



**Ask an Expert:  
Menopause Tricky Cases**

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**Jean Hailes** FOR WOMEN'S HEALTH | [jeanhailes.org.au](http://jeanhailes.org.au)

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**Disclosure statement**

- Speakers bureau, consultant and expert panel
  - Pfizer
  - Besin
  - Vifor
- Director
  - Jean Hailes for Women's Health

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**Menopause : definition**  
**Natural Menopause**

- **Premenopause:** regular cycles
- **Perimenopause:** (menopause transition)
  - Erratic hormone levels including oestrogen swinging high or/and low
  - leads to:
    - changing patterns of menstruation
    - other symptoms may occur
    - can last 2-10 years
- **Menopause:** final menstrual period (average age 51.7 years)
- **Post menopause:** from 12 months after the final menstrual period

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### Menopause: definition

- Surgical Menopause:** due to removal of both ovaries before expected age of menopause
- Premature menopause:**
  - prior to 40 years
  - POI 1% < 40, 0.1% < 30 years
  - other causes, chemotherapy or pelvic radiotherapy
- Early menopause:** between 40-45 years

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### Menopause: diagnosis – the reproductive cycle

Stages:	-5		-4		-3		-2		-1		0		+1		+2	
Terminology:	Reproductive						Menopausal Transition				Postmenopause					
	Early		Peak		Late		Early		Late*		Early*		Late			
Duration of Stage:	variable						variable				3-11 yr		4 yrs		until demise	
Menstrual Cycles:	variable to regular		regular		regular		variable cycle length (>7 days different from normal)		≥2 skipped cycles and an interval of amenorrhoea (90-180 days)		none		none		none	
Endocrine:	normal FSH				↑ FSH		↑ FSH				↑ FSH					

Hansen et al, Menopause 2012  
FMP average age 53.7.  
Perimenopause average duration 4.6 years  
High oestrogens, ovulation x2 per cycle

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### Schematic luteal-out-of-phase(LOOP)event

Hale GE et al Menopause 2009

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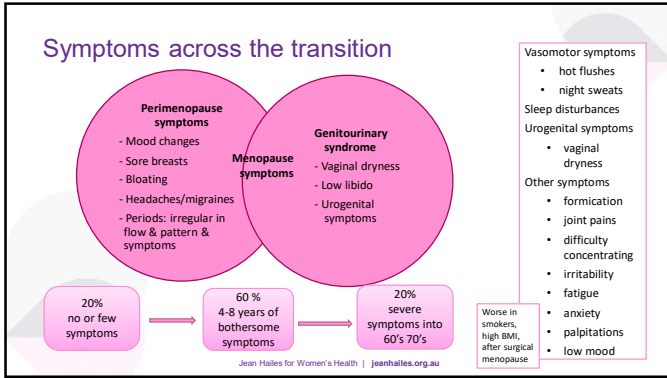
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### Cardiovascular and Diabetes Risk

- Decrease in oestrogen and slowed metabolism
- **Change in body adiposity distribution**
  - increase in central adiposity
  - change from gynoid to android body shape
- **Increase in adverse cholesterol profile**
  - increased insulin resistance
  - increased triglycerides, lowered HDL

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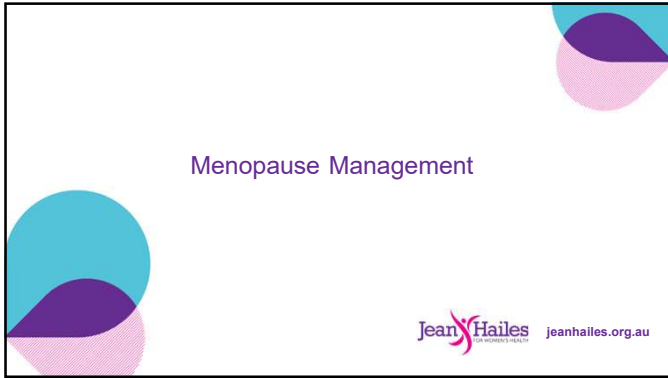
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Menopause Management

