

## City and Hackney Menopause Pathway

# h East London **Clinical Commissioning Group**

#### Patient presents with:

Hot flushes, night sweats

- Change in menstrual cycle
- · Joint and muscle pain
- · Vaginal dryness
- Low mood
- Low sexual desire

## History

- Determine last menstrual period and current bleeding pattern
- Assess risk factors for breast cancer, osteoporosis, VTE and heart disease, or family history of VTE, arterial disease or gynaecological cancers, if concerned see here
- Determine treatment priorities for patient
- Assess contraception need (and fertility intentions)
- Determine lifestyle factors diet, exercise, alcohol intake and smoking
- Cancer screening status

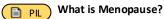
Women over 45

Relevant medical, social and drug history

#### Patient Info

Give information and advice about:

- Stages of menopause
- Symptoms and diagnosis
- Benefits vs risks of treatments
- Long-term health implications of menopause





PIL

Contraception in Older PIL Women

## **Examination and Investigation**

Women under 40 FSH should be measured to diagnose Primary Ovarian

> Insufficiency (POI) where suspected and if confirmed, consider bone density scan. Combined Hormonal Contraception (CHC) needs to be discontinued 6 weeks before the FSH test. Progesterone Only Pill (POP) is okay to take alongside the FSH test. Diagnosis is ideally made on two samples 4-6 weeks apart (FSH >40 iu/l)

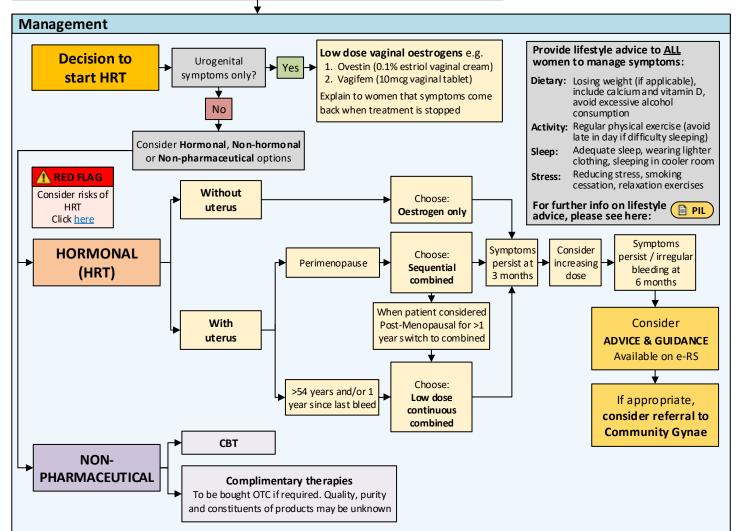
Women 40 - 45 FSH test to diagnose menopause only in women with menopausal symptoms (e.g. vasomotor) + change in menstrual cycle.

FSH is not necessary for diagnosis of menopause as this can be based on symptoms alone. FSH test can be carried out if the clinical

picture is atypical.

## **Red Flag**

If woman aged >45 presents with unexplained/abnormal vaginal bleeding consider urgent 2WW referral



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#### Contraception

Contraception should be continued for:

- >1 year after last period (if period stop after age of 50)
- 2 years after last period (if period stop <u>before</u> age of 50)

For further information on contraception in older women please refer to:



#### **Benefits of HRT**

- Control of menopausal symptoms
- Maintenance of bone mineral density (BMD) and reduced risk of osteoporotic fractures. Benefit reduced once treatment stops

## Risks of HRT

Woman who take HRT for more than 5 years have a higher risk of Breast cancer. For more info please click <u>here</u>

- Venous thromboembolism greatest risk in first 12 months
- Cardiovascular disease (CVD) and stroke no increase when HRT started <60 years old</li>
- Breast cancer any increase in risk is related to treatment duration and reduces after stopping HRT
- Endometrial cancer risk if oestrogen only given when uterus present

   reduced by addition of progestogen. Continuous provides better
   long-term protection than cyclical
- Osteoporosis risk of fracture is decreased whilst taking HRT benefit only maintained during treatment

#### Review

Review at 3 months, then annually thereafter (unless clinically indicated)

#### Review to cover:

- ✓ Effectiveness and side-effects
- √ Bleeding pattern (bleeding common in first 3 months of starting HRT)
- ✓ Review type and dose
- √ Help assess ongoing risk/benefit Balance
- **√** BP
- √ BMI
- √ Reminder of national screening programs (breast + cervical)

If appropriate, consider switching from cyclical HRT to continuous combined HRT

## **Stopping HRT**

- · Can be gradually reduced or immediately stopped
- Gradually reducing may limit recurrence of symptoms in the short-term but no difference long-term

#### **Specialist Referral**

Consider referral to Community Gynaecology if:

- · Persistent side effects
- Poor symptom control
- Complex medical history
- Past history hormone dependent cancer
- Bleeding problems:
  - Sequential HRT if increase in heaviness or duration of bleeding, or if bleeding irregular
  - Continuous combined if bleeding beyond six months of therapy, or if occurs after spell of amenorrhoea

#### **Clonidine Information**

Clonidine is licensed for treatment of vasomotor symptoms.

However, there is limited evidence of its efficacy, and it may cause unacceptable adverse effects (for example dry mouth, sedation, depression and fluid retention).

#### **HRT and Breast Cancer**

- All types of systemic HRT are associated with a significant excess incidence of breast cancer, irrespective of the type of estrogen or progestogen or route (oral or transdermal)
- There is little or no increase in risk of breast cancer with current or previous use of HRT for less than 1 year; however, there is an increased risk with HRT use for longer than 1 year
- Risk of breast cancer increases further with longer durations of HRT use
- Risk of breast cancer is higher for combined estrogen-progestogen HRT than estrogen-only HRT
- For women who use HRT for similar durations, the total number of HRTrelated breast cancers by age 69 years is similar whether HRT is started in her 40s or in her 50s
- The study found no evidence of an effect on breast cancer risk with use of low doses of estrogen applied directly via the vagina to treat local symptoms