



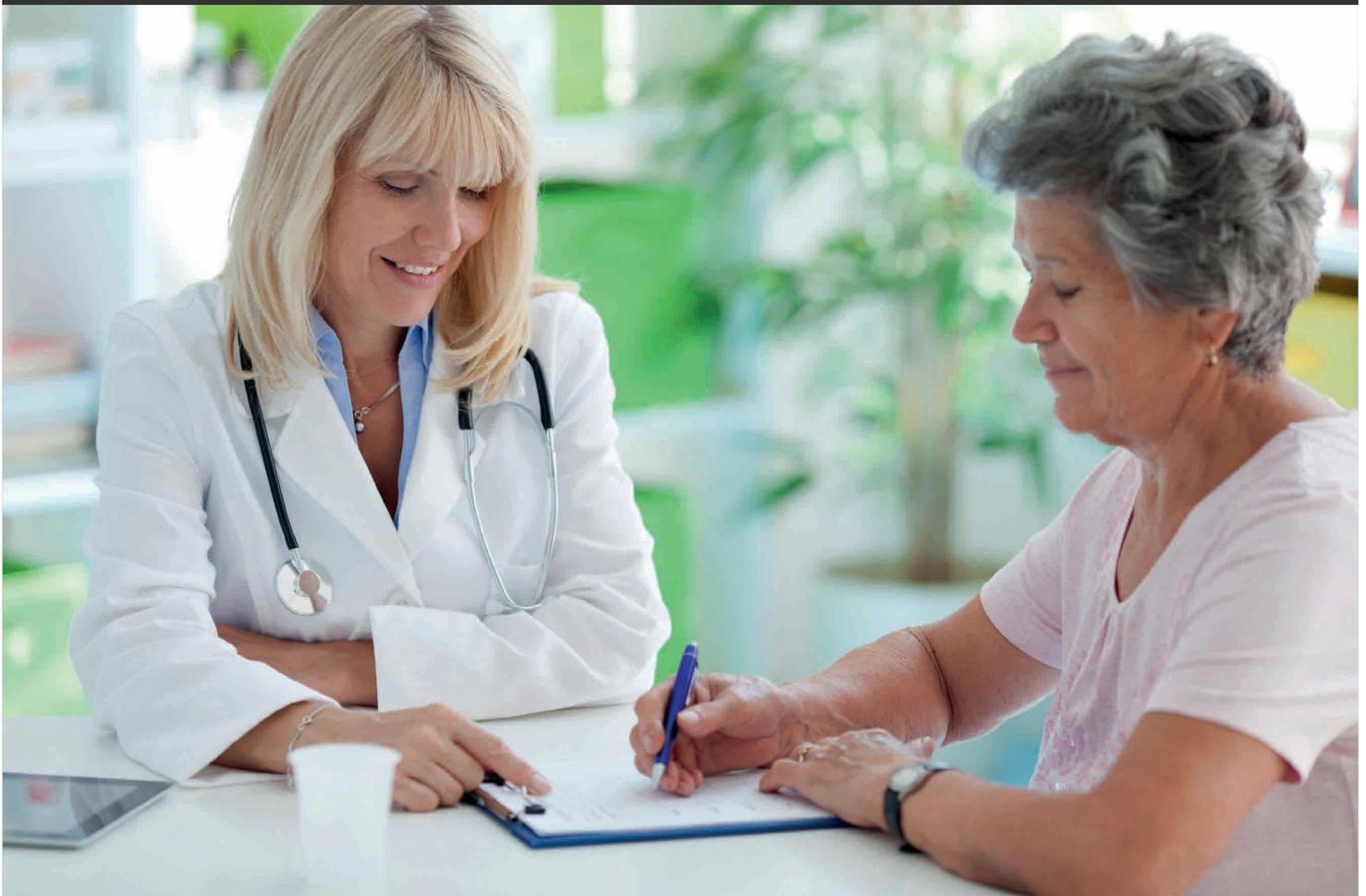
Medicine, Nursing and Health Sciences

# 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

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# A Practitioner's Toolkit For The Menopause

