Message from the research lead

p eased to share this updated version of the Practitioner s oo it for Managing Menopause the a or update since the rst iteration was aunched in 1

he oo it again pub ished with open access in C i acteric in which it was rst pub ished eets the needs of c inicians by providing c ear evidence based advice as to how to address and anage sy pto s of or concerns about enopause during c inica consu tations

It inc udes prag atic a gorith s to assess enopausa status inc uding that of wo en with a past hysterecto y or endo etria ab ation and users of hor ona contraception a ong with treat ent options and sy pto anage ent a gorith s

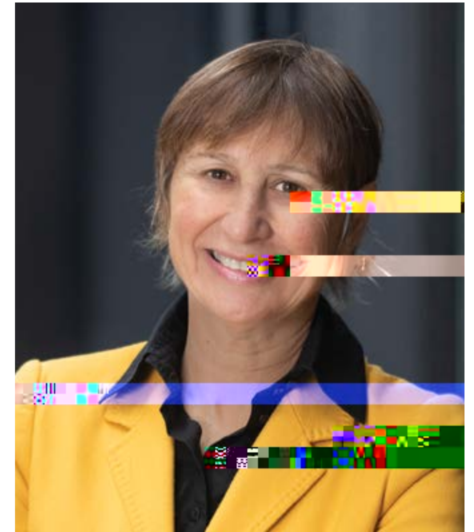
his updated version re evant for c inicians around the wor d bui ds on the 1 pub ication incorporating updated advice based on new now edge around the physio ogica basis of enopause and new therapeutics as we as expanding into guidance on issues of bone hea th It a so cuts through any years of isinfor ation and confusion to provide c ear evidence based guidance on the appropriate use of enopause hor one therapies MH and non hor ona therapies for wo en with enopause associated sy pto s

For any years the disco fort poor hea th and reduced qua ity of ife often caused by enopause has been viewed as an unavoidab e consequence of ageing one that ac ed a sense of urgency with any in society and the edica co unity I s been heartening to see a change in the seriousness with which enopause has been viewed over the ast decade his has been bac ed up by increased research funding greater internationa co aboration and ouder wo en s voices sharing their experiences and de anding positive action in the edia his docu ent can serve as a co prehensive guide for shared decision a ing with patients and thus provide patient infor ed care

I hope the oo it wi he p hea th practitioners around the wor d de iver infor ed care that genuine y responds to the needs of a the wo en who have or wi inevitab y experience enopause

d i e to than the tea of dedicated researchers who assisted in this update Dr asha ay or Dr Chandi a He achandra Dr Karen Magraith Professor Peter R Ebe ing Dr Fiona Jane and Dr Ra ibu Is a and Professor Rodney Baber for his advice

PROFESSOR SUSAN DAVIS AO



About Professor Davis AO

Professor Susan Davis AO is a eading endocrino ogist researcher who heads the o en s Hea th Research Progra within the choo of Pub ic Hea th and Preventive Medicine at Monash niversity Austra ia he has speci c expertise in the ro e of sex hor ones in wo en across the ifespan he is a Fe ow of the Austra ian Acade y of Hea th and Medica ciences a co founder of Jean Hai es for o en a past President of the Austra asian Menopause ociety and of the Internationa Menopause ociety

A Woman# (40 years+) presents with:

