

MENOPAUSE

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WHAT WILL WE COVER

Why is it a problem?

What is it?

What can we do about it?

Why is it a problem?

*IS IT A MEDICAL
PROBLEM?*

A photograph of various pills and a stethoscope on a desk. The pills include several orange capsules, white oval tablets, and a few blue and white capsules. A stethoscope is visible in the upper right corner. A light blue sticky note is placed on the desk, with the words 'MENO PAUSE' written in red marker. The background of the entire image features a geometric design with overlapping light pink and white triangles.

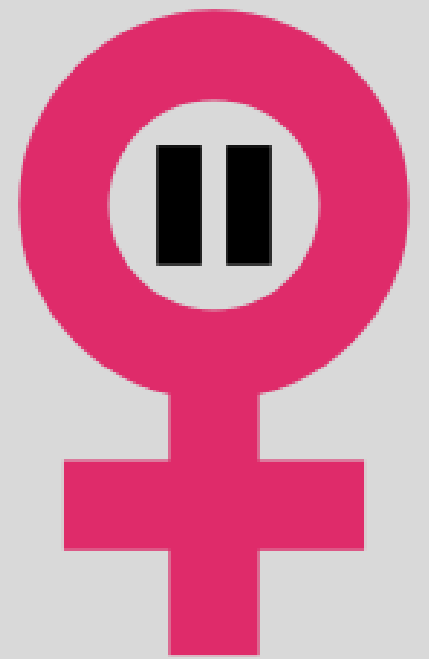
MENO PAUSE

WHAT IS IT?

Menopause: 1 year after last menses

Perimenopause: lowering or fluctuating levels of oestrogen before the menopause, often causing a collection of symptoms

Premature ovarian insufficiency: perimenopausal symptoms including change in period cycle before the age of 40





SYMPTOMS





SEXUAL

- Low libido
- Painful intercourse
- Bleeding during intercourse



MENTAL WELLNESS

- Anxiety
- Irritability
- Lethargy
- Lack of focus
- Crying Spells
- Depression
- Dizziness
- Ringing in the ears
- Poor memory

UROGENITAL HEALTH

- Urinary Incontinence
- Vaginal Dryness and Inflammation
- Urogenital Infections
- Urinary Tract Infections

BONES, SKIN, HAIR & VISION

- Arthritis
- Back Pain
- Spinal Disc Issues
- Fibromyalgia
- Poor Blurred Vision
- Poor skin tone
- Wrinkles
- Eczema
- Hair fall
- Greying hair

SLEEP PROBLEMS

- Lack of sleep
- Difficulty in sleeping
- Interrupted Sleep

VASOMOTOR SYMPTOMS

- High heat
- Migraines
- Hot Flashes
- Night Sweats
- Excessive sweating

DIGESTIVE HEALTH

- Heaviness
- Constipation
- Disturbed appetite
- Flatulence
- Indigestion
- Bloating
- Acidity
- Heartburn

IRREGULAR PERIODS

- Heavy bleeding
- Clotted menstrual flow
- Cramps during periods
- Irregular flow
- Spotting in between periods

FSH TESTING

- There is no diagnostic test for perimenopause
- FSH can be useful in women under 40, but is not reliable esp if they have had a period in the last year.
- Is affected by COCP and high dose progesterone based contraception

If under 40- consider POI

If 40-45 – consider bloods to exclude other causes

If over 45 – establish diagnosis on the basis of one or more symptoms, no need for FSH



HEALTH RISKS OF MENOPAUSE

- Bone health
- Osteoarthritis
- Other MSK conditions
- CVD
- Stroke
- HTN
- Obesity
- T2DM
- Dementia
- Depression
- Anxiety
- Immunity
- Worsening of pre-existing conditions
- Misdiagnoses



