Individualisation of Menopausal Hormone Therapy and Its Impact on Long-term Health

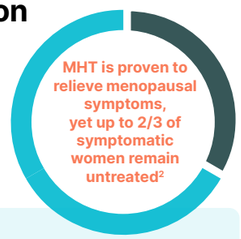
Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk or search for MHRA yellowcard in the Google Play or Apple App store. Adverse events should also be reported to Theramex on medinfo.uk@theramex.com or Tel: +44 (0)333 0096795

This promotional infographic is intended for healthcare professionals and summarises a Theramex-sponsored promotional symposium held as part of the 15th European Menopause and Andropause Society (EMAS) Congress in Valencia, Spain, from 14th–16th May 2025.

The Purpose of MHT & Individualisation

MHT is the most effective treatment for the management of oestrogen deficiency symptoms and has been shown to prevent bone loss and fracture[1]

- Individualisation is essential – the choice of MHT should be tailored to each woman's needs.[3]



Menopause Treatment Tool: is an internationally developed, content-validated decision aid, available in separate versions for clinicians and women, designed to support structured menopause consultations.[4]

Evidence from the study indicates that use of the MTT is associated with more structured discussions between clinicians and women, supporting coverage of key symptoms, risks and considerations relevant to treatment discussions.[4]

The development of the MTT was funded by Theramex and included input from Theramex employees and consultants individualised care and prescribing decisions.[4]

The Role of Progestogen in MHT

For women with an intact uterus eligible for MHT, options include oral or transdermal fixed-dose oestrogen–progestogen combinations, or oestrogen (oral or transdermal) combined with a separate progestogen or an intrauterine system.[5,6]

In women with an intact uterus, the progestogen component is essential to counteract estrogen-induced endometrial stimulation and to help maintain endometrial protection[7,8]

Micronised progesterone *(body identical)*[11]	Progestins *(synthetic)*[12,13]

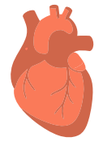
Different progestogen options are available, including body-identical micronised progesterone[4] and synthetic progestins[9,10], which are administered in combination with oestrogen.[11]

Progestogens show differing binding affinities for steroid receptors, including progesterone, androgen, glucocorticoid and mineralocorticoid receptors, reflecting differences in their pharmacological profiles[11]

Overall MHT tolerability is influenced by both the oestrogen and progestogen components.

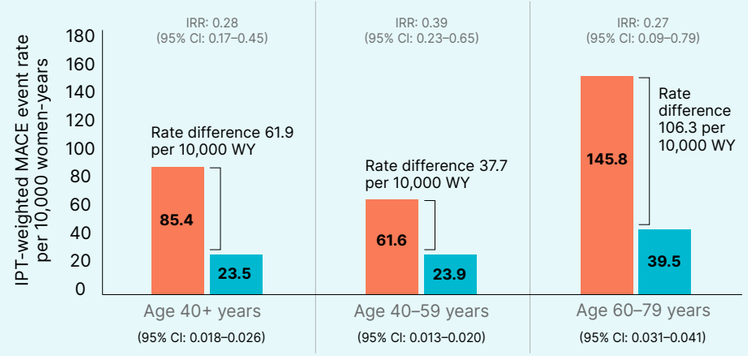
While the oestrogen component is most commonly estradiol, the progestogen component varies between HRT options and is associated with progestogen-related adverse effects.[1,3,9]

MHT and Cardiovascular Health



Real-world evidence on cardiovascular outcomes with MHT
A Theramex-sponsored retrospective, non-interventional analysis of US insurance claims data evaluated major adverse cardiovascular events (MACE) in women aged ≥40 years initiating oral fixed-dose of E2/P4 (n=6,520) or CEE/MPA (n=29,426), with mean follow-up of 1.2 and 1.4 years, respectively.[14]

Results from Retrospective Observational Study on Major Adverse Cardiac Events Incidence in Women Treated with Bijuva vs CEE/MPA



Adapted from Stevenson et al, 2025.[14]

Key findings (real-world analysis)[14]

- Lower IPT-weighted MACE rates observed with E2/P4 cohort vs CEE/MPA cohort
- Largest absolute difference observed in women aged 60–79 years

Limitations[14]

- Results represent exploratory, hypothesis-generating endpoints.
- Real-world evidence is observational and subject to confounding.
- No head-to-head randomised studies are available.
- Experience in women aged >65 years in randomised clinical trials is limited.
- Not all MACE events may be captured in the database; data on some risk factors (e.g. smoking, alcohol use, BMI) were not available.

Important safety information:[15]
Bijuva® is contraindicated in patients with active or recent arterial thromboembolic disease (e.g. angina, myocardial infarction). There is no evidence from randomised controlled trials of protection against myocardial infarction in women with or without existing CAD who received combined estrogen-progestogen or estrogen-only MHT. For detailed information check SPC

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Abbreviations

ARR: absolute risk reduction; CAD: coronary artery disease
CEE: conjugated equine oestrogens; E2/P4: oestradiol/progesterone; HCP: healthcare professionals; HR: hazard ratio; IPT: inverse probability of treatment; IRR: incidence rate ratio; KM: Kaplan-Meier; MACE: major cardiovascular events; MHT: menopausal hormone therapy; MTT: Menopause Treatment Tool; MPA: medroxyprogesterone acetate; RCT: randomised controlled trial; RWE: real-word evidence; WHI: Women's Health Initiative; WY: women-years.