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

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A Practitioner’s Toolkit For The Menopause

A Woman (40 years+) presents with:

- 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?

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

On systemic hormonal contraception or MHT?

No

Postmenopausal

Postmenopausal

Removal of uterus, LNG-IUD or endometrial ablation?

No

Postmenopausal

Postmenopausal

P-contraception*

Aware of cycle
Pre-menopausal

Hot flushes or Night sweats
Postmenopausal

Not aware of cycle
≥51 years
Postmenopausal

E+P-Contraception

Hot flushes/night sweats in treatment free week?

No

Postmenopausal

Postmenopausal

Probable Premenopause

* diagnosis requires detailed reproductive history.

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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/cerebrovascular 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

What to consider

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

Peri and early menopause
- Management of:
  - menopausal symptoms
  - vulvovaginal atrophy
  - prevention of osteoporosis
  - sexual dysfunction

Postmenopause <60 yrs or within 10 years of menopause
- Pap Smear
- Mammogram
- Lipids
- FBG
- TSH
- Renal and liver function
- FBE/ferritin
- FOBT
- Vit D in at risk women
Menopausal Hormonal Treatment

Uterus intact

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[^1]

#### 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tibolone</td>
<td>2.5 mg daily</td>
</tr>
</tbody>
</table>

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

#### Estrogen and SERM therapy

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

#### 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[^1]^*

- Severe resistant VMS

[^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

6-8 weeks

NO symptom relief or has side effects

Symptom relief

MHT

6 months

NO symptom relief or has side effects

Symptom relief

6-12 monthly review

Review of:
- Efficacy
- Side effects
- Risks

Vaginal E therapy

Recurrence of symptoms

Specialist review

NO symptom relief or has side effects

Change dose OR therapy

Symptom relief

Change dose OR therapy

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<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>Faecal occult blood test</td>
</tr>
<tr>
<td>FBG</td>
<td>Deep venous thrombosis</td>
</tr>
<tr>
<td>FOBT</td>
<td>Folicule stimulating hormone</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>