

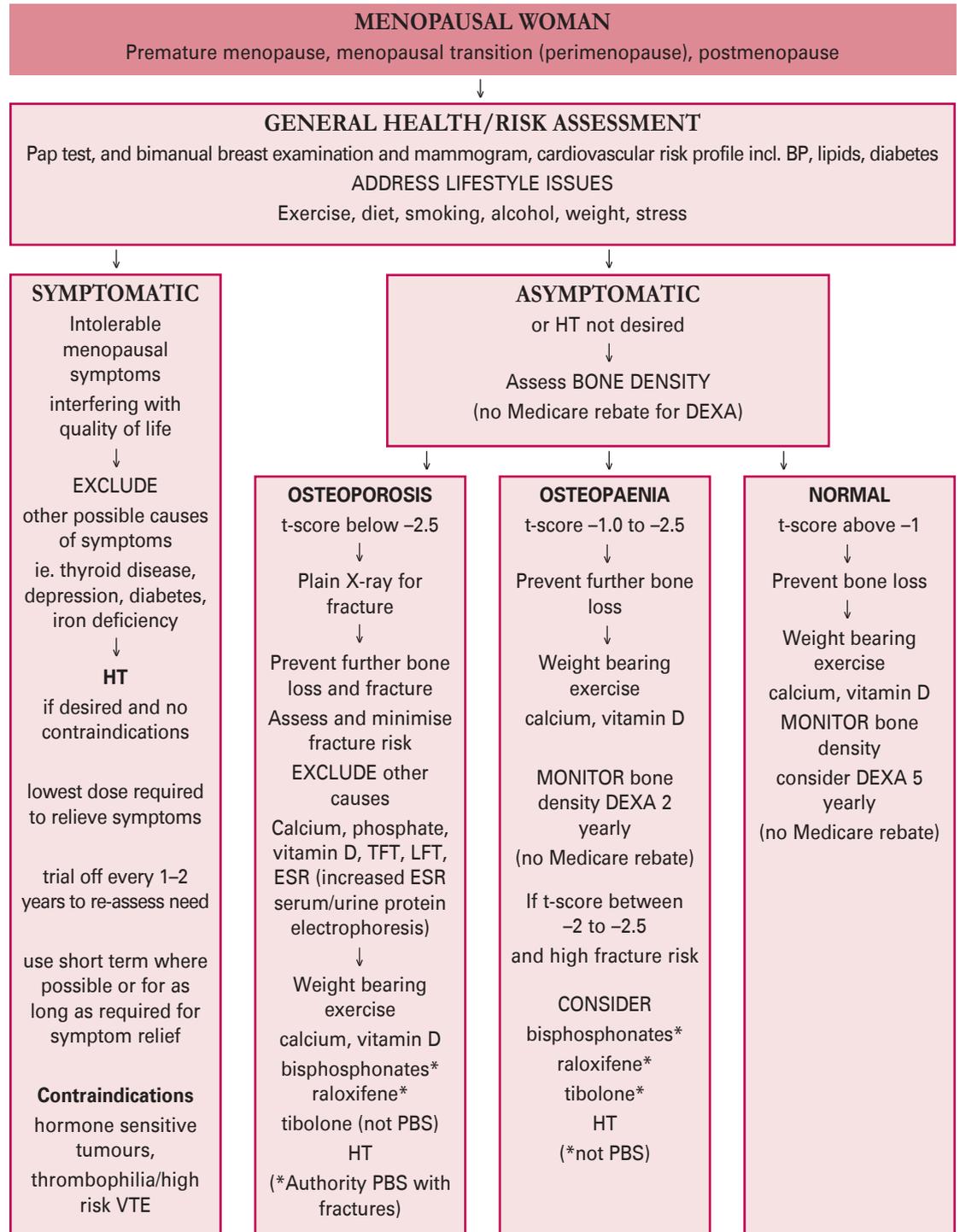


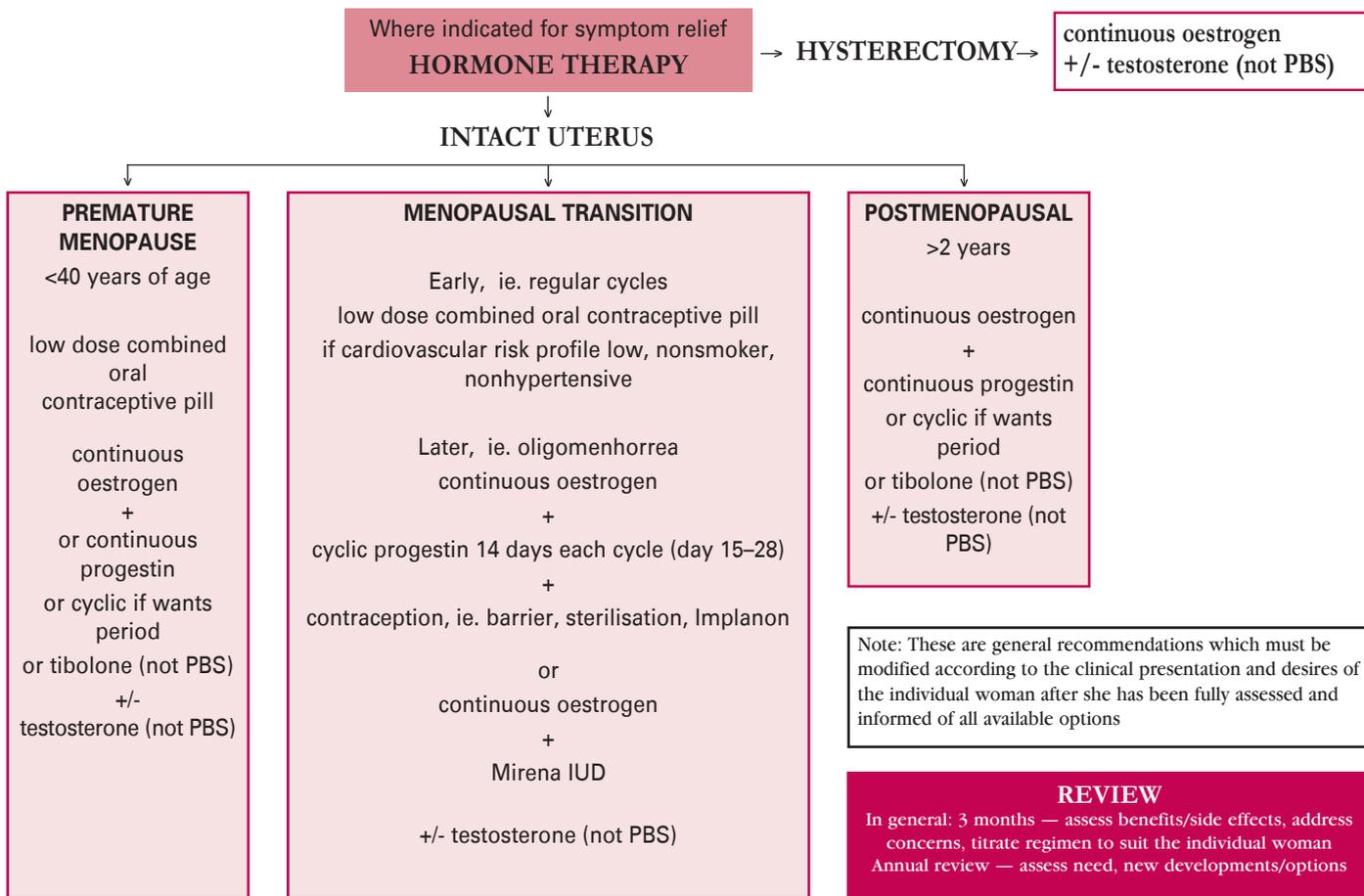
Menopause

A treatment algorithm



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SPECIAL SITUATIONS

Cardiovascular risks	Diabetes, hypertension, hyperlipidaemia, IHD. Avoid HT with multiple risk factors, transdermal oestrogen if no other options
Deep venous thrombosis	Assess baseline risk: HIGH RISK if DVT recurrent, spontaneous, with pregnancy/OCP, family history, smokers. Screen for inherited thrombophilia If normal and low risk, use transdermal or tibolone If high risk or inherited thrombophilia avoid HT unless anticoagulated, tibolone (? fibrinolytic)
Breast cancer	If symptoms severe – SSRIs, tibolone, HT last option (treatment by specialist in women’s health, liaison with oncologist)
Endometrial cancer	Tibolone
Ovarian cancer	No special regimen
Androgen deficiency	Transdermal oestrogen to lower SHBG, add testosterone if free androgen index <2, tibolone
Hirsutism	Oral oestrogen to increase SHBG, use cyproterone or dydrogesterone as progestin
Endometriosis	Tibolone, OCP, continuous combined HT
Fibroids	No special regimen, theoretically may increase in size (not with transdermal), monitor
PV bleeding	T/V ultrasound +/- hysteroscopy. If atrophic endometrium, reduce progestin/increase oestrogen. Otherwise, increase progestin dose/length/type, Mirena IUD
Progestin side effects	Mirena IUD
Mastalgia	Lower dose, tibolone, continuous combined HT, transdermal/nasal
Liver disease, gallstones	Transdermal
Migraine	Transdermal E&P, nasal E, lower dose, avoid systemic progestins
Varicose veins	No special regimen
Weight increase	Not related to HT