

Menopause

- ▶ Women spend >30 years in post menopause state
- ▶ Menopause is usually physiological but symptoms can be debilitating
- ▶ Associated risk of disease - central weight gain, insulin resistance, cardiovascular disease (CVD), dementia and osteoporosis
- ▶ Higher incidence of mental health disorders around this time

Treatment Options

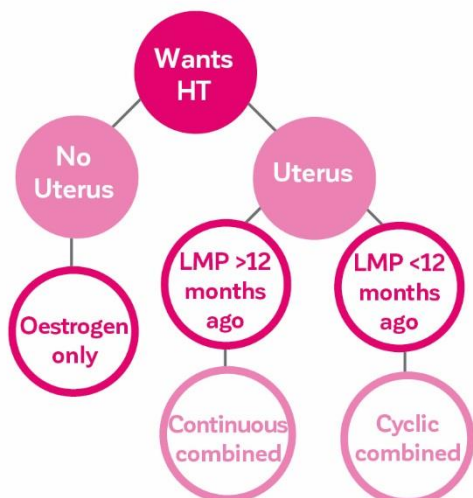
Lifestyle

- ▶ Evaluate, diagnose and treat any risk factors for chronic disease
- ▶ Encourage physical activity to reduce symptoms
- ▶ Safe alcohol consumption, stop smoking
- ▶ Screening – breast, CST, colon

Hormonal Therapy (HT)

- ▶ Use a symptom scale to assess severity and monitor response
- ▶ Topical oestrogen for genitourinary symptoms (Sx)
- ▶ Consider vaginal lubricants if oestrogens contraindicated

Initiating HT



Non-hormonal treatments

- ▶ Psychological therapies and hypnosis supported by some evidence
- ▶ Limited evidence for any herbal treatments
- ▶ SSRIs, SNRIs (moderately effective)
- ▶ Gabapentin (as effective as HT)
- ▶ Clonidine (mildly effective)

Benefits of HT

- ▶ Reduces hot flushes
- ▶ Improves vaginal dryness and sexual function
- ▶ Reduces fracture risk
- ▶ May improve quality of life, sleep, depression and myalgia
- ▶ Decreased risk colorectal cancer
- ▶ Decreased all-cause mortality if started within 10 years of menopause

Risks of HT

- ▶ Stroke (rare <60yo)
- ▶ VTE (delivery system important - transdermal, lower oestrogen dose safer)
- ▶ Breast cancer - 0.1% increase with combined HT (oestrogen only may not increase risk, micronized progesterone considered safest, bazedoxifene possibly reduces risk but no long-term data)

Contraindications of HT

- ▶ Undiagnosed PV bleeding
- ▶ Severe active liver disease
- ▶ Previous oestrogen sensitive breast or endometrial cancer
- ▶ Existing ischaemic heart disease, CVD or dementia
- ▶ Inherited thromboembolic disorder
- ▶ Porphyria cutanea tarda
- ▶ Hypertriglyceridemia

Further Information

Please contact Dr Richelle Douglas on Richelle.Douglas@shq.org.au