City and Hackney Menopause Pathway

Homerton University Hospital NHS Foundation Trust

NHS North East London Clinical Commissioning Group

Patient presents with:

- Change in menstrual cycle
- Hot flushes, night sweats
- Joint and muscle pain
- Low mood
- Vaginal dryness
- 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
- Relevant medical, social and drug history

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.

Women over 45 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.

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 **What is Menopause?**

PIL **HRT: Benefits and Risks**

PIL **HRT**

PIL **Contraception in Older Women**

Red Flag

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

Management

Decision to start HRT

Urogenital symptoms only?

Yes → **Low dose vaginal oestrogens** e.g.
1. Ovestin (0.1% estriol vaginal cream)
2. Vagifem (10mcg vaginal tablet)

Explain to women that symptoms come back when treatment is stopped

No → Consider **Hormonal**, **Non-hormonal** or **Non-pharmaceutical** options

Provide lifestyle advice to ALL women to manage symptoms:

Dietary: Losing weight (if applicable), include calcium and vitamin D, avoid excessive alcohol consumption

Activity: Regular physical exercise (avoid late in day if difficulty sleeping)

Sleep: Adequate sleep, wearing lighter clothing, sleeping in cooler room

Stress: Reducing stress, smoking cessation, relaxation exercises

For further info on lifestyle advice, please see here: PIL

RED FLAG
Consider risks of HRT
Click here

HORMONAL (HRT)

- **Without uterus** → Choose: **Oestrogen only**
- **With uterus**
  - Perimenopause → Choose: **Sequential combined**
  - When patient considered Post-Menopausal for >1 year switch to combined
  - >54 years and/or 1 year since last bleed → Choose: **Low dose continuous combined**

Symptoms persist at 3 months → Consider increasing dose → Symptoms persist / irregular bleeding at 6 months

Consider **ADVICE & GUIDANCE** Available on e-RS

If appropriate, **consider referral to Community Gynae**

NON-PHARMACEUTICAL

- **CBT**
- **Complimentary therapies** To be bought OTC if required. Quality, purity and constituents of products may be unknown

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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 before age of 50)

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

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 here

- **Venous thromboembolism –** greatest risk in first 12 months
- **Cardiovascular disease (CVD) and stroke -** no increase when HRT started <60 years old
- **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 HRT-related 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

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