Centre for Sustainable Delivery

NHS SCOTLAND

Modernising Patient Pathways Programme

Integrated Referral Care Pathway – Post-Menopausal Bleeding

December 2025

Review date: December 2028

Background

There has been significant increase in referrals for post-menopausal bleeding (PMB) over the last few years, this is due to the increased use of Hormone Replacement Therapy (HRT). PMB is referred via the urgent suspected cancer pathway as there is a 10% risk of endometrial cancer associated with PMB where HRT is not a factor. Use of HRT can cause unscheduled bleeding. The risk of cancer in those with HRT associated PMB is significantly lower as evident from literature and shown by audit data from various Health Boards.

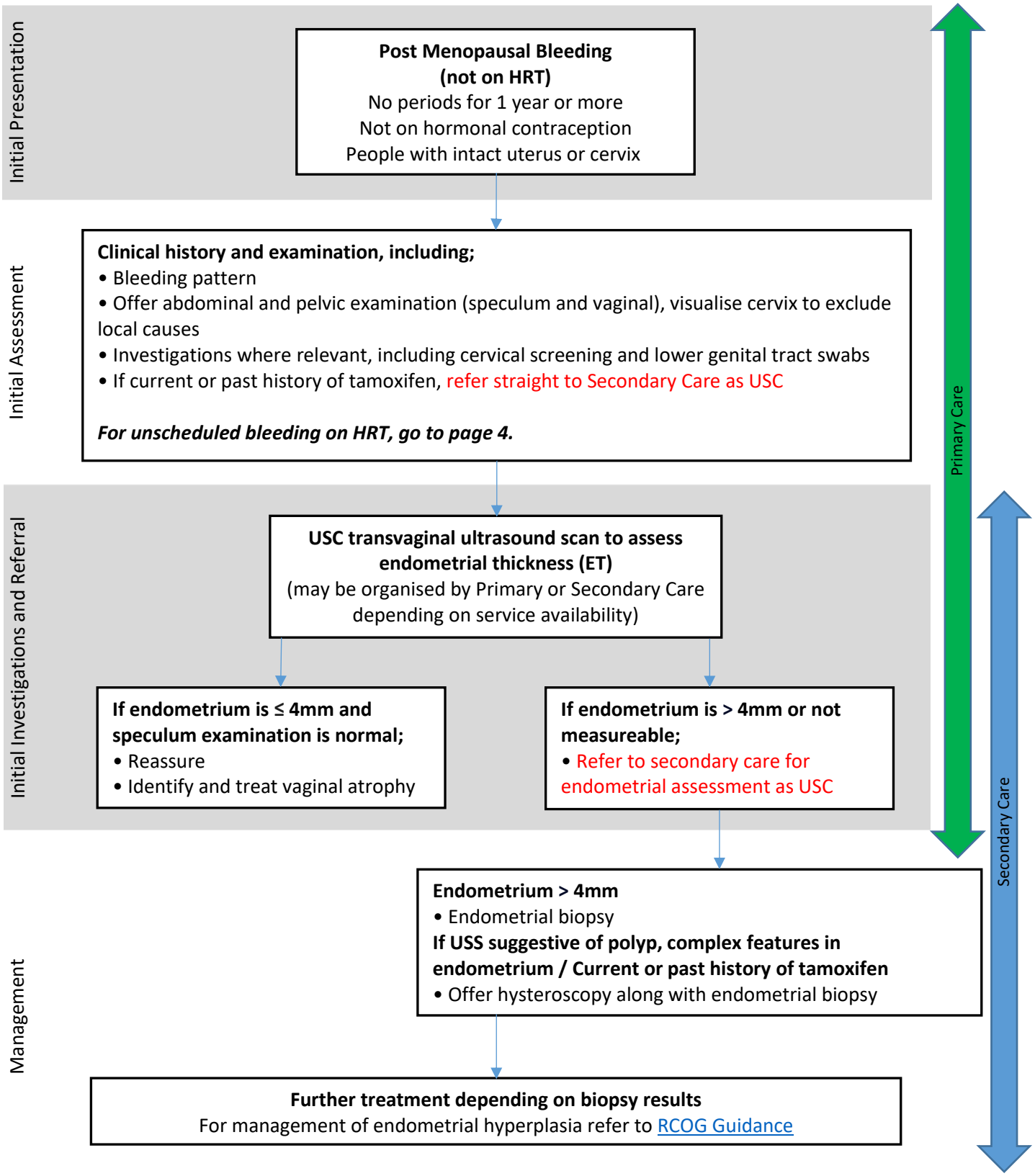
Unscheduled bleeding on HRT as a reason for an urgent suspicion of cancer referral has been removed from the Scottish Referral Guidelines for Suspected Cancer except in instances when the patient has risk factors for endometrial cancer.

