A Practitioner’s Toolkit for the Management of the Menopause

Developed by the Women’s Health Research Program
School of Public Health and Preventive Medicine
Monash University, 2014

The supporting notes for the Practitioner’s Toolkit for Managing the Menopause are published, with free access, in Climacteric, the journal of the International Menopause Society.

Endorsed by the Australasian Menopause Society, the International Menopause Society and the Jean Hailes Foundation.
A Woman (40 years+) presents with:

**SYMPTOMS**
- Irregular Bleeding
- Anxiety
- Vasomotor
  - Hot flushes
  - Night Sweats
- Recurrent UTI's

**CONCERNS**
- Osteoporosis
- Cardiovascular risk
- Dementia
- Diabetes
- Obesity

**AND/OR**

**Is this Patient Pre/Peri/Postmenopausal?**

When was your last period?

- Less than 3 months ago
  - Regular bleeding
  - Premenopausal

- Less than 12 months ago
  - Irregular bleeding
  - Perimenopausal

- More than 12 months ago

  - Removal of both ovaries?
    - NO
    - YES
      - Age over 56 years?
        - NO
        - YES
          - Postmenopausal

  - On systemic hormonal contraception or MHT?
    - NO
    - YES
      - Removal of uterus, LNG-IUD or endometrial ablation?
        - NO
        - YES
          - P-contraception*
            - YES
              - E+P-contraception
              - MHT
                - Postmenopausal
            - NO
              - Aware of cycle
                - Pre-menopausal
              - Hot flushes or Night sweats
                - Postmenopausal
      - Not aware of cycle
        - ≥51 years
          - Probably Premenopausal
        - Postmenopausal

* diagnosis requires detailed reproductive history.

E+P-Contraception

P-contraception*

Removal of both ovaries?

Age over 56 years?

On systemic hormonal contraception or MHT?
# A Practitioner’s Toolkit For The Menopause

## What do you need to know?

Full assessment required irrespective of presenting reason of the midlife woman

## Medical History

Relevant gynaecological facts:
- Bleeding pattern or LMP
- Past surgery eg hysterectomy/oophorectomy
- Current use of hormonal therapy
- +/- contraceptive needs

Major medical illnesses – consider:
- DVT/PE
- Breast cancer/endometrial cancer
- Thyroid disease
- Cardio/cerebrovascular disease inc HT
- Osteoporosis
- Diabetes
- Depression/anxiety/postnatal depression
- Recurrent UTIs
- Liver disease

Family History:
- Cardio/cerebrovascular disease
- Osteoporosis/fractures
- Dementia
- Cancer
- Smoking/alcohol use
- Current medication inc OTC medications
- Social history

## What to consider

### Premenopause

- Health concerns including family history
- General health/disease management (lifestyle issues such as physical activity, diet, smoking, alcohol, obesity)

### Peri and early menopause

- Contraceptive needs

Management of:
- Menopausal symptoms
- Vulvovaginal atrophy
- Prevention of osteoporosis
- Sexual dysfunction

### Postmenopause <60 yrs or within 10 years of menopause

- Family History
- Smoking/alcohol use
- Current medication inc OTC medications
- Social history

**Investigations**

- **FSH/oestradiol**
  - Rarely needed
  - Of no value in women on systemic hormonal contraception

- **Prog/LH/AMH** levels of no diagnostic value

**Midlife Women (50yrs) health assessment:**
- Pap Smear
- Mammogram
- Lipids
- FBG
- TSH
- Renal and liver function
- FBE/ferritin
- FOBT
- Vit D in at risk women

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*Women’s Health Research Program, Monash University womenshealth.med.monash.edu*
**Menopausal Hormonal Treatment**

**Uterus intact**
- First line management
  - A. Combined Transdermal (E+P) patch
  - B. Transdermal (E) patch or gel plus oral P or LNG-IUD
  - C. Oral E plus oral P or LNG-IUD
  - D. Tibolone
  - E. E plus SERM

**Post hysterectomy**
- First line management
  - A. Transdermal E patch or gel
  - B. Oral E
  - C. Tibolone

**Second line management for persistent symptoms**
- E implant* and P (LNG-IUD or oral P)
  - *Specialist referral
- E implant*
  - *Specialist referral

**Peri Menopausal Treatment**

- E+P contraception
  - Review contraindications to E+P contraception
  - Controls PMS/mastalgia/bleeding
  - Low dose and 17βE preferred

- Oral E and LNG-IUD
  - Eliminates bleeding but not cyclical symptoms

- Continuous E and cyclical P
  - Irregular bleeding occurs
  - Cyclical symptoms
  - May suit some women
# A Practitioner's Toolkit For The Menopause

## MHT Dosing

### Estrogen

<table>
<thead>
<tr>
<th></th>
<th>Low Dose</th>
<th>Moderate dose</th>
<th>High dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEE</td>
<td>0.3 - 0.45 mg/day</td>
<td>0.625 mg/day</td>
<td>1.25 mg/day</td>
</tr>
<tr>
<td>17β estradiol</td>
<td>0.5 - 1.0 mg/day</td>
<td>1.5 - 2 mg/day</td>
<td>2 mg</td>
</tr>
<tr>
<td>Estradiol valerate</td>
<td>0.5 mg/day</td>
<td>1 mg/day</td>
<td>2 mg/day</td>
</tr>
<tr>
<td>Transdermal oestradiol patch</td>
<td>25 - 37.5 mcg/day</td>
<td>50 mcg/day</td>
<td>75 - 100 mcg/day</td>
</tr>
<tr>
<td>Estradiol hemihydrate gel</td>
<td>0.5 mg/day</td>
<td>1.0 mg/day</td>
<td>1.5 mg/day</td>
</tr>
</tbody>
</table>

