



Menopause practical steps

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primary goals

- Control symptoms
- Improve long term health

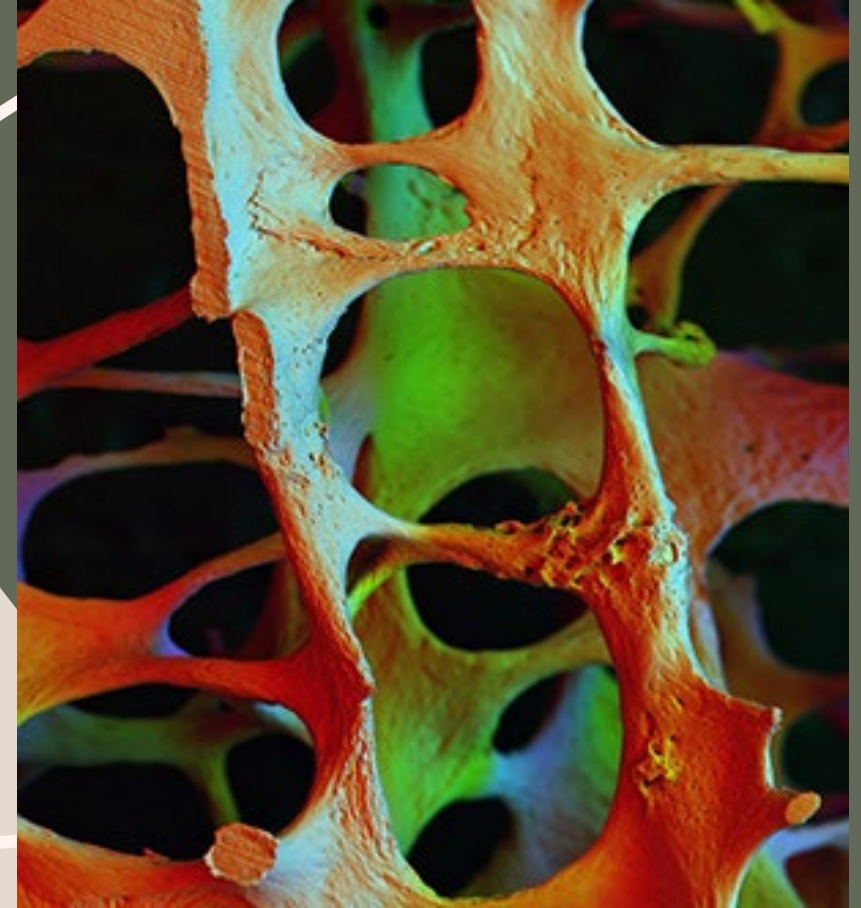
Symptoms



- Most are not specific
- Vasomotor symptoms (hot flushes, sweats)
- DD: B symptoms, carcinoid syndrome, hyperthyroid

Long term health

- Established evidence for bone protection
- CVS: no increased risk if started early, secondary prevention still await robust evidence
- Stroke: small increase with oral therapy
- Diabetes: unaffected
- Dementia: unknown
- Sarcopenia: may be beneficial – more evidence awaited





Relevant aspects in history taking

History:

- Age
 - Contraception
 - Cycle
 - Symptoms
 - FH : Breast/Ov/VTE/osteoporosis
 - Smoking/alc/BMI
 - PMH
 - DH
-

Establish:

- Is Estrogen deficient likely
- Is HRT likely to benefit
- Risk factors /CI for HRT

Contraindications to HRT

- Undiagnosed abnormal vaginal bleeding
- Active or recent blood clot or myocardial infarction
- Suspected or active breast or endometrial cancer
- Active liver disease with abnormal liver function tests
- Porphyria cutanea tarda

Risk-Benefit discussion

Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause: Diagnosis and management November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No: 279651
Company Reg No: 1432023

