Diagnosis and management of menopause

**Recognition**

**Bleeding patterns** progressively changes:
- 1 Cycle shortening with or without exacerbation of cycle-related symptoms
- 2 Missing periods with or without oestrogen deficiency symptoms
- 3 Dysfunctional bleeding that may be heavy, prolonged and without warning
- 4 Break-free intervals increase
- 5 Menstrual period was >1 year ago as a component responsible.

- Continuous progestogen regimen if last menstrual period reduces coronary artery
- Cyclical progestogen regimen if last menstrual period increases the risk of osteoporosis.
- Intrauterine progestogen at any stage (e.g. levonorgestrel intrauterine system – only Mirena is licensed)

**Cardiovascular risks**
- Any HRT started <10 years after last menstrual period reduces coronary artery
- Oestrogen has a dose-dependent effect on lipoprotein profile

**Bone health**
- Oestrogen has a dose-dependent effect on bone density and standard HRT dosage has fracture
- Consider individual risk profile and then any patient-specific advice from expert otherwise available
- Use is recommended by NICE for as long as problem persists

**Skin and hair change**
- If bleeding is still cyclical, FSH estimation is not indicated
- Are raised if at the point of testing, ovarian response is consistently deficient, but this does not tell you for how long this has been the case or if there may be response in the future

**Management**

**Management Lifestyle advice**
- Optimise weight (BMI 19-25)
- Exercise
- Aims to reduce risk of cardiovascular disease
- Consider alcohol intake and smoking
- Consider vitamin D and calcium intake

**Non-hormonal prescribed options**
- Cimindina 50mg twice daily – licensed – Not recommended by NICE – little benefit above placebo
- Gabapentin – unlicensed – Not recommended as first line
- Venlafaxine 37.5mg once daily and rising to twice daily but no more – unlicensed
- Metabolism and endocrine – Seek advice if unsure
- Consider individual risk profile and then any patient-specific advice from expert otherwise available

**Hormones**
- Vaginal low potency products – All can be used unopposed at standard dosage – choose a product the patient will use
- Estradiol creams (0.1% and 0.01%)
- Estradiol 10mcg vaginal tablet
- Estradiol 7.5mcg/day vaginal ring
- Warn patients that these have no significant systemic activity, otherwise package information leaflet may cause alarm
- Avoid in hormone-dependent cancers unless patient-specific advice from expert otherwise available

**Systemic**
- Norethisterone – prescribed as a systemic replacement
- Testosterone – prescribed as systemic replacement
- Enzyme inducers – consider non-oral oestrogen

**Considerations**
- If bleeding is still cyclical, FSH estimation is not indicated
- Are raised if at the point of testing, ovarian response is consistently deficient, but this does not tell you for how long this has been the case or if there may be response in the future

**Evaluation**

**Age**
- 45-55 is normal
- 50 or is early
- Consider exercise

**Risk assess in the fields of**
- Gynaecology
  - Refer if red flags (e.g. intermenstrual, postcoital or postmenopausal bleeding)
  - 需要考虑的几个因素
- Bone
  - Seek expert advice if high risk
  - Consider DEXA and FRAX
  - Seek expert advice if unsure
  - Consider individual risk profile and then any patient-specific advice from expert otherwise available

**Examine**
- Blood pressure
- BMI
- Others only if indicated

**Information**
- Explain what is happening and its implications
- Discuss with the patient what is happening

**Impact**
- What difference does this make to her life, work and relationships?
- This may be devastating to some, particularly young women.

**Conclusion**
- The changes in blood levels and hormone concentrations
- The relationship between these changes and the symptoms
- The potential for individual variation in response to treatment

- Change to continuous combined at age 54 or within five years as this offers best protection
- If experienced consider CEE25A (conjugated equine oestrogen 0.5mg with norethisterone)
- This is a selective oestrogen receptor modulator which opposes endometrial dilatation at the dose used
- Progestogen tolerance
- Nil in menopausal women

- Testosterone
- Enzyme inducers – consider non-oral oestrogen

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