



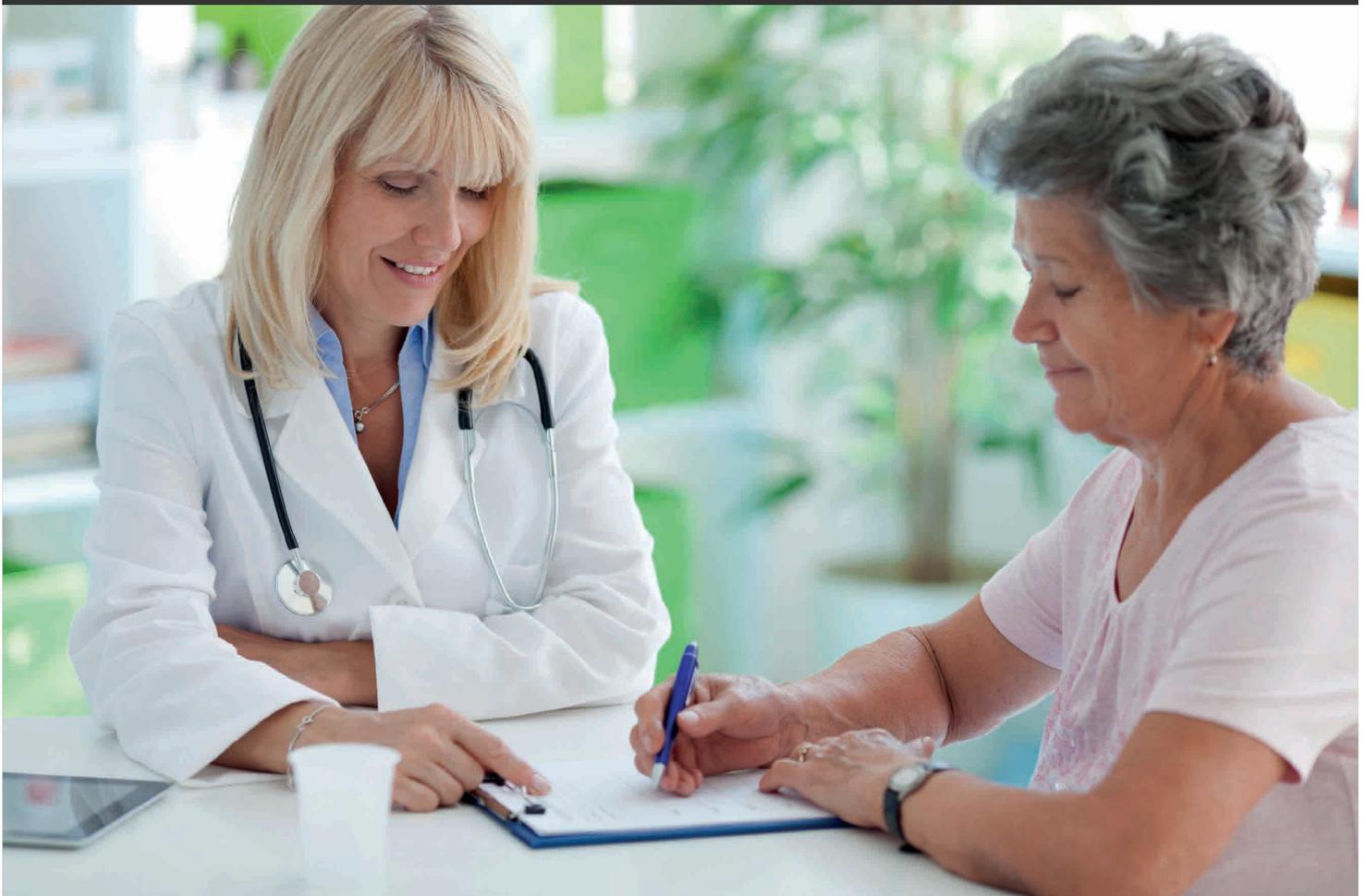
Medicine, Nursing and Health Sciences

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.

<http://informahealthcare.com/doi/full/10.3109/13697137.2014.929651>



Endorsed by the Australasian Menopause Society, the International Menopause Society and the Jean Hailes Foundation.