*WHAT CAN WE DO
ABOUT IT?*



Exercise advice – esp muscle building



Dietary advice



Smoking cessation



Alcohol intake



Sleep

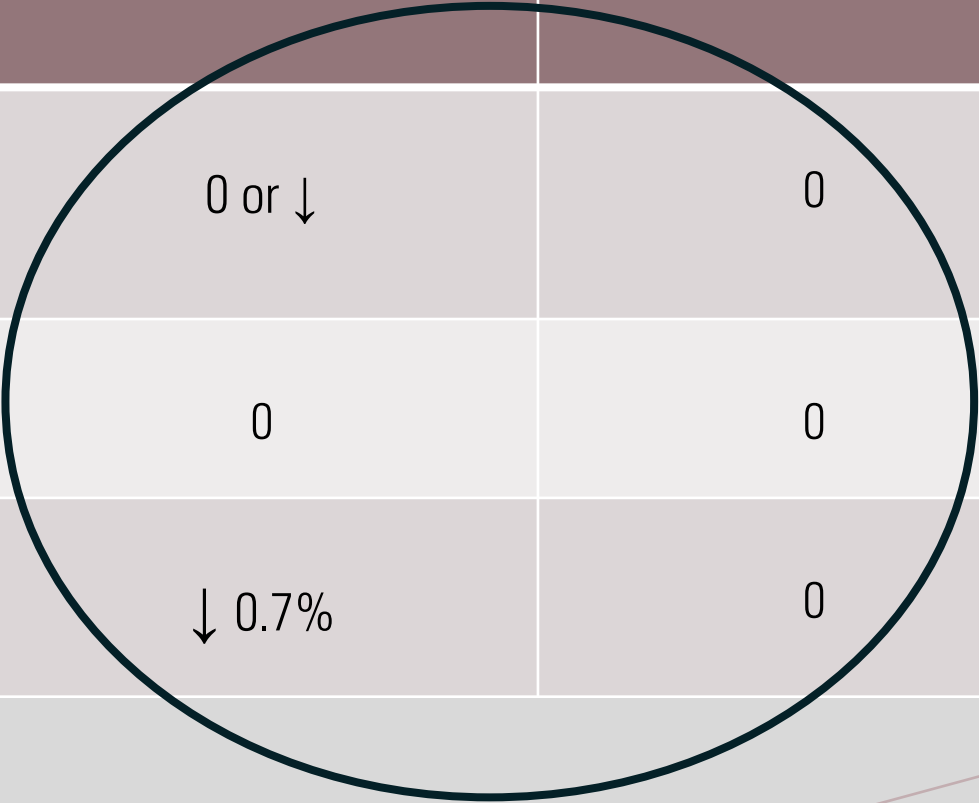
*WHAT CAN WE
DO ABOUT IT?*

HRT



RISKS BY TYPE OF HRT

Risk	Oral HRT	Transdermal combined	Transdermal oestrogen only	Micronised progesterone
Breast cancer	0.8% ↑	0.8% ↑	0 or ↓	0
VTE	0.7% ↑	0	0	0
Stroke	0.1% ↑	↓ 0.7%	↓ 0.7%	0



Benefits	Oral HRT	Transdermal combined
CVD	↓ 50%	↓ 50%
Stroke		↓ 40%
Diabetes	↓ 30%	↓ 30%
Fragility fracture	↓ 22%	↓ 22%
Dementia	0	↓ 34%
Mortality	0	↓ 30%
Vaginal symptoms	↓85%	↓85%

ADDITIONAL BENEFITS

- Mental health – improved mood – 96%
- OA
- Sleep quality – 56% improved



TREATMENT GUIDE

TREATMENT PRINCIPLES

- have a low threshold to try treatment
- there is no lower or upper age limit
- there is no duration limit – HRT can be taken for as long as a woman wants
- for the majority of women under 60yrs, HRT benefits outweighs the risks
- use transdermal oestrogen and micronized progesterone as first line

WHICH HRT REGIME

Without womb:

oestrogen only therapy

With womb or hx of untreated endometriosis:

Combined therapy

LMP within 12/12

sequential - transdermal oestrogen all the time, and progesterone for 2 weeks on then 2 weeks off,

200mg utrogestan at night 2/52

LMP beyond 12/12

continuous – transdermal oestrogen all the time, and progesterone continuously
100mg utrogestan

Progesterone challenge – 3/12 oestrogen, then 2 weeks utrogestan 200mg, then stop and review if bleeding

TRANSDERMAL TREATMENT OPTIONS

Oestrogen only

1st line Evorel® patches
Change TWICE per week
25, 50, 75, 100mcg estradiol

2nd line Estradot® patches
Change TWICE per week 25,
37.5, 50, 75, 100mcg oestradiol
OR **Estraderm MX®** patches

Oestrogel® 0.06% oestradiol gel,
0.75mg estradiol per measure,
2 measures= standard regime
OR
Sandrena® gel 0.5mg or 1mg
estradiol individual sachets

Sequential combined

1st line Evorel Sequi® patches
Change TWICE per week
50mcg estradiol + 170mcg
norethisterone

