From the Faculty of Sexual and Reproductive Health guideline on contraception for women aged over 40 years
August 2017 and updated November 2017

FSRH

7 Can Hormone Replacement Therapy be Used Alongside or In Place of Contraception?

D	Women using sequential hormone replacement therapy (HRT) should be advised not to rely on this for contraception.
D	Women may use a Mirena levonorgestrel intrauterine system (LNG-IUS) with estrogen for up to 5 years for endometrial protection as part of an HRT regimen. Women using Mirena for this purpose must have the device changed every 5 years.
✓	At the present time, POP, IMP and DMPA are not licensed for and cannot be recommended as endometrial protection with estrogen-only HRT.
✓	All progestogen-only methods of contraception are safe to use as contraception alongside sequential HRT.
✓	CHC can be used in eligible women under 50 as an alternative to HRT for relief of menopausal symptoms and prevention of loss of BMD.

From the Faculty of Sexual and Reproductive Health guidance on contraception August 2017
Contraceptive options in conjunction with HRT

Table 9: Contraceptive options in conjunction with hormone replacement therapy (HRT)

Contraceptive method	Safety with HRT	Role in HRT	
		Women aged <50	Women aged ≥50
Levonorgestrel intrauterine system (LNG-IUS)	Safe to use as contraception alongside estrogen of choice.	Mirena® is licensed for endometrial protection when combined with estrogen. It is currently the only LNG-IUS approved for this purpose. It may be used up to 5 years for endometrial protection and needs to be replaced regularly when used for this purpose, regardless of age at insertion.	
Progestogen-only injectable (DMPA)	Safe to use as contraception alongside sequential HRT but consider change to lower-dose progestogen-only method.	Highly likely to be effective for endometrial protection with estrogen as part of HRT but cannot be recommended as unlicensed for this indication.	
Progestogen-only implant (IMP)	Safe to use as contraception alongside sequential HRT.	Cannot be recommended at the present time for endometrial protection as part of HRT as no evidence to support efficacy.	
Progestogen-only pill (POP)	Safe to use as contraception alongside sequential HRT.	Cannot be recommended at the present time for endometrial protection as part of HRT as no evidence to support efficacy.	
Combined hormonal contraception (CHC)	Do not use in combination with HRT.	Can be used in eligible women <50 as an alternative to HRT.	Women should be advised to switch to a progestogen-only method of contraception at age 50; see above for alternative options as they relate to HRT.

From the Cochrane review on Hormone therapy in postmenopausal women and risk of endometrial hyperplasia

Susan Furness

15 August 2012

Continuous HRT lowest 'safe' dose of progestogen

Table 4. Continuous HT - the lowest 'safe' dose: minimum progestogen doses for various types and doses of estrogen compared to placebo

	Estrogen dose	P Dose	RCT evidence	Events E+P	Events placebo	OR (95% CI)	Duration	Allocation concealmer
Low-dose estrogen	5 µg EE	1 mg NETA	CHART 1996; Portman 2003	0/257	1/198	0.13 (0.00, 6.48)	1 year	Adequate; Adequate
	5 µg EE	1 mg NETA	CHART 1996	0/130	1/59	0.04 (0.00 to 2.79)	2 years	Adequate
	0.3-0.45 mg CEE	1.5 mg MPA	HOPE 2001	0/144	0/61	not estimable	2 years	Adequate
	1 mg E2	1 mg DSP	Warming 2004	0/39	0/47	not estimable	2 years	Adequate
	1 mg E2	25 µg gestodene	Byrjalsen 1999	0/34	0/43	not estimable	2 years	Unclear
Moderate-dose estrogen	10 µg EE	1 mg NETA	CHART 1996	0/65	1/59	0.12 (0.00 to 6.19)	2 years	Adequate
	2 mg E2	1 mg NETA	Byrjalsen 2000; Greenwald 2005; Obel 1993	0/117	1/118	0.14 (0.00 to 6.82)	2 years	Adequate; Unclear; Unclear
	0.625 mg CEE	2.5 mg MPA	PEPI 1995; HOPE 2001	1/182	0/180	7.33 (0.15 to 369.31)	2 years	Adequate; Adequate
	0.625 mg CEE	2.5 mg MPA	PEPI 1995; OPAL 2006	1/356	2/360	0.51 (0.05 to 4.91)	3 years	Adequate: Adequate

Table 5. Sequential HT - the lowest 'safe' dose of progestogen for various doses and types of estrogen compared to placebo

	Estrogen dose	Progestogen dose	RCT evidence	Events E+P	Events placebo	OR (95% CI)	Duration	Allocat concea
Low-dose estrogen	0.25 mg E2	100 mg progesterone (15 days/6 months)	Prestwood 2003	1/51	1/57	1.12 (0.07 to 18.20)	3 years	Adequ
	1 mg E2	5 mg DYG (14 days/month)	Ferenczy 2002	0/100	0/63	not estimable	2 years	Unclea
	1 mg E2	25 µg gestodene (12 days/month)	Byrjalsen 1999	0/34	0/43	not estimable	2 years	Unclea
	0.75 mg POS	0.35 mg NETA (intermittent)**	Byrjalsen 2000	0/32	0/25	not estimable	2 years	Adequ
Moderate-dose estrogen	1.5 mg E2	150 µg DG (14 days/month)	Byrjalsen 1992	0/20	0/18	not estimable	2 years	Unclea
	1.5 mg POS***	0.7 mg NETA (intermittent)**	Byrjalsen 2000	0/26	0/25	not estimable	2 years	Adequ
	0.625 mg CEE	200 mg progesterone (12 days/month)	PEPI 1995	6/120	2/119	2.83 (0.69 to 11.54)	3 years	Adequ
	2 mg E2	1 mg NETA (10 days/month)	Obel 1993	0/45	0/45	not estimable	2 years	Unclea
	2 mg E2	10 mg DYG (14 days/month)	Ferenczy 2002	0/88	0/63	not estimable	2 years	Unclea
	2 mg E2	25 µg gestodene (12 days/month)	Byrjalsen 1999	0/27	0/43	not estimable	2 years	Unclea
High-dose estrogen	2 mg EV	10 mg MPA (10 days/month)	Heikkinen 1997; Byrjalsen 1992	3/41	1/43	3.19 (0.42 to 24.21)	2 years	Unclea Unclea
	2 mg EV	10 mg MPA (14 days/6 months)-long cycle	Heikkinen 1997	0/21	1/25	0.16 (0.00 to 8.12)	2 years	Unclea

3 days E+P followed by 3 days estrogen only, repeated * Piperazine estrone sulphate