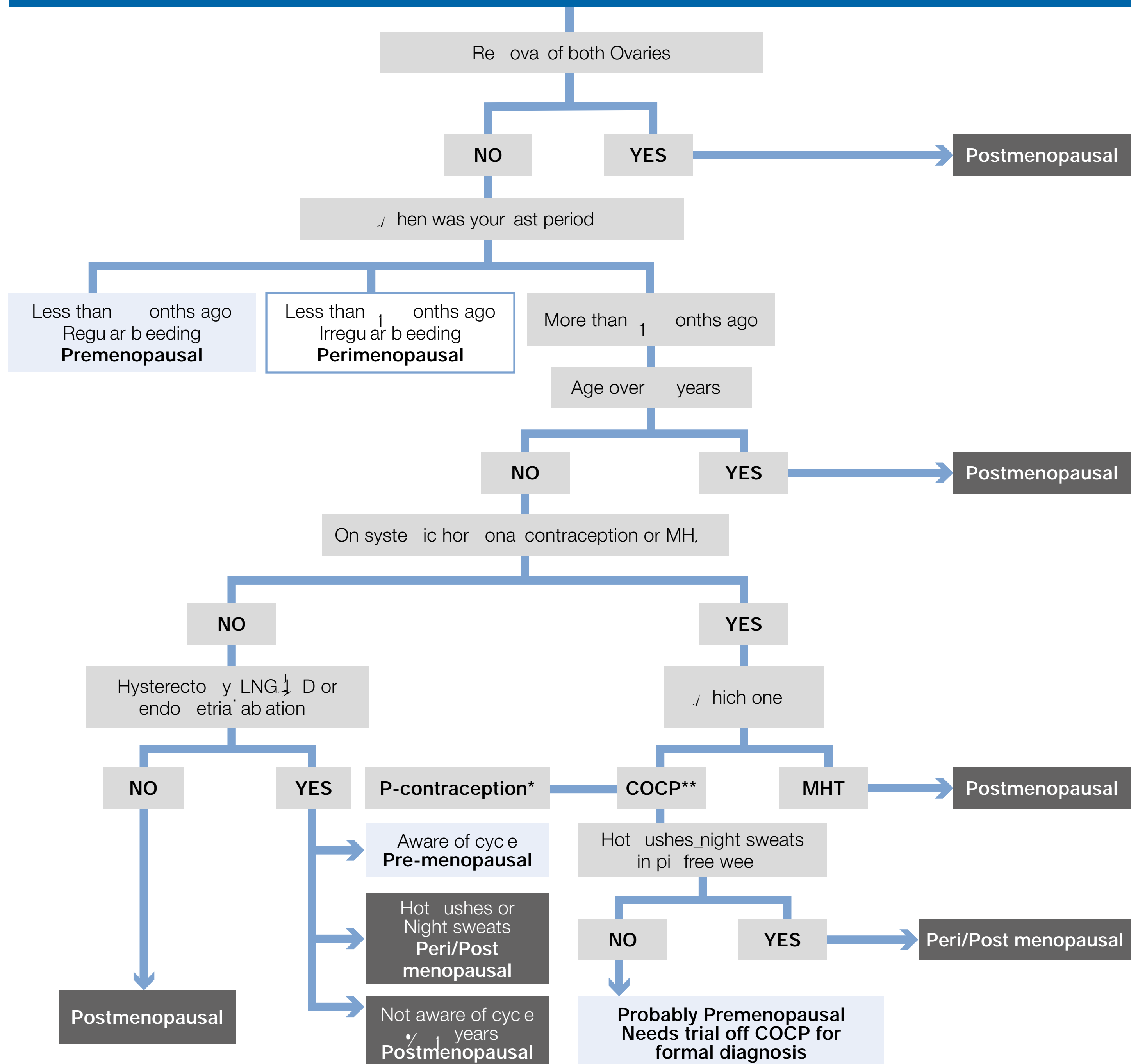
Symptoms

- Irregu ar b eeding
- aso otor
  - Hot ushes
  - Night sweats
- Poor s eep
- Joint pain
- Anxiety_ow ood
- Cognitive concerns
- rogenita sy pto s
  - agina dryness_soreness
  - B adder_urinary x
- Lost interest in sex
- Centra weight gain

AND / OR

Concerns

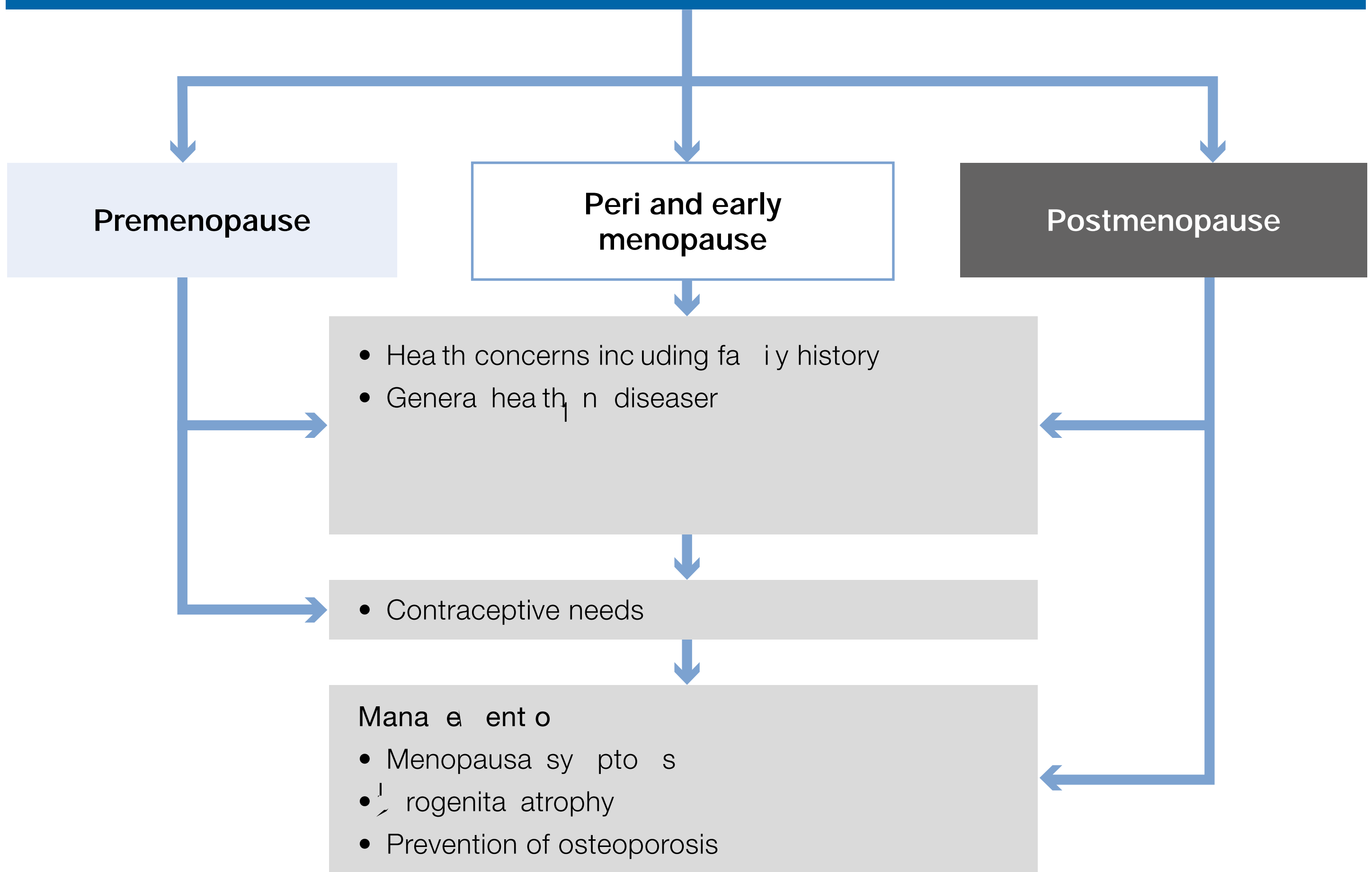
- Osteoporosis
- Cardiovascu ar ris
- De entia
- Diabetes
- Obesity