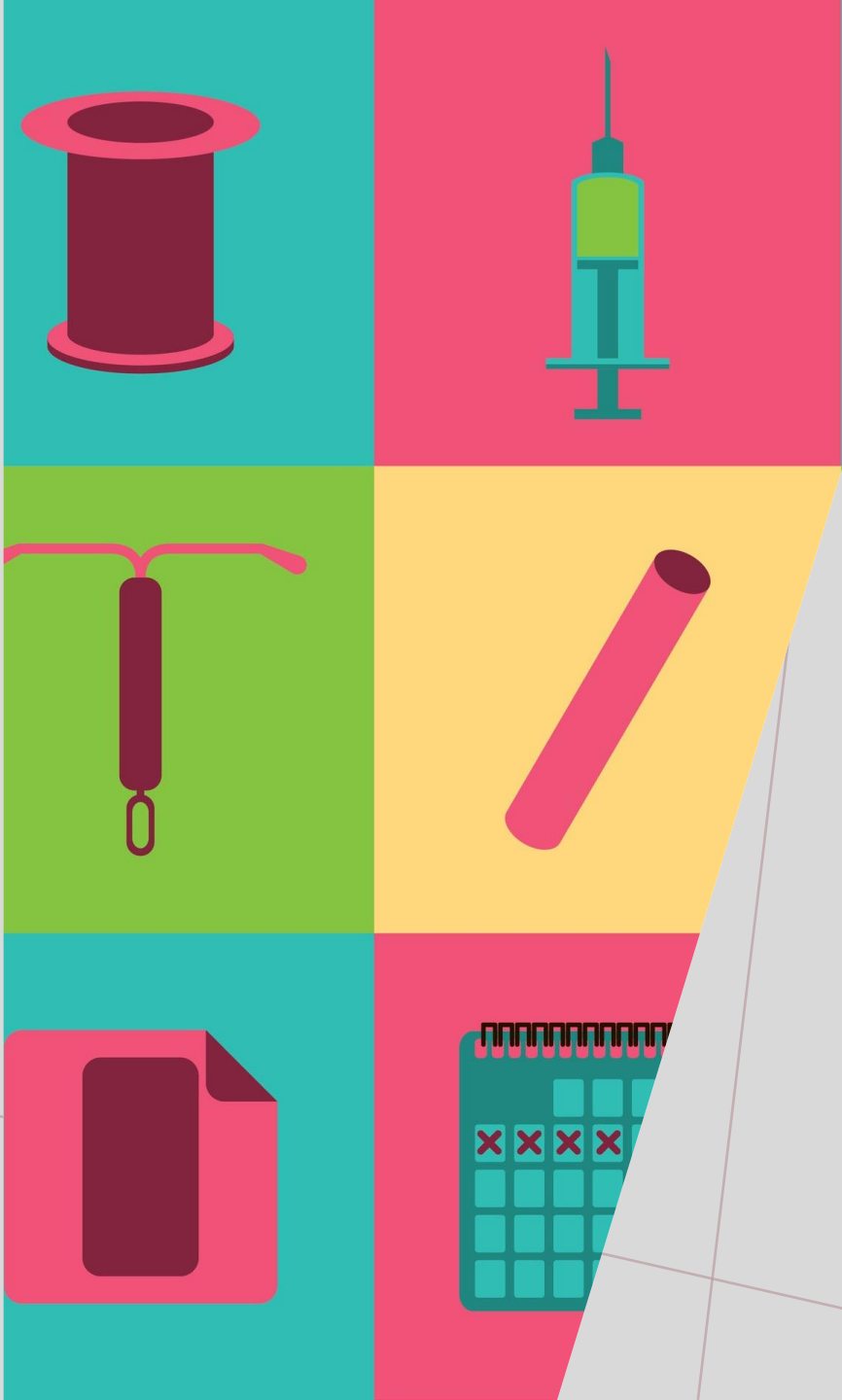
If progestogenic side effects:
2nd line FemSeven Sequi® patches
Change ONCE weekly 50mcg
estradiol + 10mcg levonorgestrel
Alternative:
Use oestrogen only transdermal
therapy with micronised
progesterone (**Utrogestan®**) 200mg
at night for 12 days per cycle (usually
from days 12-26) *

Continuous combined

1st line Evorel Conti® patches
Change TWICE per week
50mcg estradiol + 170mcg
norethisterone