A Practitioner's Toolkit For The Menopause

A Woman (40 years+) presents with:

SYMPTOMS

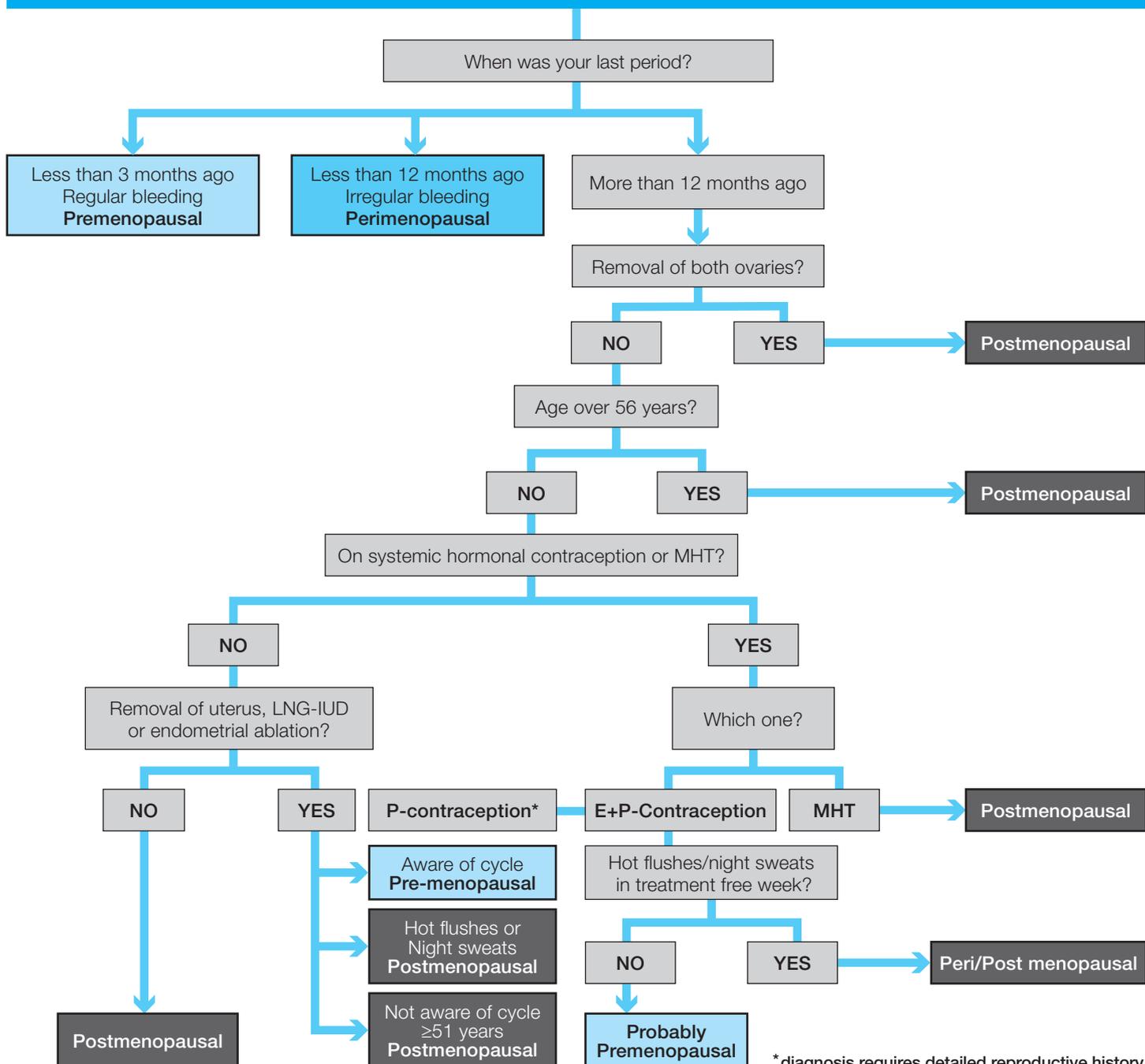
- Irregular Bleeding
- Anxiety
- Vasomotor
 - Hot flushes
 - Night Sweats
- Recurrent UTI's
- Dyspareunia
- Vaginal dryness
- Poor Sleep
- No interest in sex
- Joint pain
- Central weight gain

AND/OR

CONCERNS

- Osteoporosis
- Cardiovascular risk
- Dementia
- Diabetes
- Obesity

Is this Patient Pre/Peri/Postmenopausal?



* diagnosis requires detailed reproductive history.

