Lancashire & South Cumbria Medicines Management Group

Primary Care Management of Menopause

Version 1.0

Introduction

Lancashire & South Cumbria Medicines Management Group

VERSION CONTROL		
Version	**Date**	**Amendments made**
1.0	June 2023	New guideline. AG.

Contents

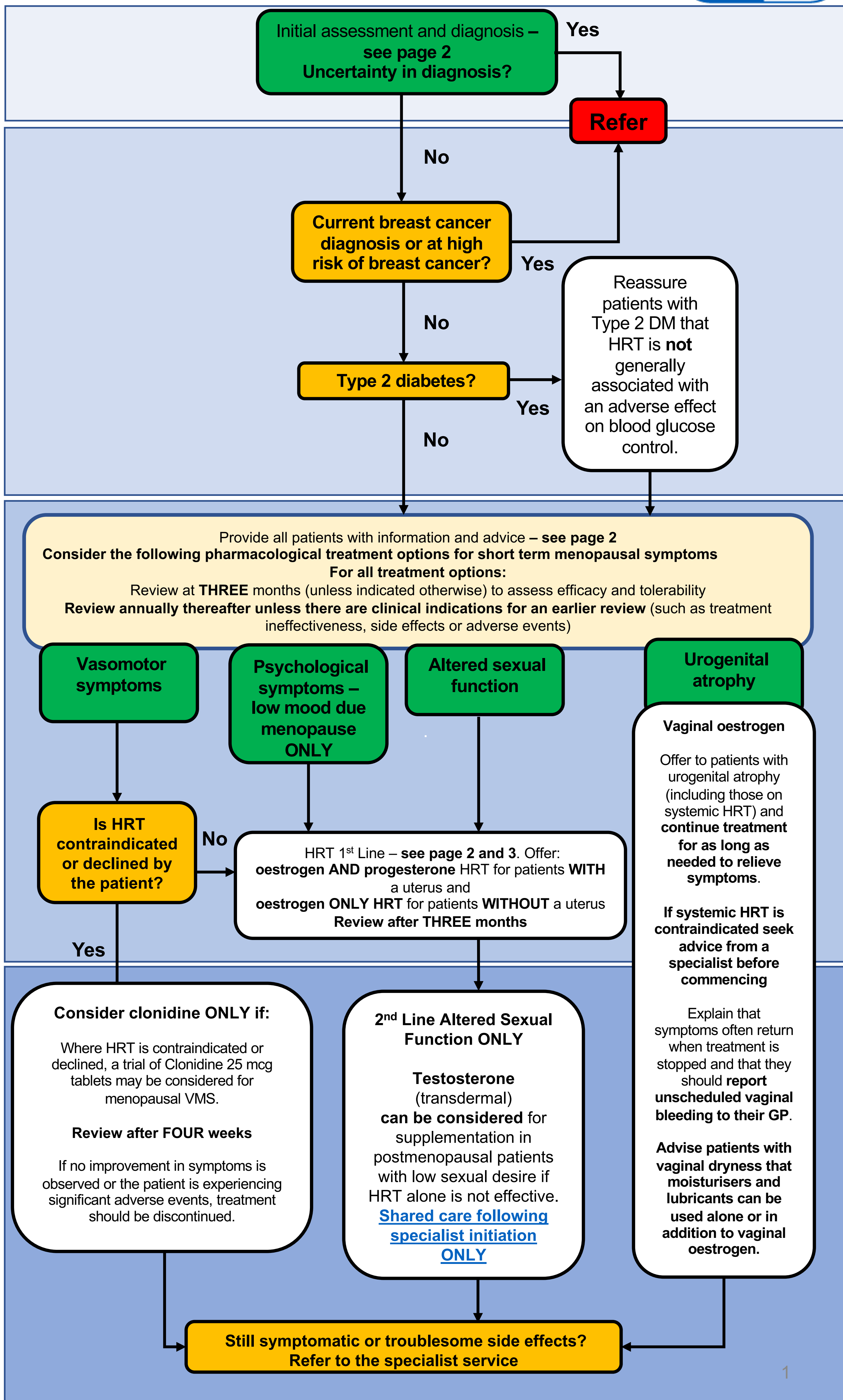
1. Algorithm 1 - Primary Care Management of Menopause
2. Initial assessment
2. Advice to provide to all patients diagnosed with menopause
3. Long term risks and benefits of HRT
4. HRT treatment routines

©Midlands and Lancashire Commissioning Support Unit, 2022.

The information contained herein may be superseded in due course. All rights reserved.
Produced for use by the NHS, no reproduction by or for commercial organisations, or for commercial purposes, is allowed without express written permission.

Midlands and Lancashire Commissioning Support Unit,
Jubilee House, Lancashire Business Park, Leyland, PR26 6TR
Tel: 01772 644 400 | www.midlandsandlancashirecsu.nhs.uk

Primary Care Management of Menopause



Adapted from NICE NG 23 and associated NICE pathways and LSCMMG commissioning positions

Primary Care Management of Menopause: Additional information

1. Initial assessment

Potential symptoms of menopause

Change in menstrual cycle
Insomnia
Vasomotor symptoms (for example, hot flushes and sweats)
Musculoskeletal symptoms (for example, joint and muscle pain)
Effects on mood (for example, low mood)
Urogenital symptoms (for example, vaginal dryness)
Sexual difficulties (for example, low sexual desire).

