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OESTROGEN PATCHES

Oestrogen patches are one of the safest forms of HRT. For example, they do not have any effect on clotting risk (eg. DVT or pulmonary embolism) and so are safer than oral oestradiol for women at risk of thrombosis. There have been tremendous supply problems with oestrogen patches which has caused much confusion amongst doctors, chemists and patients.

The 4th generation patches are called "Estradot" and represent the smallest of the patches. These have been in short supply, however, 3rd generation patches such as Climara (used once a week) and Estraderm MX (used twice a week) are still available.

Basically, all three patches, Estradot, Climara and Estraderm, can be used interchangeably and all of them can be cut. The Climara and Estraderm are larger patches than Estradot but work in a similar way. For example, if you have been prescribed Estradot $50\mu g$ patches, then Climara $50\mu g$ or Estraderm $50\mu g$ may be substituted. Otherwise, a $100\mu g$ patch of any of the three can be used and cut in half. That is equivalent to a $50\mu g$ patch.

An alternative transdermal therapy is EstroGel. One application is equivalent to $25\mu g$ patch and two applications $50\mu g$ patch.

If your doctor has prescribed an Estradot 50µg patch, then the Climara 50µg and Estraderm 50µg can be substituted without the need for a new prescription. This system is similar to the use of a generic. For example, if your GP gives you a script for Amoxil 250mg, then the chemist often offers the patient the generic amoxycillin 250mg without the need for a new prescription.

In summary, Estradot currently represents the best of transdermal therapy but because of ongoing supply problems, you may need to use Estraderm or Climara patches for the foreseeable future. Otherwise, EstroGel is an alternative.

Yours sincerely,

PROF JOHN EDEN