ass ned e a e at b rt d a nos s o enopausa status requ res deta ed reproduct ve story In so e wo en an opt on s to cease t e COC and t en rev ew

Full assessment recommended for midlife women

Patient care considerations



Management of Perimenopause

COCP
- Review contraindications to COCP
- May contro PM _ asta gia_b eeding
- Low dose EE and E_estetro COCP preferred

Continuous E and LNG-IUD
- Reduces_e i inates b eeding but not cyc ica sy pto s

Continuous E and cyclical P
- Irregu ar b eeding ay occur
- Cyc ica sy pto s ay occur
- Not contraceptive

Continuous E and cyclical 4mg drosperinone# / 75 mcg desogestrel OCP#
- Provides contraception
- A enorrhea or irregu ar b eeding ay occur

o abe use deso estre ay not ve adequate endo etr a protect on

Identify and treat the main issues in addition to general health assessment and care

Discuss prevention of urogenita

Consider urogenita sy pto s edications edica conditions psychosocia cu tura factors now edge

yste ic hor ona herapy

E P
ibo one
E bazedoxifene
IF HYSTERECTOMY:
E on y
ibo one

- RI NRI
- NK R antagonist
- Oxybutynin
- Hypnosis
- CB therapy
- C onidine
- Gabapentin

estosterone therapy on y if sexua desire dysfunction identi ed

Indications for non ora E

- Hypertrig yceride ia
- Hepatobi iary disease
- Migraine
- Age years and no prior MH
- Estab ished C D
- Past E
- Diabetes

Caution

High breast cancer ris

Estrogen dependent cancer	Active E disease thro bophi ia	Persona wish not to use hor ones	ndiagnosed genita b eeding	evere active iver disease	ntreated uncontro ed C D

	Low dose	Mid-range dose	Highest dose#
CEE	[illegible]	[illegible]	[illegible]
17 estradiol	[illegible]	[illegible]	[illegible]
Estradiol valerate	[illegible]	[illegible]	[illegible]
Estriol	[illegible]		
Transdermal estradiol patch	[illegible] c	[illegible] c	[illegible] c
Estradiol gel	[illegible]	[illegible]	[illegible]
Estradiol hemihydrate gel	[illegible] pu p	[illegible] pu ps	[illegible] pu ps
Estradiol hemihydrate skin spray	[illegible] spray	[illegible] sprays	[illegible] sprays

Sequential P – daily dose for 12-14 days per month for endometrial protection:

	With Low dose E	With mid to highest dose E
Dydrogesterone (oral)	[illegible]	[illegible]
Micronized progesterone (oral)	[illegible] e cacy o ower dose not estab s ed	[illegible]
Medroxyprogesterone acetate (oral)	[illegible]	[illegible]
Norethisterone acetate (oral)	[illegible]	[illegible]
Transdermal norethisterone acetate (with estradiol) patch		re eases [illegible] day

Continuous P – daily dose for endometrial protection:

	Low dose E	With mid to highest dose E
Dydrogesterone (oral)	[illegible]	[illegible]
Drospirenone (oral)	[illegible]	2.5-5mg

AMH	Ant u er an or one
	Beta
BMI	Body ass ndex
CBT	Co n t ve be av our t erapy
CEE	Con u ated equ ne estro en

IUD	Intrauter ne dev ce
LH	Lute n z n or one
LMP	Last enstrua per od
LNG-IUD	Levonor estre l D
mcg	