Management algorithm for premature ovarian insufficiency (POI)

Evaluation for treatment and complication screening

### History and examination
- Cause of POI
- Symptoms
- Sexual function
- Osteoporosis risk factors
- CVD risk factors
- Psychological risk factors
- Fertility
- Pre-existing medical condition
- BP/weight/height

### Investigations
- Renal function
- Liver function
- Bone: Bone density, Vitamin D
- CVD: Lipid profile, Fasting plasma glucose or HbA1c

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**Lifestyle management**
- Cease smoking
- Regular exercise
- Maintain healthy weight
- Diet
- Adequate Calcium intake
- Adequate Vitamin D
- Reduce alcohol intake

**Psychological**
- Counselling
- Refer to psychologist/psychiatrist
- Refer to support group

**MHT**
- Discuss benefits/risks
- Individualize according to patient preference and comorbidities

**Fertility**
- Refer to specialist

**Bone health/CVD**
- Manage risk factors
- Refer to specialist if bone loss or fracture/CVD

**Contraindicated**
- (eg. oestrogen dependant cancers)

**Non-hormonal treatments for VMS**
- SSRI
- SNRI
- Gabapentin/Pregabalin
- Clonidine
- (Evidence for older women only)

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**Contraception required?**
- NO
- YES

**Continuous combined MHT**
- YES

**Cyclical combined MHT**
- YES

**Combined OCP**
- YES

**LNG IUS + Oestradiol**
- Transdermal or oral

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**Additional notes**
- Usual contraindications to OCP apply
- 17β-E is preferred to EE/CEE
- Higher dose may be required (eg. transdermal E, 75–100 μg oral E >2mg/d)
- Cyclical combined MHT is preferred (no longer than 12 weeks)
- Vaginal oestrogen if persisting urogenital disease reactivation
- Consider short-term use of testosterone patches/creams for sexual function (lack of evidence on long-term effects)
- Insufficient evidence to recommend herbal therapies/complementary medicine

**MHT**
- Until the age of natural menopause (Unless contraindicated)
- Annual clinical review to assess MHT risks/benefits (CVD/bone health)
- Mammogram as per national recommendations
- Pap smear as per national recommendations
- Yearly TSH if positive thyroid antibody
- No specific recommendation regarding repeating antibody if initially negative

**Monitoring**
- MHT until the age of natural menopause (Unless contraindicated)
- Annual clinical review to assess MHT risks/benefits (CVD/bone health)
- Mammogram as per national recommendations
- Pap smear as per national recommendations
- Yearly TSH if positive thyroid antibody
- No specific recommendation regarding repeating antibody if initially negative

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**Abbreviations**: CVD, cardiovascular disease; BP, blood pressure; MHT, menopausal hormone therapy; SSRI, selective serotonin reuptake inhibitors; SNRI, serotonin nor-epinephrine reuptake inhibitors; CBT, cognitive behaviour therapy; OCP, oral contraceptive pill; LNG IUS, levonorgestrel intrauterine system; E, oestradiol; EE, ethinyl oestradiol; CEE, conjugated equine oestrogen; VTE, venous thromboembolism; RR BSO, risk reduction bilateral oophorectomy; TSH, thyroid stimulating hormone

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