If progestogenic side effects:
FemSeven Conti® patches
Change ONCE weekly
50mcg estradiol + 7mcg
levonorgestrel
Alternative (also see below):
Use oestrogen only transdermal
therapy with micronised
progesterone 100mg at night
continuously**





CONTRACEPTION

CONTRACEPTION

COCp

POP

Mirena – only one that is licensed for use as HRT and contraception

Implant, barrier methods or copper coil

Depo

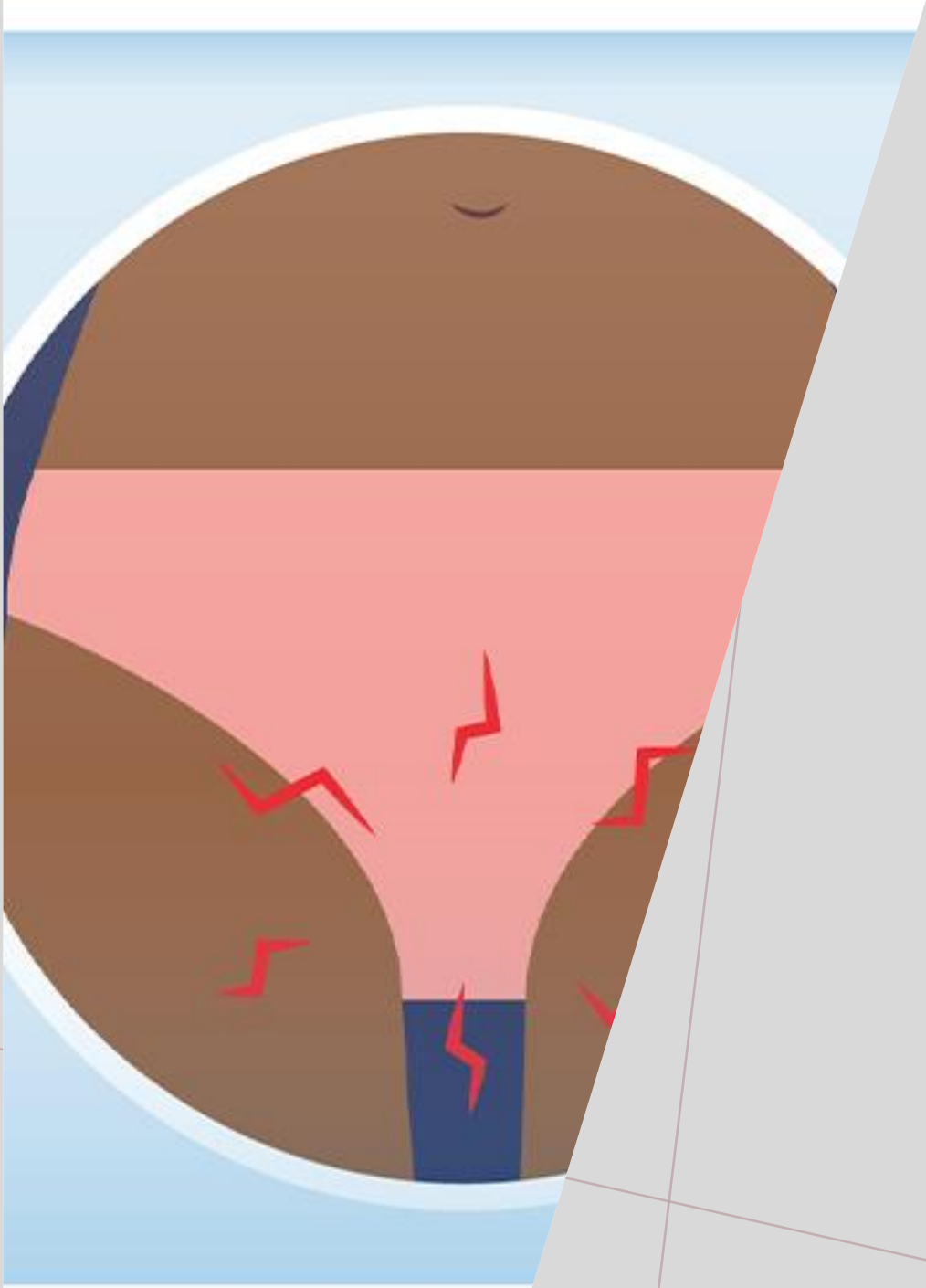
When to stop contraception:

not on HRT or contraception

- and over 50yrs and amenorrhoea $>12/12$ can be stopped
- and over 50yrs, amenorrhoea $<12/12$ and FSH over 30, contraception can be stopped after 1 year
- and 46-50yrs and amenorrhoea >2 yrs then can be stopped

