tablets

A wide range of tablets are available, and they are taken once a day. They can contain oestrogen or a combination of oestrogen and progesterone. They are effective in relieving both short-term symptoms and, if taken for longer, the long-term complications of the menopause.

HRT gel

Oestrogen is also available in the form of a gel. It is applied once a day to a clean, dry, unbroken area of skin, usually on the upper arm, shoulder or inner thigh. It is rubbed in and takes a few minutes to dry. The gel is clear and non-greasy. If you have a womb then you will also need to have progesterone to protect the womb lining. This can be in the form of either tablets or Intra Uterine System (IUS) Mirena (there is a separate leaflet about IUS, please ask if you would like a copy).

Vaginal oestrogen (local HRT)

Vaginal creams, vaginal tablets, vaginal rings or vaginal pessaries contain a small amount of oestrogen and only work for specific symptoms where they are applied, such as vaginal dryness and urinary symptoms. Local HRT will not improve other symptoms, such as hot flushes, or protect against the longer term effects of the menopause such as osteoporosis. Local HRT does not have the same increased risks as other types of HRT so can be used by most women (see below for more information about risks).

What should I do if I forget to take the medicine?

If you forget to take your HRT do not take the doses that you have forgotten, just take the next dose when you remember.

Are there any side effects?

Many women experience side effects in the first few months of taking HRT. If problems persist after three months of treatment then the type of HRT may be changed. Women react differently to HRT, so there is no one preparation that is better than any of the others. It is often a personal choice as to the type of preparation we try first.

Weight gain: it has been scientifically proven that women gain weight during the menopause, so any weight gain may not be a result of HRT. Your body's fat distribution also changes, with an increase in fat around the waist and less around the hips and buttocks. You can also experience water retention when on HRT. If this happens then it may be worth trying a different preparation of HRT.

Blood pressure: there is no evidence that blood pressure increases with taking HRT in most women. Women are advised to have their blood pressure checked and treated in the usual way.
Bleeding: irregular bleeding in the first few months of taking any form of HRT is quite common and usually settles. Any bleeding after the first six months will need to be investigated with ultrasound scans and possibly a hysteroscopy (where we look inside the womb, through the vagina, using a small telescope at the end of a narrow tube).
Nausea: some women complain of nausea associated with HRT. This can be reduced by taking the HRT tablet at night with food instead of in the morning, or by changing from tablets to another type of HRT.
Skin irritation: this can happen with patches and occasionally gel. Sometimes the patches may fall off.
Other side effects that can occur and normally settle include: breast tenderness and enlargement , leg cramps, bloating, headache, pre-menstrual symptoms, lower abdominal pain, backache, depressed mood, acne/greasy skin.

Are there any risks?
The information leaflets contained in the HRT packages can be misleading. They mainly refer to those women taking HRT after the age of the natural menopause (aged about 50). Younger women who are given HRT after a hysterectomy or because of an early menopause may gain greater benefits than older women. Please see the supporting information provided in the National Prescribing Centre decision aid for additional information and data about the risks of HRT.
Breast cancer
If you are under the age of 50 and taking HRT there is no additional risk of breast cancer, although you still have the same risk as the rest of the population (this is called background risk).
For some time it has been thought that there is a slight increase in breast cancer in women who are on HRT. The latest research confirms this but also finds that breast cancers found in women who take HRT are easier to treat than those in women not on HRT.
Cardiovascular disease and stroke
There are also slightly increased risks of cardiovascular disease and stroke. This is more likely if you are over 60 years old and if HRT was started late into the menopause. Itwas thought that HRT could slightly reduce the risk of heart disease and stroke. There has been conflicting evidence from studies. The dose, type and route of HRT used are important in cardiovascular effect, as is the timing of commencement of therapy.
Deep vein thrombosis (DVT)
There is a risk of developing a DVT (blood clot). This depends on other risk factors, e.g. smoking or your weight, your age and the way that HRT is taken. There is a slight increase in risk in the first year of treatment. It is thought that there is less risk when using skin preparations such as patches and gel. This risk is a lot lower than taking the contraceptive pill or the risk that you may have had in pregnancy.

How long should I take HRT for?
If HRT is being taken solely for the relief of menopausal symptoms, it should be taken for two to three years. To obtain the best benefit in reducing the risk of osteoporosis, HRT needs to be taken for a minimum of five years. For women who have had an early menopause or surgical removal of the ovaries, the time is not counted until they have reached the age of 50 (the average age of the menopause).
All discussions about stopping or decreasing the amount of HRT you take should be had with your healthcare professional. Yearly review of benefits versus risks should be undertaken.

How do I get a repeat prescription?
You can get a repeat prescription from your GP.

Useful sources of information
Daisy Network – a charity supporting those affected by premature menopause
w: www.daisynetwork.org.uk
Women's Health Concern – a charity providing advice and information for women
w: www.womens-health-concern.org
NHS Choices
w: www.nhs.uk/conditions/hormone-replacement-therapy/pages/introduction.aspx
Menopause Matters
w: www.menopausematters.co.uk