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 UTI's
- Liver disease

Family History:

- Cardio/cerebro vascular disease
- Osteoporosis/fractures
- Dementia
- Cancer

Smoking/alcohol use

Current medication inc OTC medications

Social history

Examination

- Height and weight
- Blood pressure and cardiovascular system
- Pelvic examination (+/- Pap Smear)
- Breast exam
- Thyroid examination

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

What to consider

Premenopause

Peri and early menopause

Postmenopause <60 yrs or within 10 years of menopause

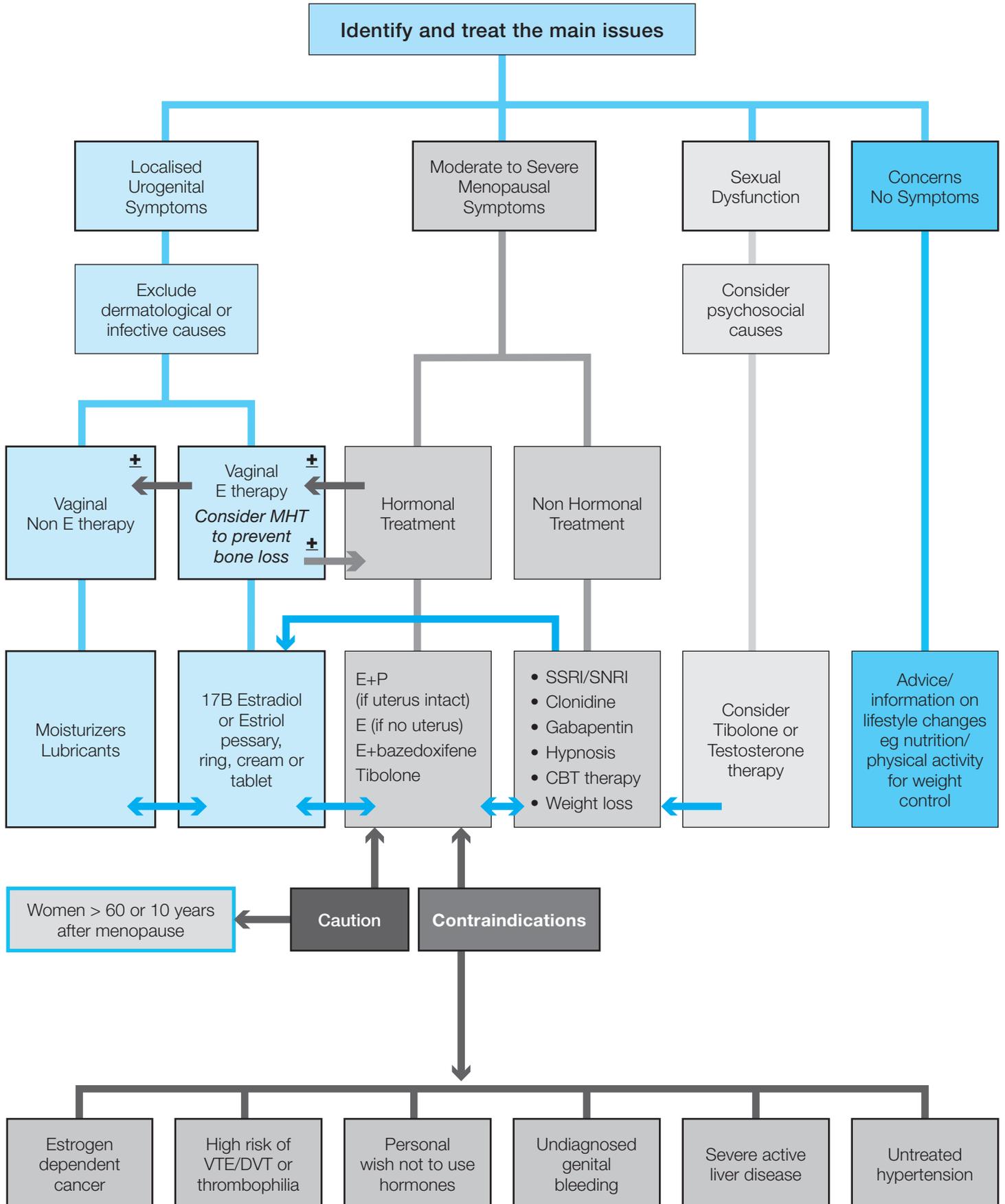
- Health concerns including family history
- General health/disease management (lifestyle issues such as physical activity, diet, smoking, alcohol, obesity)

