Menopause

A treatment algorithm

MENOPAUSAL WOMAN
Premature menopause, menopausal transition (perimenopause), postmenopause

GENERAL HEALTH/RISK ASSESSMENT
Pap test, and bimanual breast examination and mammogram, cardiovascular risk profile incl. BP, lipids, diabetes
ADDRESS LIFESTYLE ISSUES
Exercise, diet, smoking, alcohol, weight, stress

SYMPTOMATIC
Intolerable menopausal symptoms interfering with quality of life
EXCLUDE other possible causes of symptoms
ie. thyroid disease, depression, diabetes, iron deficiency
HT if desired and no contraindications
lowest dose required to relieve symptoms
trial off every 1–2 years to re-assess need
use short term where possible or for as long as required for symptom relief
Contraindications
hormone sensitive tumours,
thrombophilia/high risk VTE

ASYMPTOMATIC
or HT not desired
Assess BONE DENSITY
(no Medicare rebate for DEXA)

OSTEOPOROSIS
t-score below –2.5
Plain X-ray for fracture
Prevent further bone loss and fracture
Assess and minimise fracture risk
EXCLUDE other causes
Calcium, phosphate, vitamin D, TFT, LFT, ESR (increased ESR serum/urine protein electrophoresis)
Weight bearing exercise
calcium, vitamin D
MONITOR bone density DEXA 2 yearly
(no Medicare rebate)

OSTEOPAENIA
t-score –1.0 to –2.5
Prevent further bone loss
Weight bearing exercise
calcium, vitamin D
MONITOR bone density DEXA 2 yearly
If t-score between –2 to –2.5 and high fracture risk
CONSIDER
bisphosphonates*
raloxifene*
tibolone
HT
(*not PBS)

NORMAL
t-score above –1
Prevent bone loss
Weight bearing exercise
calcium, vitamin D
MONITOR bone density
consider DEXA 5 yearly
(no Medicare rebate)
### Theme: A treatment algorithm

**Where indicated for symptom relief**

**HORMONE THERAPY** → **HYSTERECTOMY** → **INTACT UTERUS**

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**PREMATURE MENOPAUSE**

<40 years of age

- low dose combined oral contraceptive pill
- continuous oestrogen
- or continuous progestin
- or cyclic if wants period
- or tibolone (not PBS)
- +/- testosterone (not PBS)

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**MENOPAUSAL TRANSITION**

Early, i.e. regular cycles

- low dose combined oral contraceptive pill
- if cardiovascular risk profile low, nonsmoker, nonhypertensive

Later, i.e. oligomenorrhea

- continuous oestrogen
- cyclic progestin 14 days each cycle (day 15-28)
- contraception, i.e. barrier, sterilisation, Implanon
- or continuous oestrogen
- +
- Mirena IUD
- +/- testosterone (not PBS)

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**POSTMENOPAUSAL**

>2 years

- continuous oestrogen
- +
- continuous progestin
- or cyclic if wants period
- or tibolone (not PBS)
- +/- testosterone (not PBS)

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**SPECIAL SITUATIONS**

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

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**REVIEW**

In general: 3 months — assess benefits/side effects, address concerns, titrate regimen to suit the individual woman

Annual review — assess need, new developments/options