MHT Dosing*

	Low dose	Mid-range dose	Highest dose#
CEE	0.3 - 0.45 mg	0.625 mg	1.25 mg
17β estradiol	0.5 mg	1.0 mg	1.5 - 2.0 mg
Estradiol valerate	0.5 mg	1.0 mg	2.0 mg
Estriol	1.0 - 2.0 mg		
Transdermal estradiol patch	25 - 37.5 mcg	50 mcg	75 - 100 mcg
Estradiol gel	0.5 mg	1.0 mg	1.5 mg
Estradiol hemihydrate gel	0.75 mg (1 pump)	1.5 mg (2 pumps)	2.25 - 3.0 mg (3-4 pumps)
Estradiol hemihydrate skin spray	1.53 mg (1 spray)	3.06 mg (2 sprays)	4.50 mg (3 sprays)

Sequential P – daily dose for 12-14 days per month for endometrial protection:

	With Low dose E	With mid to highest dose E
Dydrogesterone (oral)	5 mg	10 mg
Micronized progesterone (oral)	200 mg (efficacy of lower dose not established)	200 mg
Medroxyprogesterone acetate (oral)	5 mg	5 - 10 mg
Norethisterone acetate (oral)	1.25 mg-2.5mg	2.5-5mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.140 - 0.250mg / day

Continuous P – daily dose for endometrial protection:

	Low dose E	With mid to highest dose E
Dydrogesterone (oral)	2.5 - 5 mg	5 - 10 mg
Drospirenone (oral)	2.0 mg	
Micronized progesterone (oral)^	100 mg	100 mg for mid dose E; (however, this dose may not always provide sufficient endometrial protection with highest dose E)
Medroxyprogesterone acetate (oral)	2.5 mg	2.5 - 5 mg
Norethisterone acetate (oral)	0.1mg with 0.5mg estradiol 0.5 mg with 1.0 mg estradiol	1.0 mg - 2.5 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.140-0.250mg/day
Levonorgestrel (with estradiol) patch		releases 0.015mg/day
LNG-IUD	Device initially releasing 20 mcg/day	

Other options:

Tibolone	1.25 - 2.5 mg/day
CEE + bazedoxifene	0.45 + 20 mg/day

* Availability of hormonal/non hormonal treatment and indications for use from regulatory bodies vary between countries; #"highest dose" refers to the highest approved prescription doses; ^ is occasionally prescribed to be use vaginally off-label.

MHT Dosing for vaginal symptoms

Inserts	Estradiol vaginal tablet	0.01 mg	Nightly for 2 weeks then 2-3 x/week
	Estriol	0.5 mg	Nightly for 3 weeks then 2 x/week
	Prasterone (DHEA)	6.5 mg	Nightly
Creams	Estradiol 0.01% cream	0.1 mg estradiol/g	2- 4 g daily for 1-2 weeks, then 1 g, 1-2 x/week
	Estriol	0.5 mg	Nightly for 3 weeks, then 2 x/week
	CEE 0.625mg/g	0.625 mg/g	Cyclic use of 0.5 - 2 g intravaginally, daily for 21 days then off for 7 days
Gel	Estriol	0.050/g	Nightly for 3 weeks then 2 x/week
Vaginal Ring	Estradiol 2 mg	.0075 mg/day	3 monthly
	Estradiol acetate 12.5 mg, 24.8 mg	0.05, 0.1 mg/day	3 monthly
Oral	Ospemifene tab	60 mg daily	daily

Evidence-based Non-Hormonal Treatments for vasomotor symptoms

SSRI or SSRI/SNRI–low dose	Generally effective daily doses: venlafaxine 75mg, desvenlafaxine 100mg, citalopram 20mg, paroxetine 7.5*-20mg, escitalopram 10-20mg/day
Fezolinetant*	45 mg daily
Clonidine*	25 to 100 mcg daily
Oxybutynin	2.5mg-5mg bd (oral); the dose of transdermal patch for VMS not established
Gabapentin	Start 100mg nocte up to 900mg/day#
Hypnosis	
Cognitive behaviour therapy	
Weight loss for women with obesity	
Stellate ganglion blockade – for treatment resistant VMS; requires expertise	

* has regulatory approval for VMS in some countries # higher doses can be used but side effects more likely

Availability of hormonal/non hormonal treatment and indications for use from regulatory bodies vary between countries