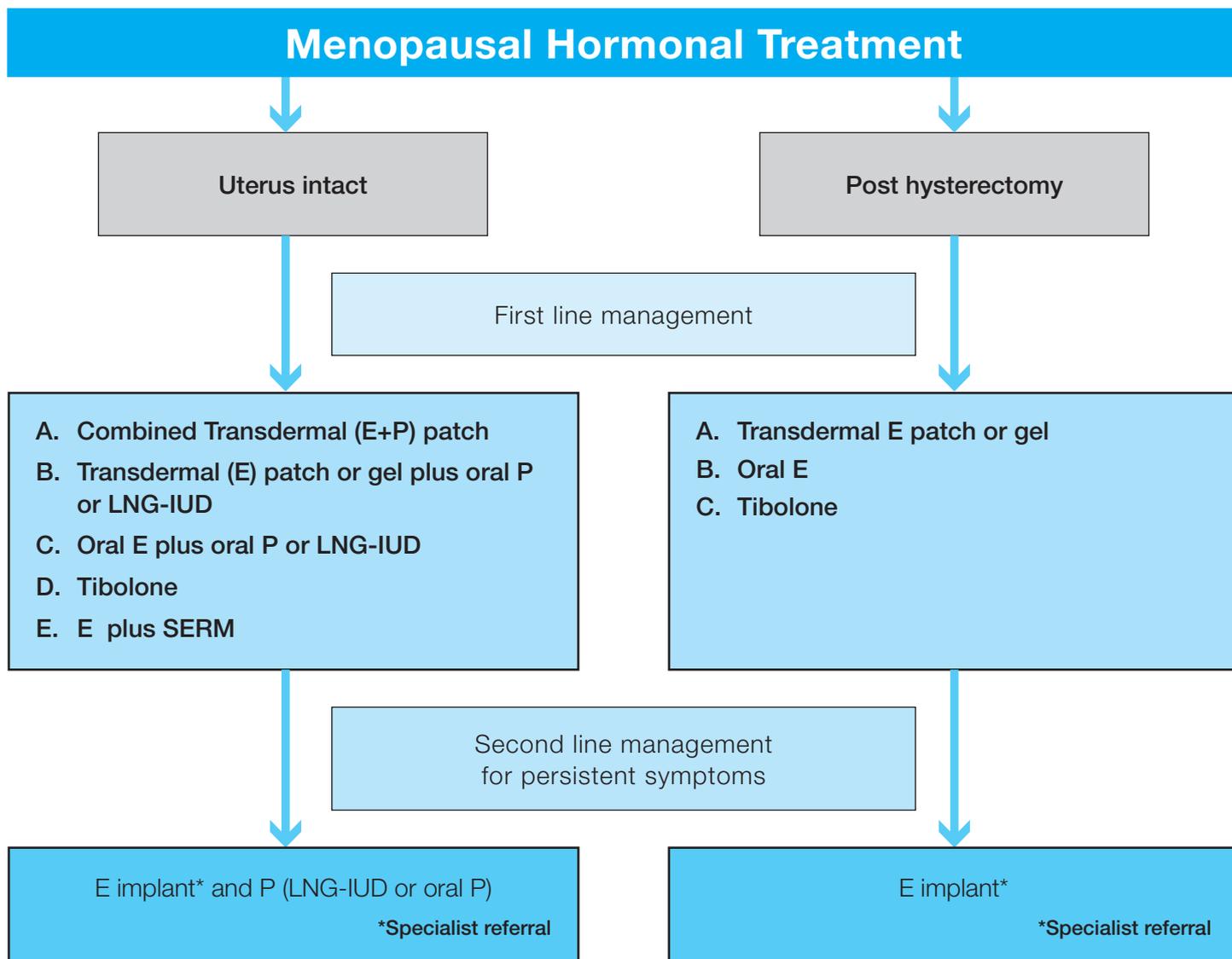
- Contraceptive needs

Management of:

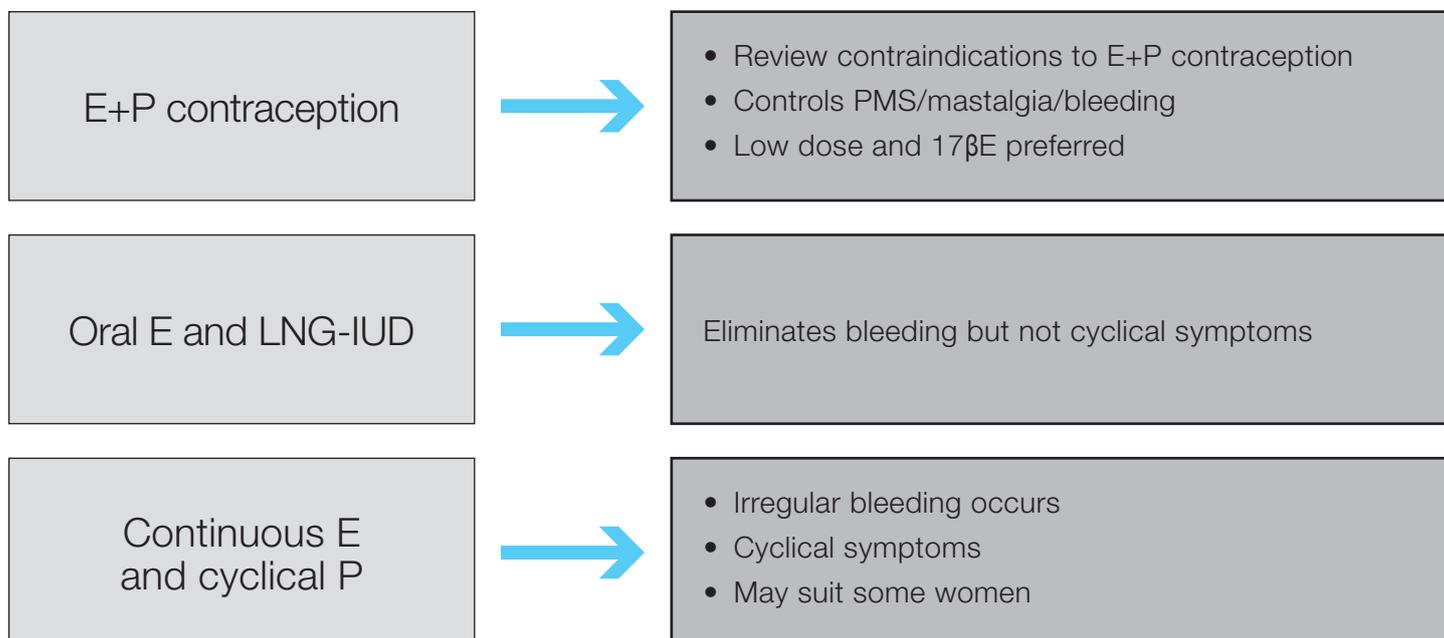
- menopausal symptoms
- vulvovaginal atrophy
- prevention of osteoporosis
- sexual dysfunction

Menopausal Symptom Management





Peri Menopausal Treatment



MHT Dosing ^[1]

Estrogen

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

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

	Low dose E	Moderate to high dose E
Dydrogesterone	5 mg	10 mg
Micronised Progesterone	100 mg	200 mg
MPA	5 mg	5 - 10 mg
Norethisterone Acetate (NETA)	1.25 mg	1.25 - 2.5 mg

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

	Low dose E	Moderate to high dose E
Dydrogesterone	5 mg	5 - 10 mg
Drospirenone	0.5 mg	—
Micronized progesterone	100 mg	100 mg
MPA	2.5 mg	2.5 - 5 mg
Norethisterone acetate (NETA)	0.5 mg to 1.0 mg	>1.0 mg - 2.5 mg
LNG-IUD	device releasing 20 mcg/24 hours	

