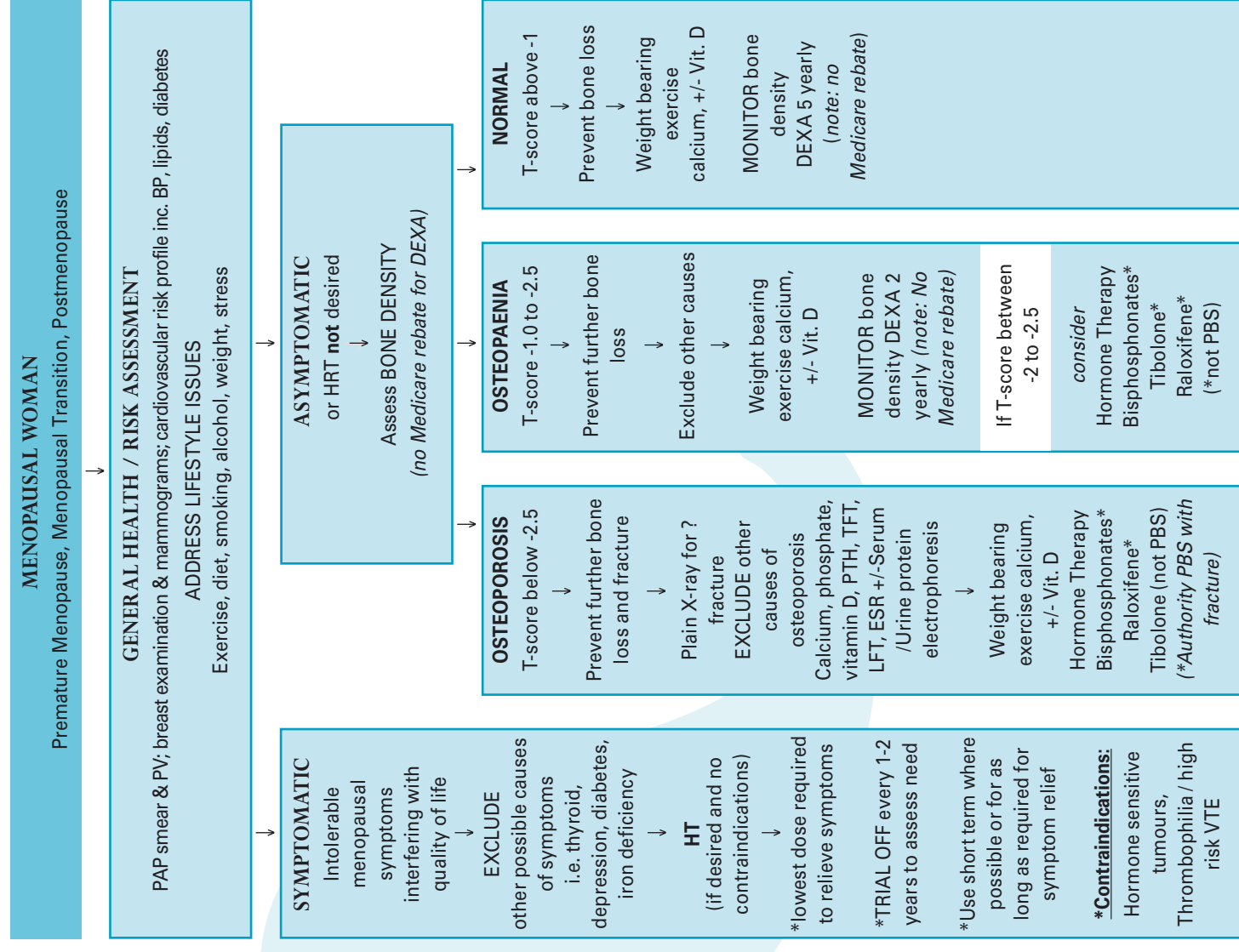
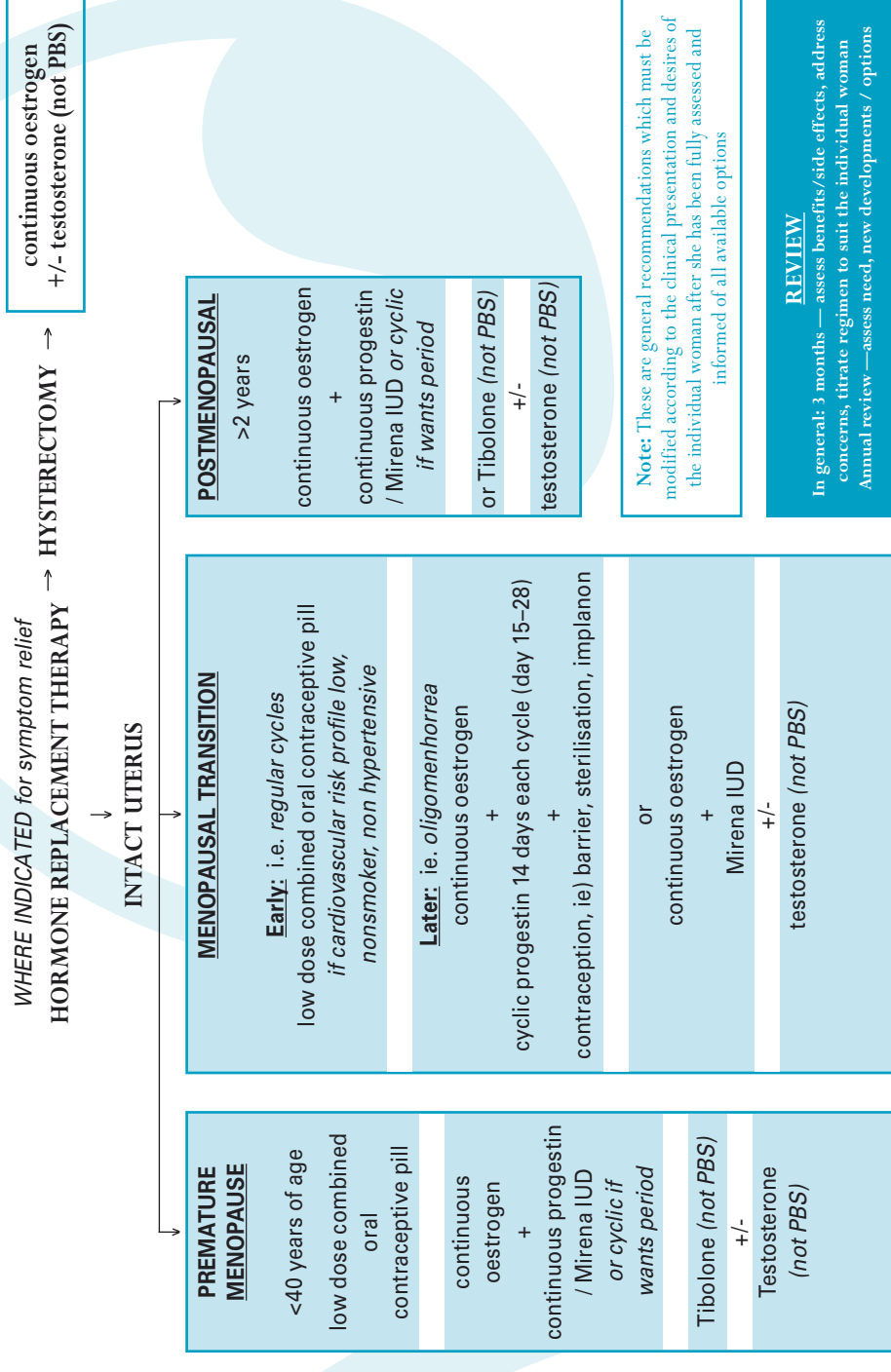


