

# Management of Menopause

# SUMMARY 2015 NICE GUIDANCE:

Diagnosis can be made ***without laboratory tests*** in women aged over 45 years with symptoms

- Peri-menopause based on vasomotor symptoms and irregular periods.
- Menopause in women who have not had a period for at least 12 months and are not using hormonal contraception.
- Consider using FSH to diagnose menopause only <45yrs  
(If possible test day 2-5 of cycle.)
- Two FSH levels over 30mIU/ml taken 6 weeks apart in women amenorrhoeic on eg IUS, POP, Nexplanon can be used to determine when contraception can be stopped (2 yrs <50, 1 yr after 50)

## ○ Vasomotor symptoms

- Offer women HRT for after discussing with them the short-term (up to 5 years) and longer-term benefits and risks.
- –Oestrogen and Progestogen to women with a uterus
- –Oestrogen alone to women without a uterus.
  
- Do not offer selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs) or Clonidine as first-line treatment

## ○ Urogenital atrophy

- Vaginal oestrogen can be given to women with urogenital atrophy (including those on systemic HRT) and continued for as long as needed to relieve symptoms.
- Safe post breast Ca- check with Oncologist
- If vaginal oestrogen does not relieve, consider increasing the dose. Vaginal moisturisers and lubricants can be used alone or in addition to vaginal oestrogen.
  
- *There is no need for monitoring of endometrial thickness*

# Risks

- ***Venous thromboembolism***

Oral HRT

The risk VTE is increased (RR=2)

Transdermal HRT

under 50mcg/24hr no increased risk

***Use transdermal rather than oral HRT for women who are at increased risk of VTE, including those with BMI over 30.***

Refer high risk of VTE (eg strong family history of VTE or hereditary thrombophilia) to a haematologist.

- ***Cardiovascular disease***

***HRT does not increase coronary heart disease risk when started in women aged under 60 years, and does not affect the risk of dying from cardiovascular disease***

- Cardiovascular riskfactors are not a contraindication ***as long as they are optimally managed.***
- Beware dangerous women with lots of risk factors.
- Oestrogen alone is associated with no or reduced risk of coronary heart disease.
- Combined HRT is associated with little or no increase in the risk of coronary heart disease.
- Oral Oestrogen (but not transdermal under 50mcg/24hr) is associated with a small increase in the risk of stroke (?significant)

## *more risks.....*

- ***Type 2 diabetes***

No increased risk of developing type 2 diabetes with oral or transdermal. HRT is not *generally* associated with an adverse effect on control.

- ***Osteoporosis***

Give women advice on bone health and discuss any risk factors for osteoporosis

Risk of fragility fracture is decreased while taking HRT but increases once treatment stops,

- ***Loss of muscle mass and strength***

- Limited evidence that HRT may improve muscle mass and strength,
- Encourage weight bearing exercise.

# Breast cancer

***HRT does not affect the risk of dying from breast cancer.***

- HRT with Oestrogen alone-  
Little or no increase in the risk of breast cancer.
- HRT with Oestrogen and Progestogen  
increases the risk of breast cancer- related to duration of treatment
- *The Woman's Health Initiative study suggests if 1000 women used HRT for 5 years there would be 4 extra cases of breast cancer with combined HRT use, and 4 fewer cases with Oestrogen only use (baseline risk of 15 cases per 1000 women over 5 years).*

## Ovarian cancer (not in NICE guidelines)

- A 2015 meta-analysis of 52 epidemiological studies has shown an increased risk of ovarian cancer with all HRT
- Insufficient evidence to claim that HRT causes ovarian cancer.
- When counselling patients discuss in terms of absolute risk.

**With 5 years of HRT use, there could be 1 additional ovarian cancer per 1,000 users and 1 additional death per 1,700 users among women of all ages.**

Or after 5 years of HRT there is only a 0.1% increase in ovarian cancer and less than 0.6% additional deaths.

## Premature ovarian insufficiency

- ie menopause under 40 years
- Start hormonal treatment either with HRT or COCP.
- Continue until at least the age of natural menopause
- Protects against the increased risk of dementia, cognitive decline, cardiovascular disease and osteoporosis.
  
- HRT has a negligible effect on blood pressure compared with a combined oral contraceptive.
  
- Both HRT and combined oral contraceptives offer bone protection.
- **HRT is not a contraceptive.**



# Summary for Prescribing

- **Vaginal sx. only :**

topical oestrogen, lubricants, moisturiser eg replens

- **Uterus Intact LMP <1 year:**

Oral **sequential combined** E. & P.

Patch **sequential combined** E. & P.

Transdermal/oral/patch E. + IUS or oral P.

Qlaira - if low risk & contraception needed (COC rules apply)

- **Uterus intact LMP > 1 year**

Oral **continuous combined** E. & P.

Patch **continuous combined** E. & P.

Transdermal/oral E. + IUS or oral P.

- **Post hysterectomy**

Transdermal E.

Oral E.

Tibolone

# What to Prescribe

## Sequential preparations

*For patients with: intact uterus, perimenopausal, <1yr amenorrhoea*

- ELLESTEDUET 1mg(£9.20)
- ELLESTEDUET 2mg(£9.20)  
*(Norethisterone)*
  
- FEMOSTON 1/10(£16.16)
- FEMOSTON 2/10(£16.16)  
*(Dydrogesterone (Non-androgenic))*
  
- Patch
- FEMSEVEN SEQUI 50mcg (£37.54)  
*(Levonorgestrel)*
- EVOREL SEQUI 50mcg (£33.27)  
*(Norethisterone)*

# What to Prescribe

## Continuous combined (bleed free)

*use if: amenorrhoeic >1yr, >54yrs, >3yrson sequential HRT*

- ELLESTE DUET CONTI 2mg (£17.02)  
*(Norethisterone)*
- FEMOSTON CONTI 0.5mg (£24.43)
- FEMOSTON CONTI 1mg (£24.43)  
*(Dydrogesterone)*
  
- TIBOLONE 2.5mg (£31.08)
- Can be useful if: •Bloating on oestrogen •Poor libido •Endometriosis

Patch:

- FEMSEVEN CONTI 50mcg (£44.12)  
*(Levonorgestrel)*
- EVOREL CONTI 50mcg (£37.22)  
*(Norethisterone)*

# What to Prescribe

## Unopposed Oestrogen Post hysterectomy

- ELLESTE SOLO 1mg (£5.06)
- ELLESTE SOLO 2mg (£5.06)

### patch

- ESTRADOT PATCH
- 25mcg(£17.97) 37.5mcg(£18.00) 50mcg(£18.06) 75mcg(£21.00) 100mcg(£21.81)
- **Topical**
- OESTROGEL(£14.40)
- SANDRENA GEL 500mcg(£15.24) 1mg(£17.57)

# What to Prescribe

## Topical vaginal oestrogen

- VAGIFEM 10mcg 24 pessaries (£16.72)
- OVESTIN CREAM (£4.45)

## Progestogen adjunct to topical oestrogen if no hysterectomy

- **Mirena**—IUS (£88) *Levonorgestrel* Replace after 5 years as per FSRH guidance
- MPA 5 or 10mg (£9.81)  
*Medroxyprogesterone* 10mg d14-28 or 5mg daily
- Utrogestan 100mg (£15.39)  
*Micronised progesterone* 200mg d14-28 or 100mg daily

# TEA TIME