NON HORMONAL TREATMENTS

- Pharmacological - SSRIs/ SNRIs , Gabapentin
- Non pharmacological – CBT, mindfulness,



GENITOURINARY SYNDROME OF THE MENOPAUSE

GENITOURINARY SYNDROME OF THE MENOPAUSE

SYMPTOMS

- Vaginal: dryness, itching, burning, stinging,
- Urinary: frequency, urgency, incontinence,
- Sexual: dyspareunia, PCB, low libido,

EXAMINATION

- Vulval atrophy,
- Atrophy of clitoral hood,
- Loss of elasticity and rugae within the vagina
- Normal appearance

TREATMENT

- Avoid irritants
- Vaginal moisturisers
- Vaginal lubricants
- Topical oestrogen

Topical treatments

Pessaries	Vagirux	Oestradiol	10mcg, One daily for two weeks then twice weekly	Can be used more frequently depending on need
	Vagifem			
	Imvaggis	Estriol	30mcg estriol, one daily for three weeks then twice weekly	Can be used more frequently depending on need Can damage latex condoms
	Intrarosa	Prasterone (DHEA)	6.5mg, one daily	Converts into oestrogen and testosterone Can damage latex condoms Use if no response to oestrogen alone
Cream	Gynest	Estriol	0.01%, once daily until improvement then twice weekly	More dilute, but can be helpful if stronger preps irritating. Contains peanut oil
	Ovestin	Estriol	0.1%, Once daily for two weeks then twice weekly	Can be used more frequently depending on need
Gel	Blissel	Estriol	50mcg, one daily for 3 weeks, then twice weekly	
Ring	Estring	Estradiol	7.5mcg/24hr, worn continuously for 3/12	Flexible, silicone ring,
Oral	Senshio	Ospemifene	60mg daily,	SERM, useful for those who can't use vaginal treatments, cannot be used with HRT,

ANNUAL REVIEW

SYMPTOMS WELL CONTROLLED

- Continue annual reviews

SYMPTOMS POORLY CONTROLLED OR NOT CHANGED

- Compliance
- Consider absorption
- Consider alternative diagnosis

SYMPTOMS IMPROVED

- Increase dose and review in a further 3/12

SIDE EFFECTS

REVIEW LIFESTYLE

CONTRACEPTION REVIEW

BLEEDING ON HRT

HRT does not need to be stopped when referring for abnormal bleeding.

Exclude pregnancy and red flags – persistent, heavy bleeding, pcb, persistent bloating, weight loss,

Bleeding outside of normal period pattern needs examination and onward referral if necessary.

Bleeding after 6/12 or ongoing bleeding beyond 6/12 - needs further ix

Bleeding after 12/12 of amenorrhoea is PMB and should be referred as such.

An artistic illustration of a woman's profile, facing left. Her face is covered in a vibrant, multi-colored pattern of dots and swirls in shades of blue, green, yellow, and orange. She has long, wavy hair in shades of blue and green. Several glowing, translucent spheres in yellow and orange float around her head. The background is dark purple. The illustration is partially obscured by a white diagonal line that separates it from the text area.

