




Menopause

Menopause is a physiologic transition experienced by all women at midlife. Symptoms can have a variable impact on quality of life, but can be severe and disabling. Registrars manage fewer menopause-related problems than established GPs, with about 3.5% of consultations with women aged 45-64 years menopause-related. Due to the changing goalsposts of evidence and guidelines over the past couple of decades, managing the menopause is a topic of confusion for many GPs, registrars included. Recent Australian research has demonstrated that registrars find management of patients with menopausal symptoms challenging, especially male registrars who see fewer such patients.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> Definition of menopause and typical phases Common physical, psychological and psychosexual symptoms Assessment of peri-menopausal patients, including the appropriate use of investigations Treatment options - non-pharmacological, CAMS, pharmacological (including the role of testosterone) therapy in women Menopausal Hormone Therapy (MHT) – risks, benefits, types, use etc. 						
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> Review the Menopause health professional tool from Jean Hailes – an excellent overview 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> Only 20% of peri-menopausal women will seek the help of their GP, so opportunistic enquiry is important Exclude thyroid disease, diabetes, iron deficiency and drug side effects as causes of menopausal-like symptoms Exclude gynaecological pathology in patients with peri-menopausal heavy menstrual bleeding Menopausal management is a good opportunity for assessment of CV risk, emotional wellbeing, and other age-appropriate screening Depression and anxiety are common in peri-menopausal women Don't forget about contraception! Hormonal testing to diagnose menopause is unreliable and unnecessary in most cases The decision to continue MHT after age 60 should be made after considering ongoing symptoms, benefits and harms. There is only evidence for the benefit of testosterone therapy in postmenopausal women suffering with HSDD (Hyposexual Desire Disorder) 						
RESOURCES 	<table border="1"> <tr> <td data-bbox="320 1659 411 1877">Read</td><td data-bbox="411 1659 1513 1877"> <ul style="list-style-type: none"> 2019 AJGP article Making choices at menopause Bioidentical Hormones - Jean Hailes 2016 AAFP article – Hormone Therapy and Other Treatments for Symptoms of Menopause Therapeutic guidelines - Menopause Australian Menopause Society - Global consensus statement on MHT </td></tr> <tr> <td data-bbox="320 1877 411 1944">Listen</td><td data-bbox="411 1877 1513 1944"> <ul style="list-style-type: none"> Sex and the Perimenopause - RACGP AFP Podcast </td></tr> <tr> <td data-bbox="320 1944 411 2047">Watch</td><td data-bbox="411 1944 1513 2047"> <ul style="list-style-type: none"> Managing menopause - Jean Hailes webinar Use of testosterone in Women - Jean Hailes webinar </td></tr> </table>	Read	<ul style="list-style-type: none"> 2019 AJGP article Making choices at menopause Bioidentical Hormones - Jean Hailes 2016 AAFP article – Hormone Therapy and Other Treatments for Symptoms of Menopause Therapeutic guidelines - Menopause Australian Menopause Society - Global consensus statement on MHT 	Listen	<ul style="list-style-type: none"> Sex and the Perimenopause - RACGP AFP Podcast 	Watch	<ul style="list-style-type: none"> Managing menopause - Jean Hailes webinar Use of testosterone in Women - Jean Hailes webinar
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FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> Registrar to undertake the clinical reasoning challenge and discuss with supervisor 						

Menopause

Clinical Reasoning Challenge

Fran is a 48 year old cleaner who presents with a 9 month history of disabling hot flushes and vaginal dryness. Her periods have been irregular over the past couple of years and her last period was about 12 months ago. She is otherwise generally healthy and is a non-smoker.

QUESTION 1. What additional symptoms should be sought to support a diagnosis of menopause?

QUESTION 2. Examination is unremarkable. Fran had blood tests 12 months previously as part of a 45-49 yo health check, including BSL, lipids, TSH and iron studies. All were reported as normal.

What further investigations are indicated at this stage? List as many as required.

QUESTION 3. What broad management strategies would you initially discuss in managing Fran's presentation?

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ANSWERS

QUESTION 1

What additional symptoms should be sought to support a diagnosis of menopause?

- Night sweats
- Muscle/joint pains
- Anxiety
- Irritability
- Disturbance in quality of sleep
- Lessened concentration
- Fatigue
- Crawling sensations on skin
- Low libido

QUESTION 2

Examination is unremarkable. Fran had blood tests 12 months previously as part of a 45-49 yo health check, including BSL, lipids, TSH and iron studies. All were reported as normal.

What further investigations are indicated at this stage? List as many as required.

- A pregnancy test should be performed.
- No specific investigations for diagnosing menopause are warranted at this time. Hormonal testing to diagnose menopause is unreliable and unnecessary in most cases.
- Routine screening tests such as CST and/or mammogram should be considered. And consider baseline BMD if osteoporosis risk factors present'

QUESTION 3

What broad management strategies would you initially discuss in managing Fran's presentation?

- Education on the menopause
- Contraceptive advice
- Lifestyle measures e.g. reduce weight, reduce alcohol, increase activity, reduce caffeine, healthy diet
- Menopausal hormone treatment – topical and systemic
- Symptomatic measures e.g. vaginal lubricants
- Non-hormone treatment e.g. SSRIs
- CAMS e.g. black cohosh