# Menopause

## A treatment algorithm



The Jean Hailes Foundation for Women's Health is a leading national women's health organisation that incorporates vital research with clinical care and practical education programs for women and health professionals across Australia



### SPECIAL SITUATIONS

<b>Cardiovascular risks</b>	Diabetes, hypertension, hyperlipidaemia, IHD - Avoid HT with multiple risk factors, transdermal oestrogen if no other options
<b>DVT</b>	ASSESS BASELINE RISK: HIGH RISK if DVT recurrent, spontaneous, with pregnancy/OC, family history, smokers; screen for inherited thrombophilia. If normal and low risk, use transdermal or tibolone. If high risk or inherited thrombophilia, avoid HT unless anticoagulated.
<b>Breast cancer &amp; Endometrial cancer</b>	If symptoms severe – SSRIs, Tibolone, HT last option (refer to specialist in women's health / liaison with oncologist), Catapres, Progestins (for flushes) No special regimen
<b>Ovarian cancer</b>	Transdermal oestrogen to lower SHBG; add testosterone if Low calculated Free Testosterone, Tibolone
<b>Androgen deficiency</b>	Oral oestrogen to increase SHBG; use cyproterone or dydrogesterone or drospirenone as progestin;
<b>Hirsutism</b>	Tibolone; OCP; continuous combined HRT
<b>Endometriosis</b>	No special regimen; theoretically may increase in size (not with transdermal); monitor
<b>Fibroids</b>	T/V ultrasound +/- hysteroscopy - If atrophic endometrium, reduce progestin / increase oestrogen.
<b>PV bleeding</b>	Otherwise, increase progestin dose / length / type; Mirena IUD
<b>Progestin side effects</b>	Mirena IUD
<b>Mastalgia</b>	Lower dose; Tibolone; Continuous combined HRT; Transdermal / nasal
<b>Liver disease, gallstones</b>	Transdermal / nasal
<b>Migraine</b>	Transdermal E&P, nasal E, lower dose; avoid systemic progestins; continuous HT may be better
<b>Varicose veins</b>	No special regimen
<b>Weight increase</b>	Not related to HRT