This document proposes two distinct pathways;

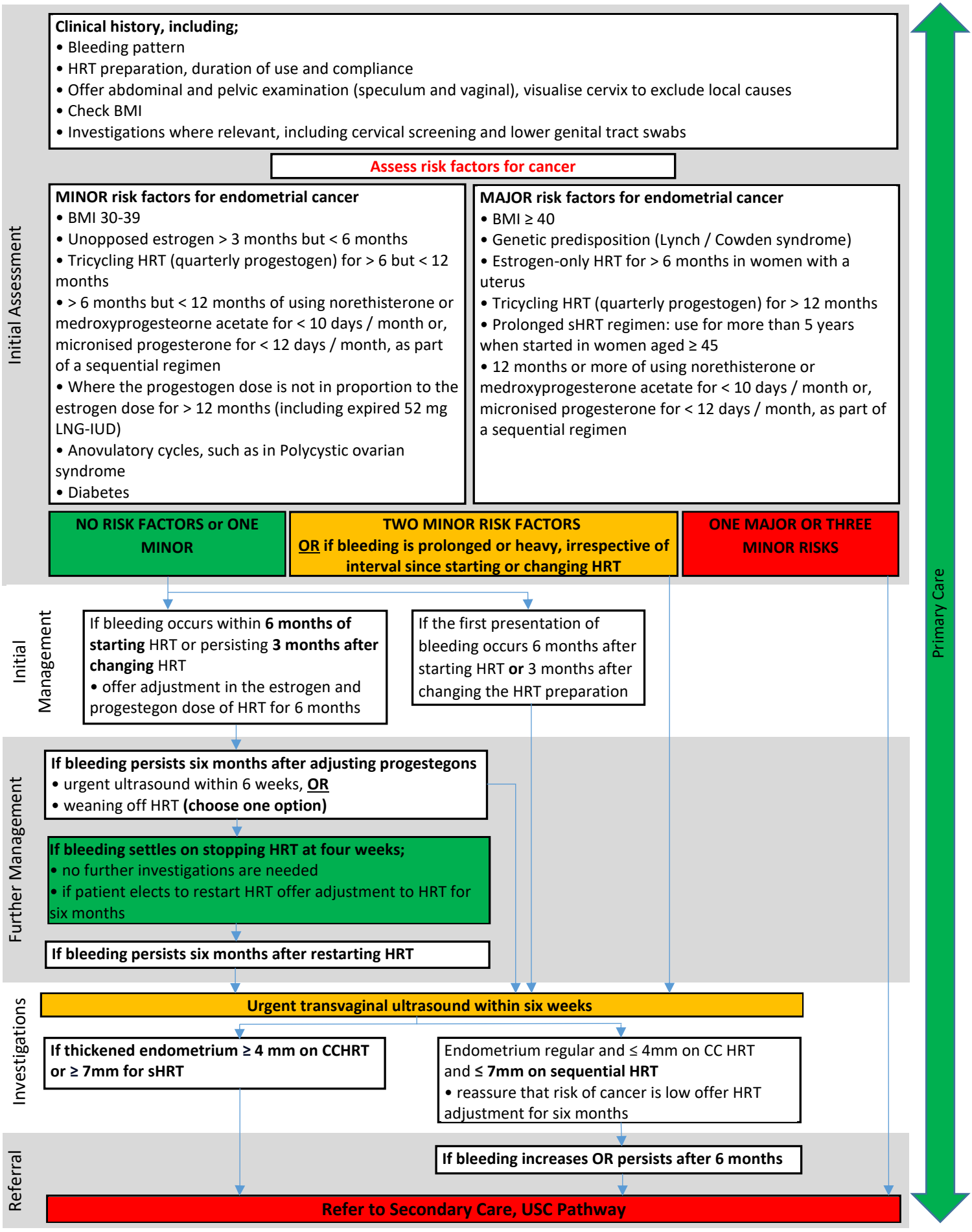
1. Patients with PMB not associated with HRT (with intact uterus) should receive a USC ultrasound.
2. Patients with PMB who are on HRT, should be managed according to Red, Amber, Green risk stratifications as laid out in pathway below.

