

NICE: Menopause, Diagnosis and Management – from Guideline to Practice

Top Ten Tips

- 1** Do not use FSH for diagnosis in women > 45
- 2** Offer women HRT as first line treatment for vasomotor symptoms and low mood/anxiety related to menopause after discussing the short-term and longer-term benefits and risks
- 3** Consider CBT to alleviate low mood or anxiety that arise as a result of the menopause
- 4** Offer vaginal oestrogen to women with urogenital atrophy (including those on systemic HRT) and continue treatment for as long as needed to relieve symptoms
- 5** Offer women who are stopping HRT a choice of gradually reducing or immediately stopping treatment. There is no arbitrary time limit.
- 6** Women with POI should be advised to continue HRT until at least the age of natural menopause
- 7** Consider transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m²
- 8** HRT does not increase cardiovascular disease risk when started in women aged under 60 years
- 9** Any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT
- 10** Refer women to a healthcare professional with expertise in menopause if:
 - > treatments do not improve their menopausal symptoms
 - > they have ongoing troublesome side effects
 - > they have contraindications to HRT
 - > there is uncertainty about the most suitable treatment options for their menopausal symptoms.