## A Woman (40 years+) presents with:

**SYMPTOMS**

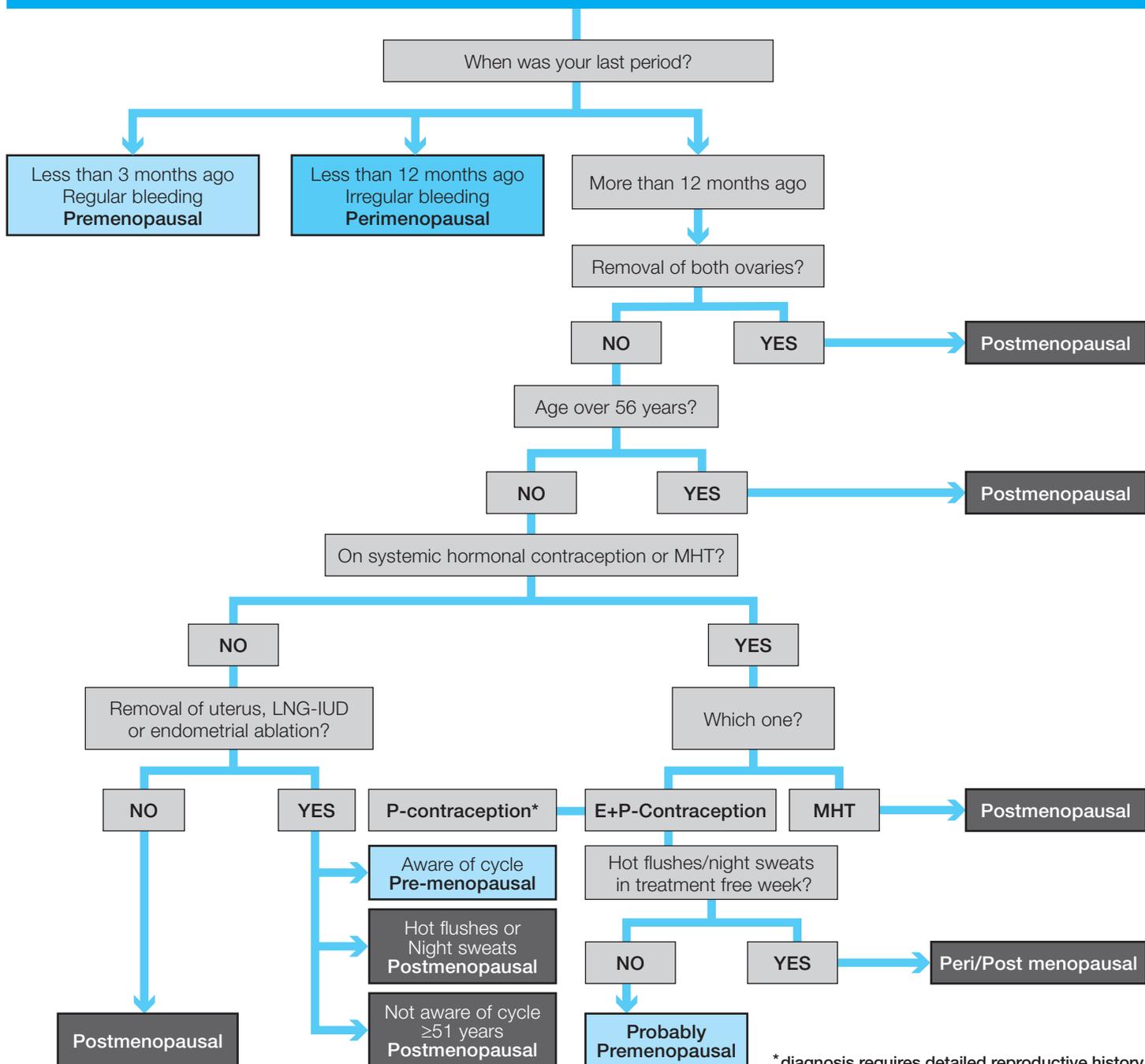
- Irregular Bleeding
- Anxiety
- Vasomotor
  - Hot flushes
  - Night Sweats
- Recurrent UTI's
- Dyspareunia
- Vaginal dryness
- Poor Sleep
- No interest in sex
- Joint pain
- Central weight gain