Pathway recommendations

Post-Menopausal Bleeding – Urgent Suspected Cancer (USC) Pathway
(for patients NOT on Hormone Replacement Therapy (HRT), with intact uterus)



Management of Unscheduled Bleeding on Hormone Replacement Therapy (HRT) in Women with Intact Uterus (includes peri and post-menopausal women)



Adjusting HRT to reduce unscheduled bleeding episodes

- Assess adherence and understanding of how to use the prescribed preparation including dose and duration of progestogen – for example, would a combined patch or pill reduce administration errors when compared to a separate estrogen and progestogen component?

- Offer all women a 52mg LNG-IUD; this preparation reduces episodes of unscheduled bleeding when compared to all other preparations.

- Oral preparations provide higher rates of amenorrhoea when compared to transdermal preparations and could be offered, if there are no risk factors for thrombosis, as:

    a) a first-line therapy OR
    b) to women who have recurrent unscheduled bleeding with transdermal preparations.

- Offer vaginal estrogens if there are atrophic findings on examination.

Prescribed estrogen doses for ultra-low, low, standard, moderate and high dose regimens[1]

	Ultra-low dose	Low Dose	Standard dose	Moderate dose	High dose
Oestrogel	½ pump	1 pump	2 pumps	3 pumps	4 pumps
Sandrena	0.25 mg	0.5 mg	1 mg	1.5-2 mg	3 mg*
Lenzetto spray	1 spray	2 sprays	3 sprays	4-5 sprays*	6 sprays*
Patch	12.5 µg	25 µg	50 µg	75 µg	100 µg
Oral estradiol	0.5 mg	1 mg	2 mg	3 mg^	4 mg^

* Off-license use
mg = milligrams
^ Off-license use – rarely required to achieve symptom control
µg = micrograms

Progestogen dose per licensed estrogen dose in the baseline population*

Estrogen dose	Micronised Progesterone		Medroxy progesterone		Norethisterone		LNG-IUD (52mg)
	continuous	sequential	continuous	sequential	continuous	sequential	
Ultra/Low	100 mg	200 mg	2.5 mg	10 mg	5 mg*	5 mg*	One – for up to 5 years of use
Standard	100 mg	200 mg	2.5-5 mg	10 mg	5 mg*	5 mg*	
Moderate	100 mg	200 mg	5 mg	10 mg	5 mg	5 mg	
High	200 mg	300 mg	10 mg^	20 mg^	5 mg	5 mg	

* 1 mg provides endometrial protection for ultra-low to standard dose estrogen but the lowest stand-alone dose currently available in the UK is 5 mg (off-license use of three noriday POP i.e 1.05 mg, could be considered if 5 mg is not tolerated).
^ There is limited evidence in relation to optimal MPA dose with high dose estrogen; the advised dose is based on studies reporting 10 mg providing protection with up to moderate dose estrogen.

[1] ***Management of unscheduled bleeding on hormone replacement therapy*** *- British Menopause Society*

References and further resources

Management of unscheduled bleeding on hormone replacement therapy - British Menopause Society

Full guidance https://thebms.org.uk/wp-content/uploads/2024/12/01-BMS-GUIDELINE-Management-of-unscheduled-bleeding-HRT-NOVEMBER2024-A.pdf

Short version https://thebms.org.uk/publications/bms-guidelines/management-of-unscheduled-bleeding-on-hormone-replacement-therapy-hrt/

Management of Endometrial Hyperplasia - RCOG Guidance www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/management-of-endometrial-hyperplasia-green-top-guideline-no-67/

GLOSSARY

PMB – Post Menopausal Bleeding

HRT – Hormone Replacement Therapy

sHRT – Sequential Hormone Replacement Therapy

CCHRT – Continuous Combined Hormone Replacement Therapy

USC – Urgent Suspicion of Cancer

ET – Endometrial Thickness

USS – Ultrasound Scan

BMI – Body Mass Index

LNG-IUD – Levonorgesterel Intrauterine Device

If you have any feedback, please contact: gjnh.cfsdpmo@gjnh.scot.nhs.uk

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