

# Menopause: Guidance for Practice

## Top Ten Tips

- 1** All women should be able to access advice on how they can optimise their menopause transition and the years beyond. There should be an individualised approach in assessing menopausal women, with particular reference to lifestyle advice, diet modification as well as discussion of the role of HRT.
- 2** In women aged 45 years and over, the diagnosis of perimenopause or menopause should be considered based on their symptoms alone, without confirmatory blood tests.
- 3** HRT should be offered as first line treatment for symptoms related to the menopause including vasomotor symptoms and low mood/anxiety after discussing the short-term and longer-term benefits and risks.
- 4** The decision whether to take HRT, dose and duration of its use should be made on an individualised basis after discussing the benefits and risks with each patient. This should be considered in the context of the overall benefits obtained from using HRT including symptom control and improving quality of life as well as considering the bone and cardiovascular benefits associated with HRT use. No arbitrary limits set on age or duration of HRT use.
- 5** Oestrogen alone HRT is associated with little or no change in the risk of breast cancer while combined HRT can be associated with a small increase in risk of breast cancer. However, this risk is low in both medical and statistical terms, and should be taken in the context of the overall benefits obtained from using HRT including improved quality of life as well as the cardiovascular and bone protective effects associated with HRT.
- 6** Transdermal rather than oral HRT should be considered in menopausal women who are at increased risk of VTE, including those with increased BMI.
- 7** Vaginal oestrogen should be offered to women with urogenital atrophy (including those on systemic HRT) and treatment can be continued for as long as needed to relieve symptoms.
- 8** If HRT with adequate oestrogen intake has not been effective, testosterone supplementation can be considered in menopausal women with low sexual desire.
- 9** Women with Premature Ovarian Insufficiency (POI) and early menopause should be advised to continue HRT until at least the age of the natural menopause.
- 10** Referral to (or seeking advice from) a specialist menopause service should be considered where menopause specialist input is required if:
  - Treatments do not improve menopausal symptoms
  - Ongoing troublesome side effects with treatment
  - Women who have contraindications to HRT
  - Where there is uncertainty about the most suitable treatment options for a woman's menopausal symptoms.

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