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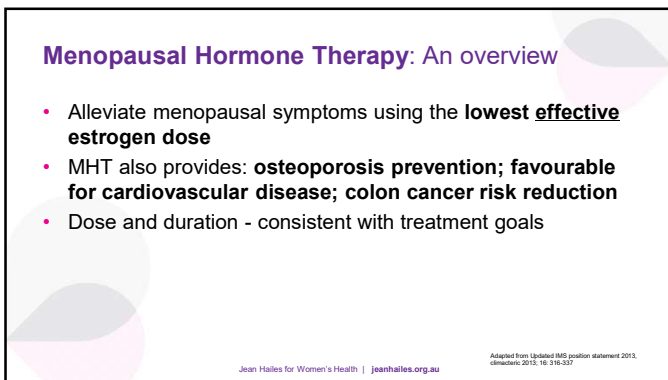
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**Menopausal Hormone Therapy: An overview**

- Alleviate menopausal symptoms using the **lowest effective estrogen dose**
- MHT also provides: **osteoporosis prevention; favourable for cardiovascular disease; colon cancer risk reduction**
- Dose and duration - consistent with treatment goals

Adapted from Updated MBS position statement 2013, Clinician: 2013, 10: 316-337

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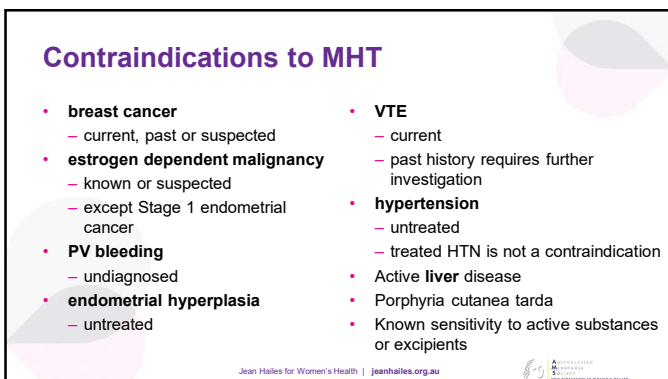
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**Contraindications to MHT**

- **breast cancer**
  - current, past or suspected
- **estrogen dependent malignancy**
  - known or suspected
  - except Stage 1 endometrial cancer
- **PV bleeding**
  - undiagnosed
- **endometrial hyperplasia**
  - untreated
- **VTE**
  - current
  - past history requires further investigation
- **hypertension**
  - untreated
  - treated HTN is not a contraindication
- Active **liver** disease
- Porphyria cutanea tarda
- Known sensitivity to active substances or excipients

Adapted from Updated MBS position statement 2013, Clinician: 2013, 10: 316-337

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### Menopausal Hormone Therapy: an overview

- **Estrogen only MHT** - after a hysterectomy
- **Combined MHT** used when the uterus is intact
  - Cyclic progesterone with estrogen in perimenopause and first 2 years after FMP
  - Continuous E+P afterwards
- **Topical low dose estrogen** for urogenital symptoms

**“ Window of opportunity”**  
50-60 years or within 10 years of the FMP

Adapted from updated RAS position statement 2013, *Druckerei* 2013, 16: 316-337

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### What to prescribe?

- **Lowest effective dose**
- **Patient preference; oral or transdermal**
  - patches combined E+P
  - patches with oral micronised progesterone
  - may take up to 6 months to stabilise therapy
  - cyclic regimens in perimenopause
    - » Mirena may be appropriate option
- **Review regularly till stable then yearly**
  - review risks and benefits
  - use time to discuss wellbeing, nutrition and exercise
- **Duration individual**
- **Premature menopause HIGH dose, until 50-52 then review**



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### Systemic versus vaginal oestrogen

- **Vaginal oestrogen**
  - appropriate where only vaginal atrophy symptoms
  - genito-urinary syndrome of the menopause
- **Systemic MHT** for symptoms such as:
  - flushes/night sweats
  - insomnia
  - joint aches and pains
  - may also benefit genito-urinary symptoms but not always

