

Drug Information Table

Estrogen/Progesterone HRT – conjugated estrogen and medroxyprogesterone acetate (Prempro), transdermal (CombiPatch)

Therapeutic Use	Administration	
<ul style="list-style-type: none"> Relief of postmenopausal symptoms (vasomotor), and vulvar and vaginal atrophy Prevention of postmenopausal osteoporosis 	<p>Oral:</p> <ul style="list-style-type: none"> Take according to the precise dosing schedule, typically continuously to avoid monthly bleeding. Take pills at the same time each day. <p>Transdermal:</p> <ul style="list-style-type: none"> Apply patches at the recommended interval, typically every 3 to 4 days. Apply to clean, dry, intact skin on the abdomen or trunk (not breasts or waistline) and press firmly for 10 seconds. Do not use the same site more than once per week. 	
Side/Adverse Effects	Interventions	Patient Instructions
<ul style="list-style-type: none"> Thromboembolism — Even greater risk with addition of progesterone than with estrogen alone 	<ul style="list-style-type: none"> Monitor for and report any indications of deep-vein thrombosis, pulmonary embolism, myocardial infarction, and cerebrovascular accident. Encourage patients who smoke to quit smoking. Plan for temporary use of HRT (3 to 4 years) for vasomotor symptoms. 	<ul style="list-style-type: none"> Report leg or chest pain, leg edema, sudden change in vision, severe headache, or shortness of breath. Do not smoke. Stop taking at least 4 weeks before any surgery that increases the risk of thromboembolic events. Exercise regularly and follow a healthy, low-fat diet.
<ul style="list-style-type: none"> Nausea 	<ul style="list-style-type: none"> Inform patients that this effect diminishes with time. 	<ul style="list-style-type: none"> Take oral forms with food. Take pill or apply transdermal patch at bedtime.
<ul style="list-style-type: none"> Hypertension 	<ul style="list-style-type: none"> Monitor blood pressure. 	<ul style="list-style-type: none"> Obtain regular blood pressure checks.
<ul style="list-style-type: none"> Breast cancer 	<ul style="list-style-type: none"> Recommend mammograms and breast examinations at appropriate intervals. Discontinue the drug for any indications of breast cancer. 	<ul style="list-style-type: none"> Perform self-breast examination every month. Obtain a mammogram and breast examination at the recommended intervals.
<ul style="list-style-type: none"> Breakthrough bleeding and other menstrual irregularities 	<ul style="list-style-type: none"> Monitor the pattern and amount of any reported bleeding. 	<ul style="list-style-type: none"> Report vaginal bleeding or spotting to the provider.
<ul style="list-style-type: none"> Edema 	<ul style="list-style-type: none"> Monitor for edema and weight gain 	<ul style="list-style-type: none"> Advise patient to report edema to provider.
Contraindications	Precautions	Interactions
<ul style="list-style-type: none"> History of or other risk for thromboembolic events Suspected or confirmed breast, vaginal, cervical, or endometrial cancer Liver disease Undiagnosed vaginal bleeding 	<ul style="list-style-type: none"> Hypertension Gall bladder disease Diabetes mellitus Heart disease Migraines Kidney dysfunction 	<ul style="list-style-type: none"> Rifampin (Rifadin), ritonavir (Norvir), phenobarbital, carbamazepine (Tegretol), primidone (Mysoline), phenytoin (Dilantin), and St. John's wort can reduce the effectiveness of hormone replacement therapy. Hormone replacement therapy can reduce the effects of warfarin (Coumadin) and hypoglycemic drugs. Hormone replacement therapy can increase levels of theophylline (Theo-24), diazepam (Valium), chlordiazepoxide (Librium), and tricyclic antidepressants. Ketoconazole may increase the adverse effects of progesterone.