**Drug Information Table**

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

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Administration</th>
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| • Relief of postmenopausal symptoms (vasomotor), and vulvar and vaginal atrophy | Oral:  
• Take according to the precise dosing schedule, typically continuously to avoid monthly bleeding.  
• Take pills at the same time each day.  
Transdermal:  
• 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. |
| • Prevention of postmenopausal osteoporosis |  |

<table>
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<tr>
<th>Side/Adverse Effects</th>
<th>Interventions</th>
<th>Patient Instructions</th>
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| • Thromboembolism — Even greater risk with addition of progesterone than with estrogen alone | • 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. | • 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. |
| • Nausea | • Inform patients that this effect diminishes with time. | • Take oral forms with food.  
• Take pill or apply transdermal patch at bedtime. |
| • Hypertension | • Monitor blood pressure. | • Obtain regular blood pressure checks. |
| • Breast cancer | • Recommend mammograms and breast examinations at appropriate intervals.  
• Discontinue the drug for any indications of breast cancer. | • Perform self-breast examination every month.  
• Obtain a mammogram and breast examination at the recommended intervals. |
| • Breakthrough bleeding and other menstrual irregularities | • Monitor the pattern and amount of any reported bleeding. | • Report vaginal bleeding or spotting to the provider. |
| • Edema | • Monitor for edema and weight gain | • Advise patient to report edema to provider. |

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<tr>
<th>Contraindications</th>
<th>Precautions</th>
<th>Interactions</th>
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| • History of or other risk for thromboembolic events | • Hypertension  
• Gall bladder disease  
• Diabetes mellitus  
• Heart disease  
• Migraines  
• Kidney dysfunction | • 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. |
| • Suspected or confirmed breast, vaginal, cervical, or endometrial cancer | • Liver disease  
• Undiagnosed vaginal bleeding | • Hypertension  
• Gall bladder disease  
• Diabetes mellitus  
• Heart disease  
• Migraines  
• Kidney dysfunction |