

Management

Primary Care management includes

- The treatment options have been related to the various presenting symptoms of menopause
- Short-term treatment with hormone replacement therapy (HRT)
- Tibolone is a synthetic oral steroid with mixed oestrogenic, progestogenic, and androgenic actions; it can alleviate vasomotor symptoms as well as vaginal dryness and decreased libido
- Urogenital atrophy often responds well to local low-dose vaginal oestrogen
- Non-hormonal alternatives, such as selective serotonin reuptake inhibitors, may be helpful
- Complementary therapies are widely used for symptomatic relief, but they cannot currently be recommended
- Lifestyle measures to prevent osteoporosis should be encouraged. Treatment options for established osteoporosis include bisphosphonate, raloxifene, or calcitonin
- The Committee for the Safety of Medicines recommend that the minimum effective dose should be used for the shortest possible duration. The side effects and contraindications should be discussed and recorded.

Specialist management includes

- Investigation for abnormal vaginal bleeding
- Advice on oestrogen-only therapy
- Testosterone supplementation for loss of libido: specialist advice should be sought as a wide range of doses, with potentially serious adverse effects, are quoted in the literature

When to refer

Referral is recommended before starting HRT in women with breast cancer, endometrial cancer, undiagnosed vaginal bleeding, liver disease, endometriosis, or a personal or family history of venous thromboembolic disease. Unexpected or prolonged bleeding that persists for more than 4 weeks after stopping HRT must be urgently referred.

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Abnormal vaginal bleeding (e.g. a sudden change in menstrual pattern, intermenstrual bleeding, postcoital bleeding, or a postmenopausal bleed): refer for endometrial assessment.
- Unexpected or prolonged bleeding that persists for more than 4 weeks after stopping HRT

Refer to CAS

- Refer women for specialist advice before starting HRT if there is
 - current or past breast or endometrial cancer,
 - personal history of venous thromboembolism
 - liver disease
 - endometriosis
- Oestrogen-only HRT is occasionally used if this has a better risk-benefit profile for an individual. Seek specialist advice if this is being considered.
- Seek specialist advice before starting testosterone therapy for loss of libido

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.