Tibolone

Tibolone	2.5 mg daily
----------	--------------

Estrogen and SERM therapy

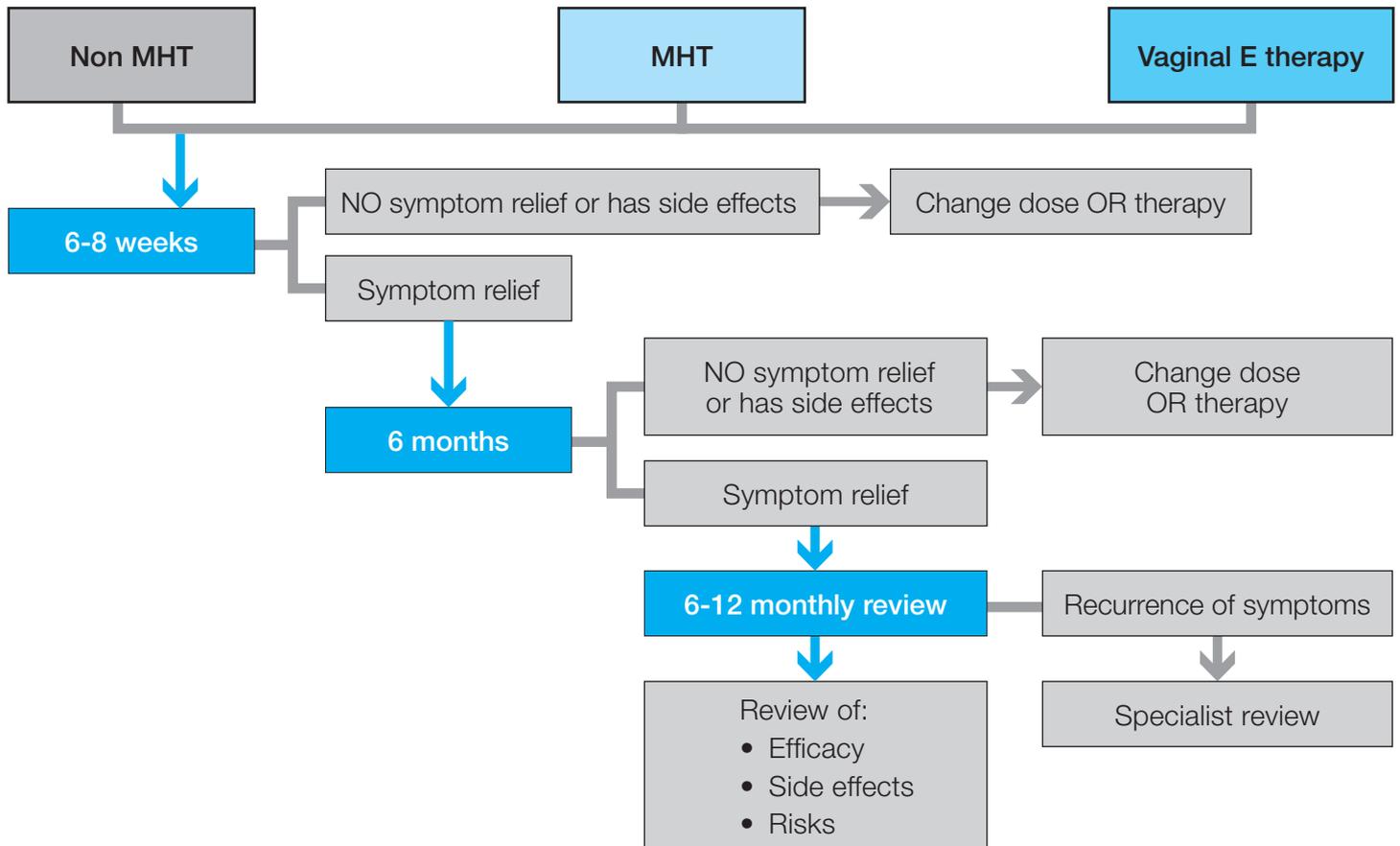
CEE 0.45 mg plus Bazedoxifene	20 mg daily
-------------------------------	-------------

Evidence Based Non Hormonal Treatment ^[1] for vasomotor symptoms

SSRI or SSRI/SNRI– low dose (also treats menopausal mood disorder)	Venlafaxine 75mg, desvenlafaxine 50mg, escitalopram 10mg, 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 *specialist referral

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

Review of Treatment



Abbreviations

AMH	Antimüllerian hormone
β	Beta
CEE	Conjugated equine estrogen
DVT	Deep vein thrombosis
E	Estrogen
FBE	Full blood examination
FBG	Fasting blood glucose
FOBT	Faecal occult blood test
FSH	Follicle stimulating hormone
HT	Hypertension
inc	including
LH	Luteinizing hormone
LMP	Last menstrual period
LNG-IUD	levonorgestrel intrauterine device
MHT	Menopausal hormone therapy

mcg	microgram
mg	milligram
MPA	Medroxyprogesterone acetate
NETA	Norethisterone acetate
OCP	Oral contraceptive pill
OTC	Over the counter
P	Progestogen
Prog	Progesterone
SERM	Selective estrogen receptor modulator
SNRI	Selective noradrenaline reuptake inhibitor
SSRI	Selective serotonin reuptake inhibitor
TSH	Thyroid stimulating hormone
UTI	Urinary tract infection
VMS	Vasomotor symptoms
VTE	Venous thromboembolism

Contact Us

Women's Health Research Program

Monash University
Alfred Centre,
99 Commercial Road
Melbourne VIC 3004, Australia

Tel: +61 (0)3 9903 0827

Fax: +61 (0)3 9903 0828

Email: womens.health@monash.edu



facebook.com/Monash.University



twitter.com/MonashUni

womenshealth.med.monash.edu