Diagnose without laboratory tests in otherwise healthy women aged over 45 years with menopausal symptoms:

- perimenopause based on vasomotor symptoms and irregular periods
- menopause in women who have not had a period for at least 12months and are not using hormonal contraception
- menopause based on symptoms in women without a uterus.

Take into account that it can be difficult to diagnose menopause in women who are taking hormonal treatments, for example for the treatment of heavy periods.

Consider using a follicle-stimulating hormone test* to diagnose menopause only in women aged 40 to 45 years with menopausal symptoms, including a change in their menstrual cycle, or in women aged under 40 years in whom menopause is suspected.

(*Do not use a serum FSH test to diagnose menopause in women using combined oestrogen and progestogen contraception or high-dose progestogen.)

2. Advice to provide to all patients diagnosed with menopause

- Stages of the menopause
- Common symptoms and diagnosis (above)
- Lifestyle changes and interventions that could help general health and wellbeing
- Treatment options – Hormonal, non-hormonal, non-pharmaceutical
- Benefits and risks of treatments for menopausal symptoms – see below. **Discuss short-term (up to 5 years) and longer-term benefits and risks of HRT**.
- Explain to women who wish to try complementary therapies that the quality, purity and constituents of products may be unknown
- Contraception to women who are in the perimenopausal and postmenopausal phase (up to aged 55years)
- Long-term health implications of menopause

Advise women with a uterus that unscheduled vaginal bleeding is a common side effect of HRT within the first 3 months of treatment but should be reported at the 3-month review appointment, or promptly if it occurs after the first 3 months.

Stopping HRT

Offer women who are stopping HRT a choice of gradually reducing or immediately stopping treatment. Gradually reducing HRT may limit recurrence of symptoms in the short term but makes no difference to symptoms in the long term.

Primary Care Management of Menopause: Additional information

3. Long term risks and benefits of HRT

Venous thromboembolism (VTE) - VTE risk is increased by oral HRT compared with baseline population risk. The risk associated with transdermal HRT given at standard therapeutic doses is no greater than baseline population risk.

Consider transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m^2. Consider referring menopausal women at high risk of VTE (for example, those with a strong family history of VTE or a hereditary thrombophilia) to a haematologist for assessment before considering HRT.

Cardiovascular disease – HRT does not increase cardiovascular disease risk when started in women aged under 60 years. Oral (but not transdermal) oestrogen is associated with a small increase in the risk of stroke, however the baseline population risk of stroke in women aged under 60 years is very low. Consider transdermal preparations to those aged over 60 to reduce cardiovascular risk.

Breast cancer - HRT with oestrogen alone is associated with little or no change in the risk of breast cancer. HRT with oestrogen and progestogen can be associated with an increase in the risk of breast cancer. Any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT.

See MHRA alert for further detail: ‘Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping’

Osteoporosis – The risk of fragility fracture is decreased while taking HRT.

Muscle mass – There is limited evidence suggesting that HRT may improve muscle mass and strength.

Dementia – The likelihood of HRT affecting their risk of dementia is unknown.

4. HRT treatment routines

The 2 types of routines are cyclical (or sequential) HRT and continuous combined HRT.

Cyclical HRT

Cyclical HRT, also known as sequential HRT, is often recommended for women taking combined HRT who have menopausal symptoms but still have their periods. There are 2 types of cyclical HRT:

- **monthly HRT** – oestrogen every day, and progestogen alongside it for the last 14 days of the menstrual cycle. Monthly HRT is usually recommended for women having regular periods.

- **3-monthly HRT** – oestrogen every day, and progestogen alongside it for around 14 days every 3 months. 3-monthly HRT is usually recommended for women having irregular periods.

Continuous combined HRT

Continuous combined HRT is usually recommended for women who are postmenopausal. A woman is usually said to be postmenopausal if she has not had a period for 1 year.

Continuous combined HRT involves taking oestrogen and progestogen every day without a break. Oestrogen-only HRT is also usually taken every day without a break.

References

1. National Institute for Health and Care Excellence, “Menopause: diagnosis and management” November 2015. [Online]. Available: https://www.nice.org.uk/guidance/ng23
2. Women’s Health Concern, “The Menopause” November 2019. [Online]. Available: https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/
3. The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, “Contraception for Women Aged over 40 Years” August 2017. [Online]. Available: https://www.fsrh.org/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/
4. LSCMMG clonidine new medicines review. Available via www.lancsmmg.nhs.uk
5. LSCMMG testosterone new medicines review. Available via www.lancsmmg.nhs.uk
6. British Menopause Society, “Cognitive Behaviour Therapy (CBT) for Menopausal Symptoms” October 2019. [Online]. Available: https://thebms.org.uk/publications/tools-for-clinicians/cognitive-behaviour-therapy-cbt-menopausal-symptoms/
7. British Menopause Society, “FAST FACTS: HRT and breast cancer risk” November 2020. [Online]. Available: https://thebms.org.uk/wp-content/uploads/2020/12/12-BMS-TfC-Fast-Facts-HRT-and-Breast-Cancer-Risk-01D.pdf
8. Medicines and Healthcare products Regulatory Agency. MHRA Alert: Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping. Accessed via: https://www.gov.uk/drug-safety-update/hormone-replacement-therapy-hrt-further-information-on-the-known-increased-risk-of-breast-cancer-with-hrt-and-its-persistence-after-stopping [Accessed online: 21/09/2022].