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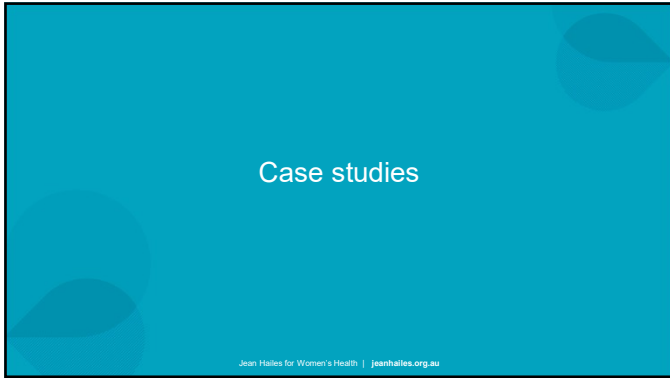
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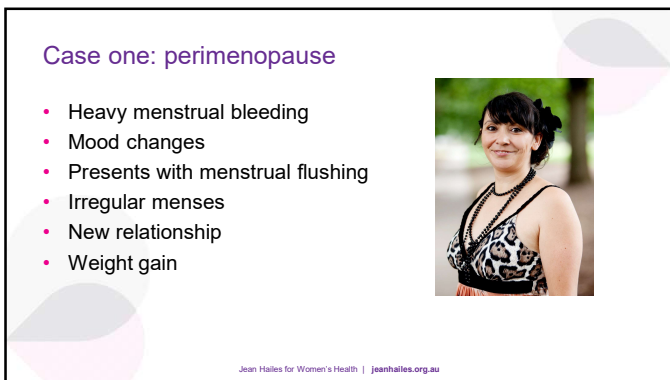
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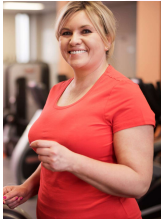
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**Case two: breast cancer**

- PR +ve HER 2 -ve
- Stopped MHT 2 years ago
- Recurrent of flushes, sweats
- Recurrent UTIs
- Dyspareunia
- Currently on tamoxifen  
(change 2 aromatase inhibitor)



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**Case two: management**

- Non-hormonal treatment for symptoms
- CBT
- Hypnosis
- Acupuncture
- Local oestrogen



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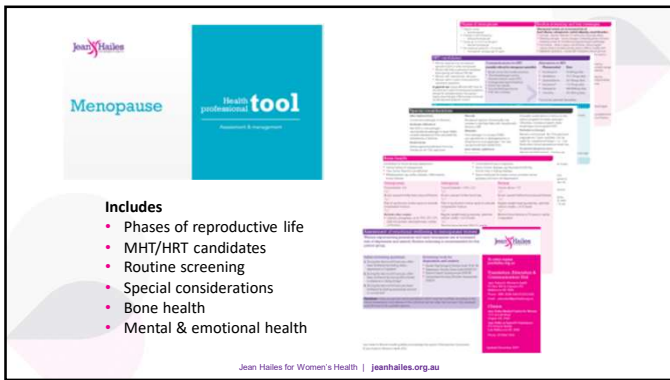
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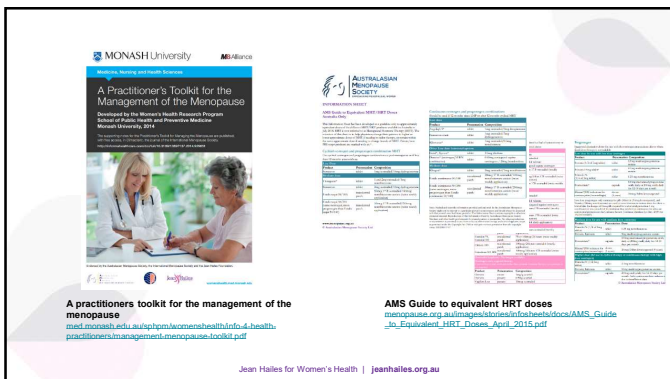
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### Health professional resources

**Health professional tools:**

- Endometriosis **tool**
- Polycystic ovary syndrome (PCOS) **tool**
- Menopause **tool**
- Heavy menstrual bleeding (HMB) **tool**

**Health professional education:**

- Active learning modules:
  - Managing menopause: weighing up the evidence
  - Diagnosis and management of PCOS
  - Fertility, infertility and preconception care
- Webinars:
  - Premature menopause
  - Let's talk about sex: midlife sexual function
  - Menopause and mood

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### Consumer booklets and multilingual fact sheets

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Thank you

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