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org



www.thebms.org.uk
Reg Charity No: 1015144
Company Reg No: 02759439

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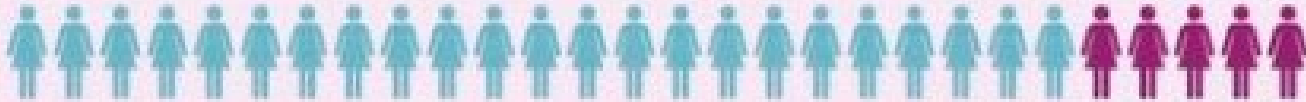
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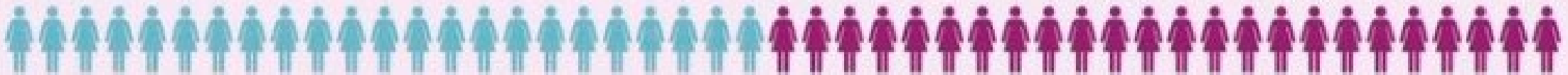
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Choice of preparations

- Oestrogen only vs combined
- Cyclical or continuous
- Transdermal or oral

Life style modification

- Weight management
- Regular exercise
- Reduce smoking
- Reduce alcohol
- Less symptoms
- Less breast cancer risk
- Better mental health
- Better long term health

The background features a light grey base with large, overlapping organic shapes in muted green and brown. A dark brown circular area on the left contains a white silhouette of a pine branch. A white wavy line curves across the bottom right.

Cases

All have symptoms of fatigue, brain fog, poor sleep, anxiety, low mood, poor libido



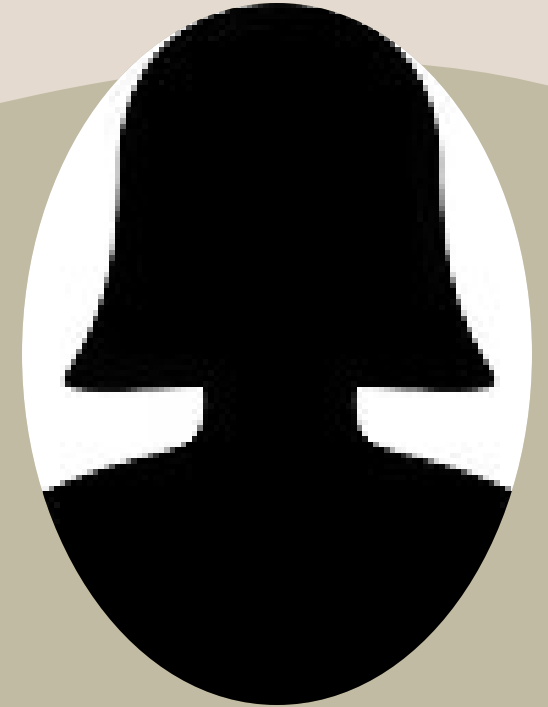
CASE 1



CASE 2



CASE 3



CASE 4

Case 1

- 52 yo
- Vasectomy
- Oligomenorrhoea last 12 months
- Has hot flushes and sweats
- No FH of relevance
- Non smoker
- Normal BMI
- Understood and accepts increase risk of breast ca with HRT
- Keen to try



Case 1

- Combined HRT
- Cyclical
- Oral or transdermal



Case 2

- 49 P4, sterilised
- Also c/o SOB on exertion
- K regular
- BMI 22
- No FH of note
- non smoker
- Keen to try HRT



Case 2

- Hb 109 g/L
- Ferritin 4 ng/ml
- Normal TFT
- Symptoms resolved when ferritin ~100 ng/ml



Case 3:

- 31 yo P3, amenorrhoea
- 12 months post BM transplant for leukaemia
- FSH >100, E2<55
- DEXA : osteopenia
- No other issues



Case 3:

- Risk vs benefit discussion different
- Continuous Combined HRT
- Oral or transdermal
- Calcium and vit D supplement
- Weight bearing exercises
- Testosterone replacement to be considered once optimal oestrogen replacement achieved



Case 4:

- 61 yo
- Menopause early 30s
- Remembered having VMS then, these settled
- Has been struggling with low mood for a long time
- Also has those other symptoms
- Felt she finally 'had enough' and wish to try some HRT
- No FH of relevance
- BMI 33, non smoker
- No other risk factors
- tearful



Case 4:

- Is oestrogen deficient likely to be the cause
- Is HRT likely to be useful
- Is risk vs benefit balance advantageous



Resources



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BMS Tools for Clinicians

The BMS has developed a range of resources for healthcare professionals to summarise the NICE Guideline, provide guidance on HRT prescribing and other treatment options, and to clarify some of the most common myths and misconceptions of menopause.