### Sequential P – daily dose for 14 days per month- lowest “safe” dose with:

<table>
<thead>
<tr>
<th></th>
<th>Low dose E</th>
<th>Moderate to high dose E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dydrogesterone</td>
<td>5 mg</td>
<td>10 mg</td>
</tr>
<tr>
<td>Micronised Progesterone</td>
<td>100 mg</td>
<td>200 mg</td>
</tr>
<tr>
<td>MPA</td>
<td>5 mg</td>
<td>5 - 10 mg</td>
</tr>
<tr>
<td>Norethisterone Acetate (NETA)</td>
<td>1.25 mg</td>
<td>1.25 - 2.5 mg</td>
</tr>
</tbody>
</table>

### Continuous P – daily dose – lowest “safe” dose with:

<table>
<thead>
<tr>
<th></th>
<th>Low dose E</th>
<th>Moderate to high dose E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dydrogesterone</td>
<td>5 mg</td>
<td>5 - 10 mg</td>
</tr>
<tr>
<td>Drospirenone</td>
<td>0.5 mg</td>
<td>—</td>
</tr>
<tr>
<td>Micronized progesterone</td>
<td>100 mg</td>
<td>100 mg</td>
</tr>
<tr>
<td>MPA</td>
<td>2.5 mg</td>
<td>2.5 - 5 mg</td>
</tr>
<tr>
<td>Norethisterone acetate (NETA)</td>
<td>0.5 mg to 1.0 mg</td>
<td>&gt;1.0 mg - 2.5 mg</td>
</tr>
<tr>
<td>LNG-IUD</td>
<td>device releasing 20 mcg / 24 hours</td>
<td></td>
</tr>
</tbody>
</table>

### Tibolone

- Tibolone 2.5 mg daily

### Estrogen and SERM therapy

- CEE 0.45 mg plus Bazedoxifene 20 mg daily

## Evidence Based Non Hormonal Treatment

For vasomotor symptoms

- **SSRI or SSRI/SNRI – low dose** *(also treats menopausal mood disorder)*
  - Venlafaxine 75 mg, desvenlafaxine 50 mg, escitalopram 10 mg, paroxetine 7.5 mg daily.
- **Clonidine**
  - 100 mcg daily
- **Gabapentin**
  - 300 - 900 mg daily
- **Pregabalin**
  - 75 - 150 mg twice a day
- **Hypnosis**
- **Cognitive behaviour therapy**
- **Weight loss for obese women**
- **Stellate ganglion blockade***
  - Severe resistant VMS

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*specialist referral

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[1] – Availability of hormonal/nonhormonal treatment and indications for use from regulatory bodies vary between countries.
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## Review of Treatment

- **Non MHT**
  - NO symptom relief or has side effects
  - 6-8 weeks
  - Symptom relief

- **MHT**
  - NO symptom relief or has side effects
  - 6 months
  - Symptom relief
  - 6-12 monthly review

- **Vaginal E therapy**
  - Change dose OR therapy

- **Recurrence of symptoms**
  - Specialist review

## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMH</td>
<td>Antimullerian hormone</td>
</tr>
<tr>
<td>β</td>
<td>Beta</td>
</tr>
<tr>
<td>CEE</td>
<td>Conjugated equine estrogen</td>
</tr>
<tr>
<td>DVT</td>
<td>Deep vein thrombosis</td>
</tr>
<tr>
<td>E</td>
<td>Estrogen</td>
</tr>
<tr>
<td>FBE</td>
<td>Full blood examination</td>
</tr>
<tr>
<td>FBG</td>
<td>Fasting blood glucose</td>
</tr>
<tr>
<td>FOBT</td>
<td>Faecal occult blood test</td>
</tr>
<tr>
<td>FSH</td>
<td>Follicle stimulating hormone</td>
</tr>
<tr>
<td>HT</td>
<td>Hypertension</td>
</tr>
<tr>
<td>inc</td>
<td>including</td>
</tr>
<tr>
<td>LH</td>
<td>Luteinizing hormone</td>
</tr>
<tr>
<td>LMP</td>
<td>Last menstrual period</td>
</tr>
<tr>
<td>LNG-IUD</td>
<td>levonorgestrel intrauterine device</td>
</tr>
<tr>
<td>MHT</td>
<td>Menopausal hormone therapy</td>
</tr>
<tr>
<td>mcg</td>
<td>microgram</td>
</tr>
<tr>
<td>mg</td>
<td>milligram</td>
</tr>
<tr>
<td>MPA</td>
<td>Medroxyprogesterone acetate</td>
</tr>
<tr>
<td>NETA</td>
<td>Norethisterone acetate</td>
</tr>
<tr>
<td>OCP</td>
<td>Oral contraceptive pill</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the counter</td>
</tr>
<tr>
<td>P</td>
<td>Progestogen</td>
</tr>
<tr>
<td>Prog</td>
<td>Progesterone</td>
</tr>
<tr>
<td>SERM</td>
<td>Selective estrogen receptor modulator</td>
</tr>
<tr>
<td>SNRI</td>
<td>Selective noradrenaline reuptake inhibitor</td>
</tr>
<tr>
<td>SSRI</td>
<td>Selective serotonin reuptake inhibitor</td>
</tr>
<tr>
<td>TSH</td>
<td>Thyroid stimulating hormone</td>
</tr>
<tr>
<td>UTI</td>
<td>Urinary tract infection</td>
</tr>
<tr>
<td>VMS</td>
<td>Vasomotor symptoms</td>
</tr>
<tr>
<td>VTE</td>
<td>Venous thromboembolism</td>
</tr>
</tbody>
</table>

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