



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



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SYMPTOMATIC

Intolerable menopausal symptoms interfering with quality of life

EXCLUDE

other possible causes of symptoms ie. thyroid disease, depression, diabetes, iron deficiency

нт

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 bisphosphonates* raloxifene*

tibolone (not PBS) HT

(*Authority PBS with fractures)

OSTEOPAENIA t-score -1.0 to -2.5

↓ Prevent further bone loss

Weight bearing exercise calcium, vitamin D

MONITOR bone density DEXA 2 yearly (no Medicare rebate)

If t-score between -2 to -2.5 and high fracture risk

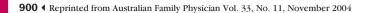
CONSIDER
bisphosphonates*
raloxifene*
tibolone*
HT
(*not PBS)

NORMAL t-score above -1

Prevent bone loss

Weight bearing exercise
calcium, vitamin D
MONITOR bone density
consider DEXA 5
yearly

(no Medicare rebate)



Where indicated for symptom relief

HORMONE THERAPY

→ HYSTERECTOMY→

continuous oestrogen
+/- testosterone (not PBS)

INTACT UTERUS

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)

MENOPAUSAL TRANSITION

Early, ie. regular cycles
low dose combined oral contraceptive pill
if cardiovascular risk profile low, nonsmoker,
nonhypertensive

Later, ie. oligomenhorrea continuous oestrogen

cyclic progestin 14 days each cycle (day 15-28)

contraception, ie. barrier, sterilisation, Implanon

or continuous oestrogen + Mirena IUD

+/- testosterone (not PBS)

POSTMENOPAUSAL

>2 years

continuous oestrogen

+

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

Note: These are general recommendations which must be modified according to the clinical presentation and desires of the individual woman after she has been fully assessed and informed of all available options

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

SPECIAL SITUATIONS

Breast cancer

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)

If symptoms severe – SSRIs, tibolone, HT last option (treatment by specialist in women's

health, liaise 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 Transderma

Migraine Transdermal E&P, nasal E, lower dose, avoid systemic progestins

Varicose veins No special regimen
Weight increase Not related to HT