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.

For further details – please visit www.thebms.org.uk or telephone 01628 890 199