



## DEFINITIONS AND CAUSES

Menopause, perimenopause, GSM	When does it happen?	Causes and symptom duration
<ul style="list-style-type: none"> <li>Menopause - diagnosed clinically after 12 months of amenorrhoea.</li> <li>Perimenopause - characterised by irregular cycles - ends 12 months after the last period.</li> <li>Genitourinary syndrome of menopause - vulvovaginal and urinary tract symptoms due to thinning/shrinking of genital, bladder and urethral tissues due to oestrogen deficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Mean UK age is 51.</li> <li>&lt;45 = early menopause.</li> <li>&lt;40 = premature ovarian insufficiency (POI).</li> <li>Early menarche, nulliparity/low parity, smoking and being underweight predispose to early or premature menopause.</li> <li>Early or premature menopause can be natural or iatrogenic (e.g. due to chemo/radiotherapy or bilateral oophorectomy).</li> </ul>	<ul style="list-style-type: none"> <li>Natural stage of life for most.</li> <li>Have a low threshold to refer POI - causes include:                             <ul style="list-style-type: none"> <li>genetic</li> <li>autoimmune (AI)</li> <li>infections such as mumps, TB, malaria, varicella and shigella.</li> </ul> </li> <li>Perimenopause may last several years – total symptomatic time can be up to 15 years.</li> </ul>

## PRESENTATION AND INVESTIGATIONS

Physical symptoms	Psychosexual symptoms	Blood test for FSH
<ul style="list-style-type: none"> <li>Vasomotor (hot flushes, night sweats).</li> <li>Urogenital (vulvovaginal irritation or discomfort, itching, dryness, dysuria, urinary frequency, recurrent UTIs).</li> <li>Joint and muscle pain.</li> <li>Headache and fatigue.</li> </ul>	<ul style="list-style-type: none"> <li>Anxiety and irritability.</li> <li>Low mood, which may fluctuate with cycle during perimenopause.</li> <li>Poor concentration/memory.</li> <li>Low libido.</li> <li>Sleep disturbance due to mood disorders or night sweats.</li> </ul>	<ul style="list-style-type: none"> <li>Age <math>\geq</math>45 – clinical diagnosis.</li> <li>Consider checking FSH if age &lt;45 or symptoms are atypical (in which case also consider an alternative explanation for symptoms or different diagnosis).</li> </ul>

## CONTRACEPTION AND THE MENOPAUSE

When can I stop contraception?	FSH testing for contraception	What contraception over 50?
<ul style="list-style-type: none"> <li>LMP &lt;50 – stop two years later.</li> <li>LMP <math>\geq</math>50 – stop one year later.</li> <li>All women can stop at 55, even if still having some periods.</li> <li>HRT is not contraceptive.</li> </ul>	<ul style="list-style-type: none"> <li>If amenorrhoeic due to contraception, LMP is not useful to calculate date of menopause.</li> <li>FSH can be checked at age 50 – if in menopausal range, stop contraception two years later.</li> </ul>	<ul style="list-style-type: none"> <li>Progestogen only but not combined.</li> <li>Ideally avoid depot.</li> <li>Intrauterine device – copper or levonorgestrel (latter also part of HRT).</li> </ul>

## NON-HRT MANAGEMENT OF THE MENOPAUSE

General advice.	Treatment options	Alternative therapies
<ul style="list-style-type: none"> <li>Exercise, weight loss if needed, wear lighter clothing, turn down heating, use fans, reduce stress, caffeine, smoking and alcohol.</li> <li>Sleep hygiene and avoid exercise late in the day if sleep is an issue.</li> <li>Occupational health if workplace problems.</li> </ul>	<ul style="list-style-type: none"> <li>Vasomotor - SSRI or SNRI, clonidine, gabapentin.</li> <li>CBT/relaxation exercises.</li> <li>GSM - Vaginal moisturisers/lubricants.</li> <li>Those with POI should have HRT until 51 unless there is an exceptionally strong reason not to offer it – refer for specialist opinion if this is the case.</li> </ul>	<ul style="list-style-type: none"> <li>Red clover, black cohosh, St. John's Wort, soy etc.</li> <li>Generally not recommended if history of breast cancer.</li> <li>Drug interactions with tamoxifen and others.</li> <li>Evidence is generally poor quality.</li> <li>If using, look for traditional herbal registration with MHRA.</li> </ul>