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Hormone Replacement Therapy
shortages – what can you do?

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The media has reported recently about problems with HRT supplies, with many unavailable or in short supply. Some reports tell of women sharing supplies with friends, travelling to get their usual medication or accessing products they need from online suppliers – something we would not recommend.

The serious impact of HRT product shortages on women cannot be underestimated. For many it is essential, to help them to manage symptoms, and when they are unable to access HRT, it can have a serious effect on their quality of life.

In this feature we look at the causes and what the alternatives might be, then offer advice on what to do if you can't access your usual medication.

Supply shortages

The reasons behind the shortage are varied and complicated. Long-standing issues of securing sustainable supplies of HRT, combined together with increased demand for products, global chain disruption, and a failure to predict demand, have all contributed to the problem.



What advice is available?

If you can't get hold of your usual HRT prescription, speak to your doctor who should be able to advise you on an alternative, though an exact match may not be possible.

The British Menopause Society (BMS) advises women who are having issues getting hold of popular medications like Oestrogel to consider equivalent alternative HRT preparations, including Sandrena gel (0.5mg or 1mg), Evorel patches, and Lenzetto spray preparations – but stock changes constantly.

The BMS said doctors could also consider prescribing oestrogen and progestogen separately to make the closest match possible.

The BMS website has detailed information on possible alternatives, and although it is aimed at clinical practitioners, it is worth checking to see what the recommended alternatives are for the medication you currently take so you can discuss them with your doctor.

What are the main types of HRT and are there alternative treatments?

There are many different types of HRT medication and it is worth considering some different options as these might be suitable for you. Here is what is available.

The 2 main hormones used in HRT are:

- oestrogen
- progestogen

HRT involves either taking both of these hormones (combined HRT) or just taking oestrogen (oestrogen-only HRT). The latter is only recommended if you have had your womb removed during a hysterectomy.

Hormone Replacement Therapy (HRT)

A treatment used to **restore diminished hormone levels** in women in order to relieve symptoms of an imbalance

TYPES	HOW TO TAKE IT
<ul style="list-style-type: none">○ Implants○ Patches○ Pills and tablets○ Creams, sprays, and gels○ Vaginal rings, suppositories, or creams 	<ul style="list-style-type: none">○ Cyclical combined or continuous combined○ Treatment is personalized 
WHO SHOULD AVOID IT	ALTERNATIVES
<p>Those with a history of:</p> <ul style="list-style-type: none">○ Breast, ovarian, and endometrial cancer○ Unexplained vaginal bleeding○ Blood clots 	<ul style="list-style-type: none">○ Lifestyle changes○ Alternative medicine 

Different ways of taking HRT

Your HRT medication comes in several different forms. A GP will discuss the pros and cons of each option with you before prescribing the most suitable option.

Tablets are the most common form HRT. They are usually taken once a day.

Oestrogen-only and combined HRT are available as tablets. This may be the simplest way of having treatment for some.

There are some risks with HRT tablets, such as blood clots, that are higher than with other forms of HRT (although the overall risk is still small).



Skin patches are another commonly prescribed form of HRT. They attach to your skin and are replaced every few days.

Oestrogen-only and combined HRT patches are available.

Skin patches might be better if you find it inconvenient to take a tablet every day.

Using patches can also help avoid some side effects of HRT, such as indigestion, and unlike tablets, they do not increase your risk of blood clots.

Oestrogen gel is an increasingly popular form of HRT. It's rubbed onto your skin once a day.

Like skin patches, gel can be a convenient way of taking HRT and does not increase your risk of blood clots.

But if you still have your womb, you'll need to take some form of progestogen separately too, to reduce your risk of womb cancer.

HRT Implants are small pellet-like implants that are inserted under your skin (usually in the tummy area) after your skin has been numbed with local anaesthetic.

The implant releases oestrogen gradually and lasts for several months before needing to be replaced.

If you do not want to worry about taking your treatment every day or every few days this may be suitable. But if you still have your womb, you'll need to take progestogen separately too.

If you're taking a different form of oestrogen and need to take progestogen alongside it, another implant option is the intrauterine system (IUS), sometimes known as a coil. An IUS releases a progestogen hormone into the womb. It can stay in place for 3 to 5 years and also acts as a contraceptive. A well-known version is the Mirena.

Vaginal oestrogen cream can be a pessary, a ring, or ointment that is placed or inserted inside your vagina.

This can help relieve vaginal dryness, and help with urinary issues but it won't relieve other symptoms such as hot flushes.

It doesn't carry the usual risks of HRT or increase your risk of breast cancer, so you can use it without taking progestogen, even if you still have a womb.

Testosterone is available as a gel that you rub onto your skin. It is not currently licensed for use in women, but it can be prescribed after the menopause by a specialist doctor to help with low sex drive (libido). A doctor will provide more information on testosterone products.

Testosterone is usually only recommended for women whose libido does not improve after using HRT. It is used alongside another type of HRT.

Testosterone side effects can be acne and unwanted hair growth.

What's being done to resolve the current shortages?

There is a three-month maximum prescription limit on the most popular HRT products to try and even out distribution and demand.

It is applied to popular medications; Oestrogel, Ovestin cream and Premique Low Dose.

Depending on the situation this will be extended or revoked. The government has also created an 'HRT Taskforce' to look at shoring up supplies in both the short and long-term.

Other longer-term solutions are being considered.



How pharmacies can help

The HRT taskforce announced that pharmacists are able to offer alternative hormone replacement therapy products if the original prescription was out of stock. Pharmacists can amend prescriptions to provide a suitable alternative, as currently patients or pharmacists have to go back to the GP to get a different prescription.

The advice on substitutions has been drawn up by experts and women can be confident they will receive what's appropriate for them. A pharmacist can advise women who have concerns about their HRT medicines.

Pharmacy stock will fluctuate due to shortages and the hunt for available alternatives. Switching to an alternative isn't always plain sailing, either, with a degree of trial and error to find which type of treatment works best. But it is better than nothing at all and there are many alternative options available.

Complementary HRT medicine

These include herbal supplements and lifestyle changes to try, but evidence for these is mixed and is unlikely to have the same effect if you're taking prescribed HRT medication.

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How can the Lancashire Gynaecologist help?

The Lancashire Gynaecologist, Mr Eric Mutema is an expert in women's health and a Consultant Obstetrician and Gynaecologist. If you have concerns about your HRT or would like to consider alternative courses of HRT treatment, Mr Mutema's knowledge of women's healthcare; combined with his excellence in patient-centred care, empathy and consideration for the individual, will reassure you about the best possible HRT alternatives.



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