Diagnosing menopause

As life expectancy increases (on average it is now 82y for women) and the average age of menopause is 52y, >30% of the lives of our female patients will be spent post-menopausally. Menopause is associated with specific symptoms and long-term risks. Some women find menopause a debilitating and difficult time, while others barely notice anything at all and are just pleased to not have periods anymore.

In 2015, NICE sought to clarify the balance of benefits and risks of HRT, as well as other menopausal treatments, in its first guidelines on the diagnosis and management of menopause (NICE 2015, NG23).

Definition

Menopause occurs due to loss of ovarian follicular function. It marks the end of reproductive life and cessation of menstruation.

Menopause is a retrospective diagnosis defined as:

- 1y of amenorrhoea >50y
- OR
- 2y of amenorrhoea >45y.

Menopausal symptoms can occur in the perimenopausal period, which usually begins around 45y, and are due to the effects of oestrogen deficiency. The duration of symptoms varies, with a median around 4y, but can persist for up to 12y in 10% of women (J Gen Intern Med 2008;23:1507).

Symptoms

Symptoms due to menopause

- Hot flushes and night sweats (80% women).
- Sleep disturbance.
- Menstrual irregularities.
- Vaginal dryness.
- Urinary problems.

Symptoms associated with the menopause but often due to other causes (e.g. ageing)

- Mood changes, urinary incontinence, cognitive disturbance, loss of libido, joint and muscle pains, skin changes, weight gain.

Diagnosis

A clinical history of typical menopausal symptoms in a woman aged 45 or over is diagnostic, and no other investigation is required.

BUT:

- Investigate any change in bleeding pattern suggestive of endometrial pathology (i.e. frequent, heavier periods or intermenstrual bleeding).
- Consider differential diagnoses below if the history is ATYPICAL for ovarian failure or suggestive of:
  - Endocrine problems (hyperthyroidism, phaeochromocytoma).
  - Tumours (rare).
  - Excessive alcohol.
  - TB.
  - Panic disorder.
  - Drugs (SSRIs, nitrates, diltiazem, levodopa, GnRH agonists, anti-oestrogens).

When should I do an FSH level?

FSH stimulates ovarian folliculogenesis, which occurs at an accelerated rate until menopause when all follicles are depleted. Elevated FSH levels may indicate a degree of ovarian failure, but they can fluctuate so are not predictive of when final sterility has occurred (FSRH Contraception in over 40s, 2010).

FSH levels fluctuate in the perimenopause so are unhelpful in diagnosing menopause in women >45y.

FSH measurement can be helpful:

- In diagnosis of premature ovarian failure or early menopause (<45y). Two measurements taken 4–8w apart >30–40IU/L are diagnostic.
In women who have had hysterectomy with conservation of ovaries (they are at risk of early menopause and may benefit from HRT).

In deciding whether a woman should stop contraception or not:
- Stop any combined hormonal method of contraception and switch to progesterone-only or barrier methods for at least 6w.
- Measure FSH levels on two occasions at least 6w apart. FSH levels >30IU/L are suggestive of menopause, but the FSRH recommends continuing contraception for a further year.

**Long term risks of menopause**

Risk of the following increase after the menopause:
- Osteoporosis.
- Cardiovascular disease.
- Stroke disease.

**Management**

In addition to managing the patient’s immediate symptoms, assess and manage any cardiovascular and osteoporosis risk. Cardiovascular disease is the principal cause of morbidity and mortality in post-menopausal women.

**Lifestyle advice**

Evidence and expert opinion recommend the following to reduce menopausal symptoms:
- Regular exercise.
- Avoidance/reduction of alcohol.
- Avoidance/reduction of caffeine.
- Stop smoking.
- Maintain healthy BMI.
- Reduce stress.
- Avoid triggers for vasomotor symptoms (e.g. spicy food).
- Relaxation exercises.
- Good sleep hygiene.

**Hormone replacement therapy**

NICE considers HRT to be first line treatment for menopausal symptoms. There is good evidence that HRT is effective at treating vasomotor symptoms of menopause, vaginal dryness, low mood and libido; it also reduces risk of fracture. Data suggests that HRT benefits connective tissue, skin, joints and intervertebral discs, and clinical experience suggests HRT may help musculoskeletal symptoms. Combined preparations have been shown to be associated with a reduced risk of colon cancer. Also, HRT initiated perimenopausally or in younger post-menopausal women may be associated with a reduced risk of Alzheimer’s disease (Climacteric 2013;16:316).

The National Osteoporosis Society recommends HRT as a treatment for osteoporosis in women younger than 60y for whom the benefits outweigh the risks, and especially in those who cannot tolerate other osteoporosis treatments (National Osteoporosis Society position statement, 2010).

Assess and discuss risks and benefits of HRT with patients (see articles on HRT for more guidance). Seek specialist advice before prescribing HRT to women with a history of breast cancer or at high risk of VTE.

**Alternatives to HRT**

According to NICE:
- There is some evidence that isoflavones (soy) and black cohosh are effective for hot flushes.
- SSRIs, SNRIs and clonidine should not routinely be offered first line for hot flushes.
- There is no clear evidence for SSRIs or SNRIs in women who complain of mood changes but are not clinically depressed.
- CBT is effective for low mood or anxiety.
- If HRT is ineffective in treating low libido, consider adding testosterone gel (see article on psychosexual problems for more details).

**Referral**

NICE recommends referring to a healthcare professional with expertise in menopause:
- If treatments do not improve symptoms or ongoing troublesome side-effects.
- Women with menopausal symptoms and contraindications to HRT.
- If there is uncertainty about the most suitable treatment option for their menopausal symptoms.
- Women with premature ovarian insufficiency (premature menopause).
A healthcare professional with expertise in menopause may be a local gynaecologist, GPSI or you!

### Diagnosing menopause
- The main symptoms of menopause are hot flushes, night sweats, menstrual irregularities and urogenital atrophy. These symptoms are common and can have a significant impact on a woman’s life.
- For women >45y, the diagnosis is clinical.
- FSH testing should be reserved for diagnosing premature ovarian failure and in deciding whether to stop contraception.
- Long term risks of menopause are osteoporosis, cardiovascular disease and stroke.
- Lifestyle advice is central in managing symptoms and long term risks following menopause.

Direct patients to [www.menopausematters.co.uk](http://www.menopausematters.co.uk) for more information.

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<td>The Telephone Consultation Course</td>
<td>Leeds: Wed 17 May; Birmingham: Fri 19 May; London: Wed 7 June; Bristol: Fri 9 June; London: Fri 6 Oct; Manchester: Fri 13 Oct; Glasgow: Sat 4 Nov</td>
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<tr>
<td>The Medically Unexplained Symptoms Course</td>
<td>Manchester: Thur 18 May; London: Thur 19 Oct</td>
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