SUMMARY

Menopause is an opportunity to make timely health interventions

We have lots of good data about risks

And lots of good data about long term benefits

Low threshold to trial treatment

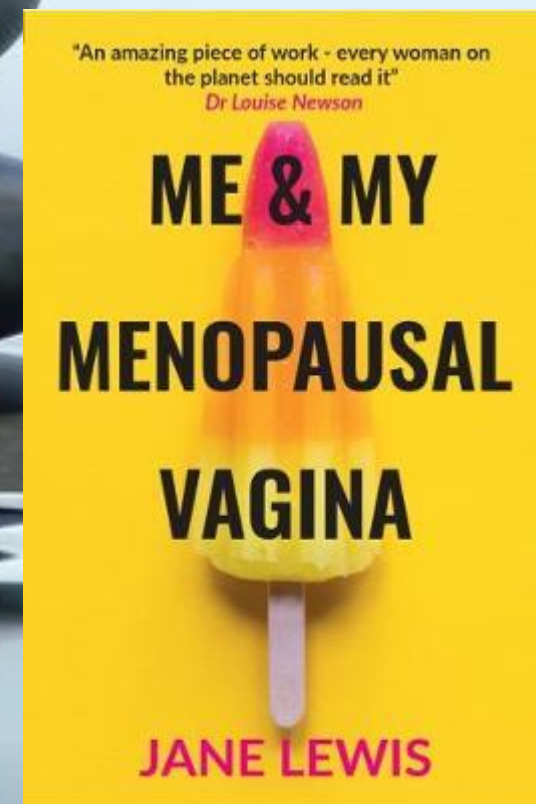
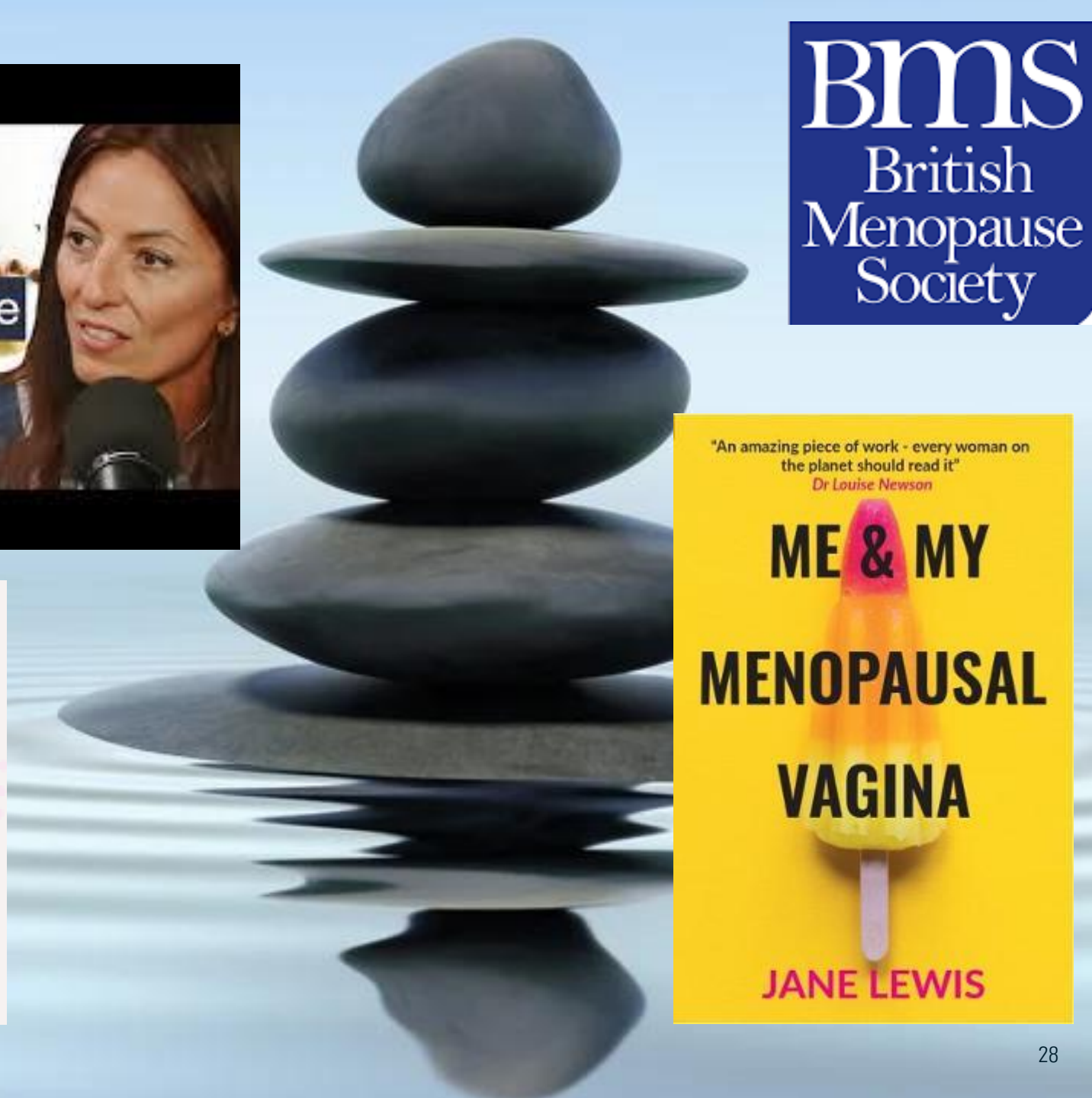
Wide range of prescribing options

Face inequalities

zoe



BMS
British
Menopause
Society



THANK YOU

ANY QUESTIONS?

m e n o p a u s e