Information for women is available on the [Women's Health Concern website](#)

Publications

> Overview

> NICE Guideline

- › [What is the menopause? \(PDF\)](#)
- › [Menopause practice standards \(PDF\)](#)
- › [NICE: Menopause, Diagnosis and Management – from Guideline to Practice *Guideline Summary* \(PDF\)](#)
- › [Menopause: Guidance for Practice *Top Ten Tips* \(PDF\)](#)
- › [HRT Guide \(PDF\)](#)
- › [HRT – Practical prescribing \(PDF\)](#)
- › [HRT preparations and equivalent alternatives \(PDF\)](#)
- › [Progestogens and endometrial protection \(PDF\)](#)
- › [Fast Facts: HRT and breast cancer risk \(PDF\)](#)
- › [Prescribable alternatives to HRT \(PDF\)](#)
- › [Testosterone replacement in menopause \(PDF\)](#)
- › [Cognitive Behaviour Therapy \(CBT\) for Menopausal Symptoms \(PDF\)](#)
- › [Surgical Menopause \(PDF\)](#)
- › [Induced menopause in women with endometriosis \(PDF\)](#)
- › [Migraine and HRT \(PDF\)](#)
- › [HIV and the menopause \(PDF\)](#)
- › [Menopause and the Workplace Guidance: what to consider \(PDF\)](#)



A few practise points:

- Individualize
- Replacement not panacea
- V few require more than standard doses
- No current evidence to support widespread use of testosterone replacement in women



thank you

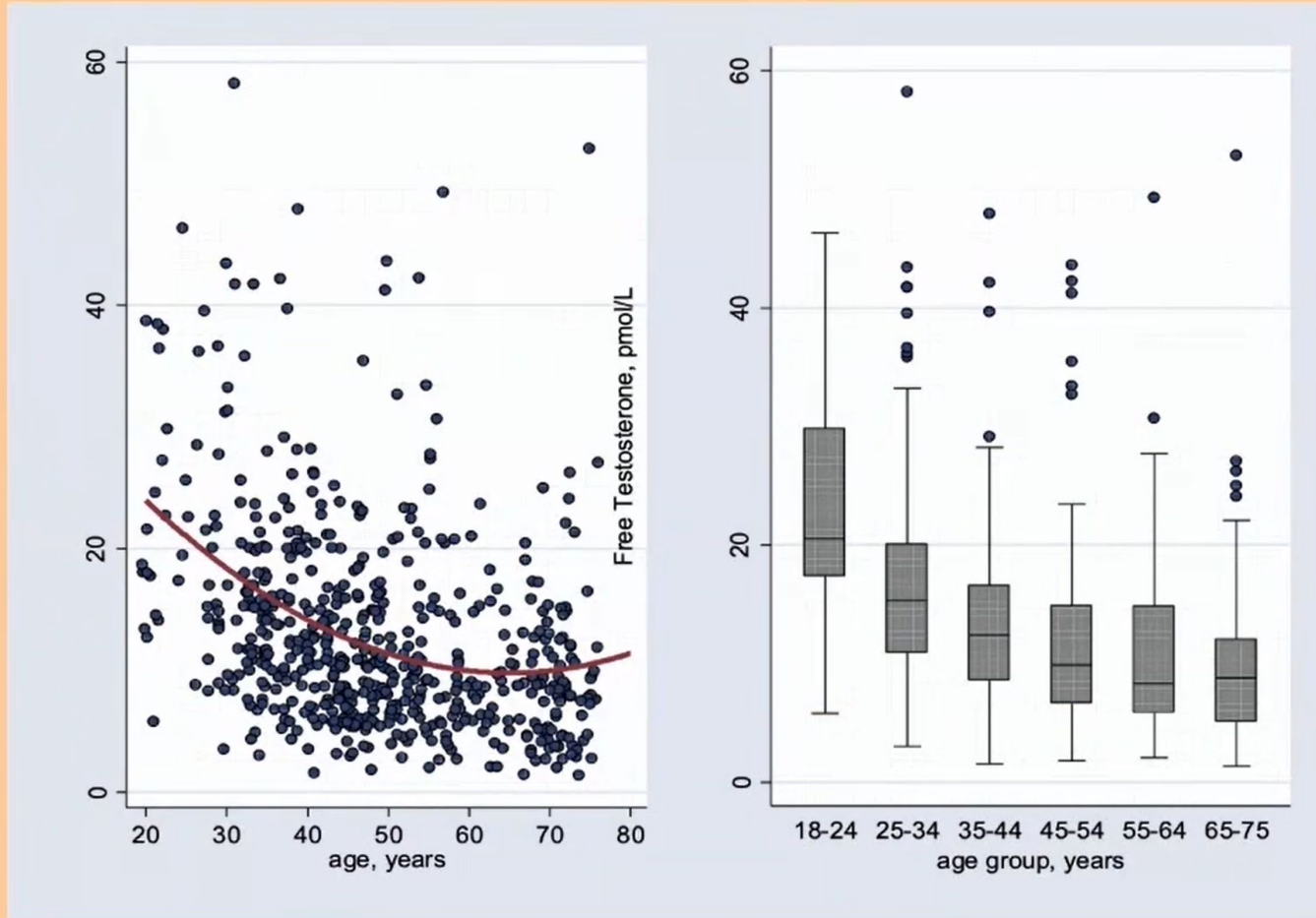
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Questions and discussion