**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

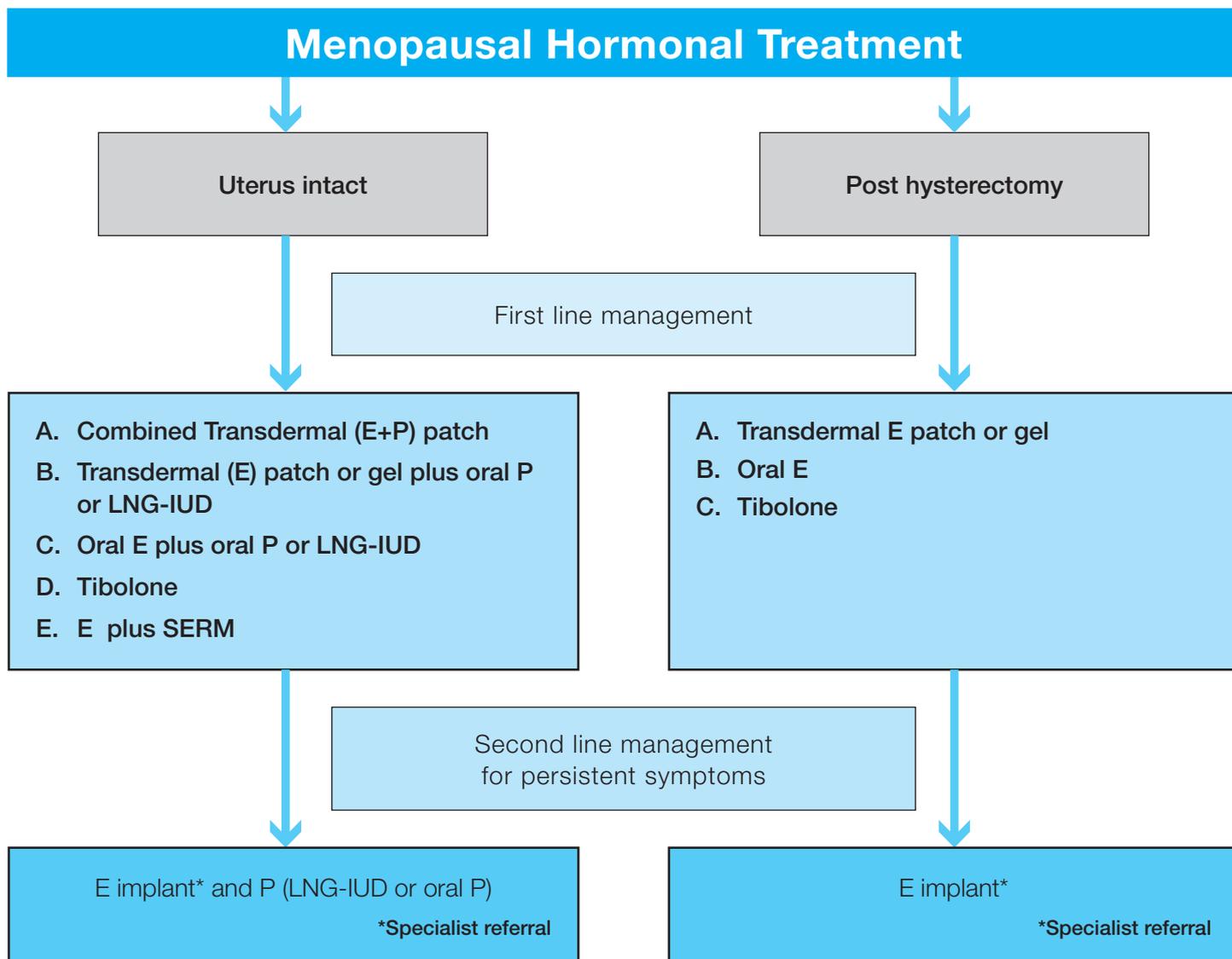
- Health concerns including family history
- General health/disease management (lifestyle issues such as physical activity, diet, smoking, alcohol, obesity)

