Menopause

A treatment algorithm

**Menopausal Woman**
- Premature Menopause, Menopausal Transition, Postmenopause

**General Health / Risk Assessment**
- PAP smear & PV; breast examination & mammograms; cardiovascular risk profile inc. BP, lipids, diabetes
- Address Lifestyle Issues
  - Exercise, diet, smoking, alcohol, weight, stress

**Premature Menopause**
- <40 years of age
- Early: i.e. regular cycles
  - Low dose combined oral contraceptive pill
    - If cardiovascular risk profile low, non smoker, non hypertensive
  - Continuous oestrogen + continuous progestin / Mirena IUD or cyclic if wants period
- Late: i.e. oligomenorrhoea
  - Cyclic progesterone 14 days each cycle (day 15–28) + contraception, i.e. barrier, sterilisation, implant
  - Continuous oestrogen + / or testosterone (not PBS)

**Menopausal Transition**
- >2 years
- Early:
  - Low dose combined oral contraceptive pill
  - If cardiovascular risk profile low, non smoker, non hypertensive
- Later:
  - Cyclic progesterone 14 days each cycle (day 15–28) + contraception, i.e. barrier, sterilisation, implant
  - Continuous oestrogen + / or testosterone (not PBS)

**Postmenopause**
- >2 years
- Continuous oestrogen + / or testosterone (not PBS)

**Special Situations**
- Cardiovascular risks: Diabetes, hypertension, hyperlipidaemia, IHD - Avoid HT with multiple risk factors, transdermal oestrogen if no other options
- DVT - Assess baseline risk: High risk if DVT recurrent, spontaneous, with pregnancy/OCP, family history, smokers; screen for inherited thrombophilia. If normal and low risk, use transdermal or testosterone. If high risk or inherited thrombophilia, avoid HT unless anticoagulated.
- Breast cancer & Endometrial cancer - Refer to specialist in women's health / liaise with oncologist, Catapres, Progestins (for flushes)
- Ovarian cancer - No special regimen
- Androgen deficiency - Transdermal oestrogen to lower SHBG; ad testosterone if low calculated Free Testosterone, Tibolone; OCP; continuous combined HT
- Hirsutism - Oral oestrogen to increase SHBG; use cyproterone or dydrogesterone or drospirenone as progestin; otherwise, increase progestin dose / length / type; Mirena IUD
- Endometriosis - Transdermal oestrogen to lower SHBG; ad testosterone if low calculated Free Testosterone, Tibolone; OCP; continuous combined HT
- Fibroids - No special regimen; theo may increase in size (not with transdermal); monitor
- PV bleeding - If atrophic endometrium, reduce progestin / increase oestrogen. Otherwise, increase progestin dose / length / type; Mirena IUD
- Progestin side effects - Mirena IUD; Tibolone
- Mastalgia - Lower dose; Tibolone; Continuous combined HT; Transdermal / nasal
- Liver disease, gallstones - Transdermal / nasal
- Migraine - Transdermal / nasal
- Varicose veins - No special regimen
- Weight increase - Not related to HT

Note: These are general recommendations which must be modified according to the clinical presentation and desires of the individual woman after she has been fully assessed and informed of all available options.

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