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Testosterone supplement in women

Free testosterone levels decline with age



49% reduction
from 18-24yrs
to 65-75yrs

n= 595 women

The Bottom Line



The only evidence based indication for testosterone therapy for women is for the treatment of:

Post menopausal women with low sexual desire associated with distress

HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD)

Current data supports a moderate therapeutic effect

Insufficient data to support use of testosterone for any other symptoms, conditions or in prevention of disease or in pre-menopausal women

Davis, Baber, Panay et al Climacteric, Maturitas, J Sex Med, JCEM; ePub 2/9/2019

NICE NG23:Menopause Guideline

Key Recommendation

Consider testosterone¹ supplementation for menopausal women with low sexual desire if HRT alone is not effective

1. At the time of publication, testosterone did not have a UK marketing authorisation for this indication in women. The prescriber should follow relevant professional guidance, taking full responsibility for the decision.

BRITISH MENOPAUSE SOCIETY Tool for clinicians

Information for GPs and other health professionals

1 of 5

**The specialist
authority for
menopause & post
reproductive health**



Testosterone replacement in menopause

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Cancer Risks

Table 1 – Risk of cancer with HRT and safety of HRT after cancer diagnosis

Risk of cancer with HRT

Breast cancer	Estrogen alone HRT: Little or no change in the risk of breast cancer	Combined estrogen and progestogen: Associated with an increased risk of breast cancer that is duration dependent	Vaginal estrogen treatment: No increase in risk of breast cancer compared to controls
Endometrial cancer	Unopposed estrogen therapy: Increased risk of endometrial cancer	Sequential combined HRT >5 years: May be associated with small increase in risk of endometrial cancer, with risk inversely proportional to number of days progestogen is given	Continuous combined estrogen and progestogen: <ul style="list-style-type: none"> • Neutral effect on risk of endometrial cancer compared to placebo. • WHI showed significant reduction in endometrial cancer risk in the postintervention phase
Ovarian cancer	Epidemiological studies: Increase in risk of serous and endometrioid ovarian cancer with HRT	RCT data (WHI): No increase in risk of ovarian cancer with HRT	
Cervical cancer	No increase in the risk of cervical cancer with HRT		
Colorectal cancer	<ul style="list-style-type: none"> • WHI: reduced risk of colorectal cancer with oral combined HRT • The risk reduction became less after stopping HRT over 13 years cumulative follow-up • No effect (no increase and no reduction in risk) in the estrogen alone group 		
HRT after cancer			
Breast cancer	History of breast cancer should be considered a contraindication to systemic HRT		
Endometrial cancer	Evidence suggest no increase in risk of recurrence with HRT in women with early stage endometrial cancer		
Ovarian cancer	Evidence suggests no adverse effect on survival rates with HRT in women with epithelial ovarian cancer		
Cervical cancer	Evidence suggests no increase in risk of recurrence with HRT in women with squamous cell carcinoma of the cervix or adenocarcinoma of the cervix		
Vaginal and vulval cancer	No evidence of increased risk of recurrence. Systemic and topical HRT can be used following vaginal and vulval carcinoma		