- Contraceptive needs

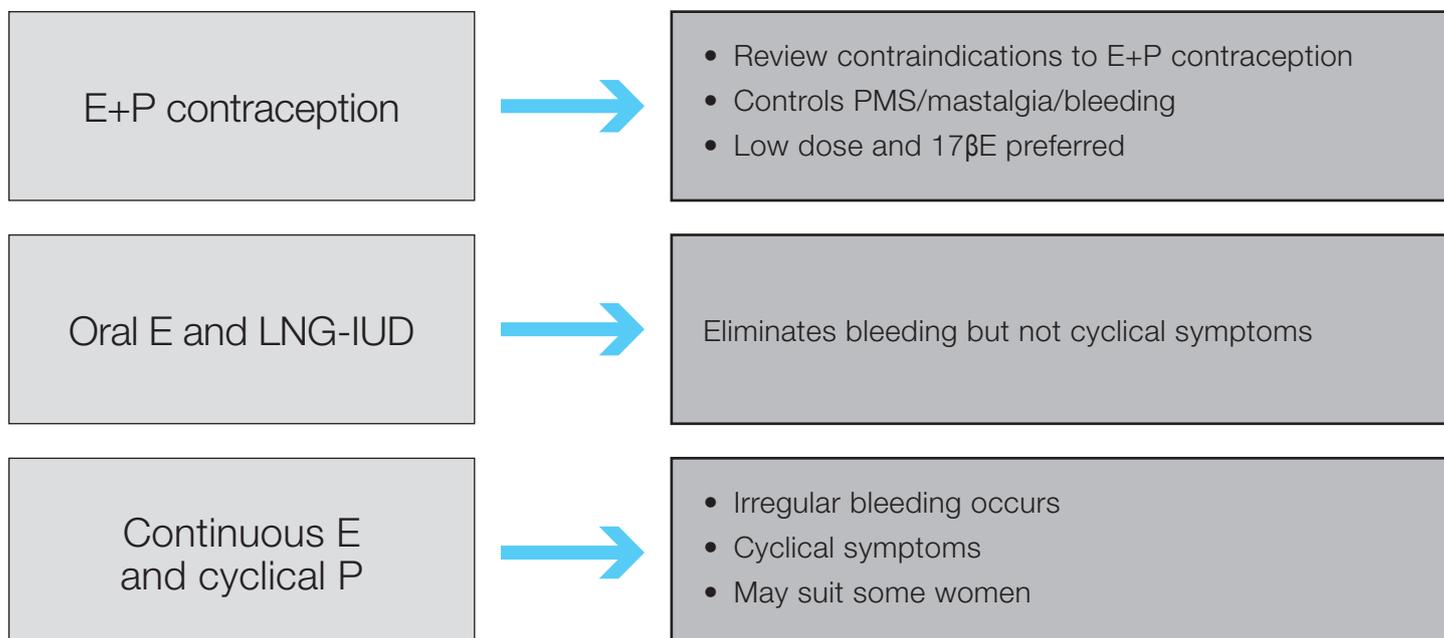
Management of:

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





## Peri Menopausal Treatment



## MHT Dosing <sup>[1]</sup>

### 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

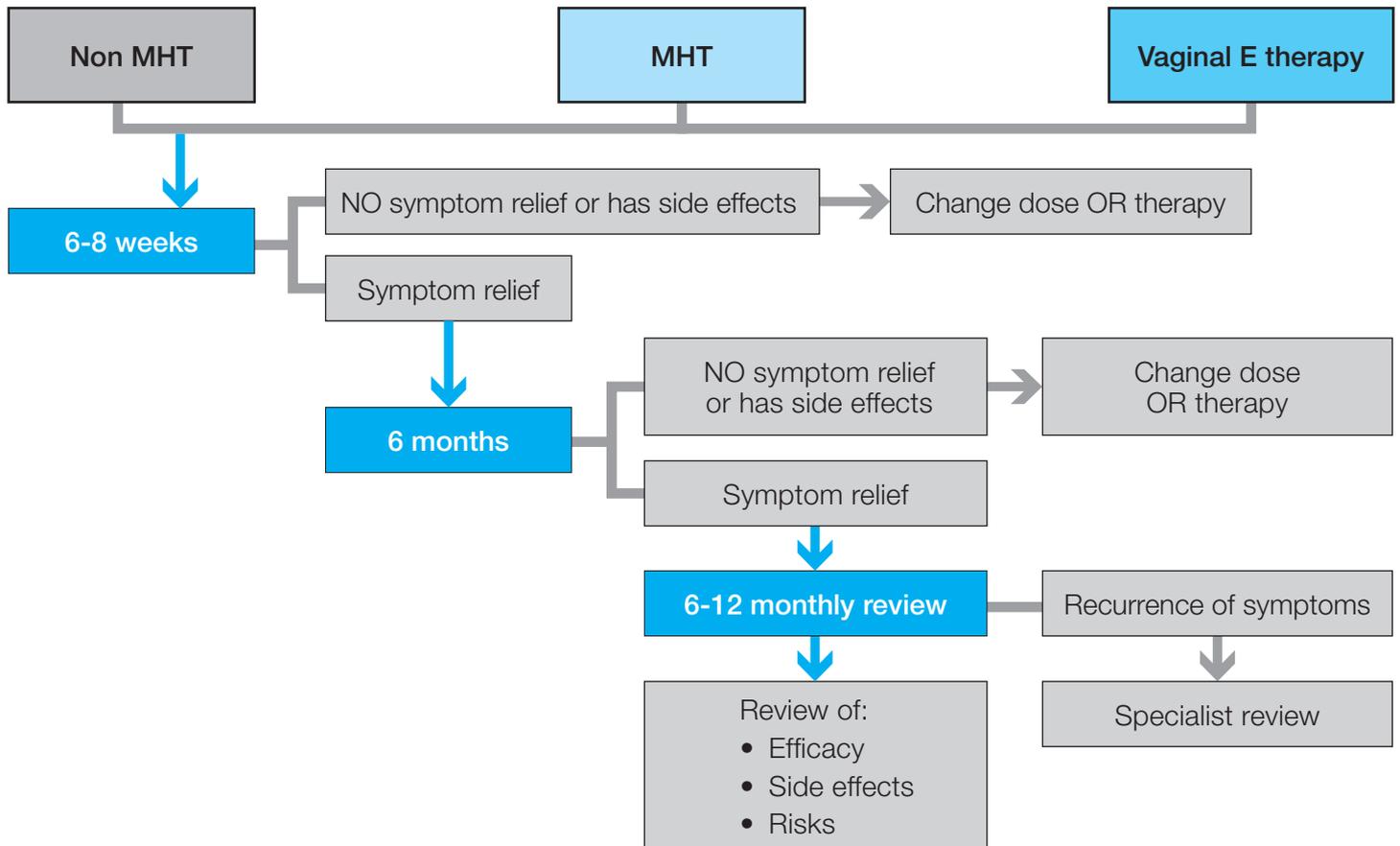
|                               |             |
|-------------------------------|-------------|
| CEE 0.45 mg plus Bazedoxifene | 20 mg daily |
|-------------------------------|-------------|

## Evidence Based Non Hormonal Treatment <sup>[1]</sup> for vasomotor symptoms

|   |   |
|---|---|
| SSRI or SSRI/SNRI– low dose<br>(also treats menopausal mood disorder) | Venlafaxine 75mg, desvenlafaxine 50mg, 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 <span style="float: right;">*specialist referral</span>        |

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

## Review of Treatment



## Abbreviations

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

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

## Contact Us

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