Selecting the best therapy

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The key issues to consider in a consultation on menopausal symptoms

HORMONE replacement therapy (HRT) is commonly prescribed to help manage menopause symptoms, such as hot flushes and night sweats, in postmenopausal or peri-menopausal patients.

The main indications for HRT are menopausal symptoms, in particular vasomotor symptoms which can have a detrimental effect on the woman's quality of life.

The main contraindications for HRT are existing or past history of breast cancer, or heightened risk of venous thromboembolism (VTE).

Referral to the Jean Hailes HRT guide or the Australasian Menopause Society (AMS) guide for more detailed information on the contraindications and clinical indications is recommended.

THE INITIAL CONSULTATION

Most patients will seek therapy to reduce menopausal symptoms such as night sweats, hot flushes and sleep disturbance. Memory problems, anxiety and depression, fatigue, vaginal dryness and arthralgia are also commonly reported.

The initial consultation provides a "well woman" screening opportunity; blood pressure, height/weight, cardiovascular health, diabetes, cancer screening (breast/Pap smear) smoking, migraine history, drinking status, lifestyle factors and any current comorbidities to be noted.

Encourage patients to adopt a healthy lifestyle with regular exercise, as this may improve sleep quality, bone density and overall well-being, while reducing central adiposity.

Careful assessment of the patient's history, symptoms and general health needs to be balanced against any potential side effects.

HRT is generally considered a safe and effective treatment for the majority of women when initiated within the first 10 years of menopause or before the age of 60.

Three important questions to ask first:

1. Does the patient have a uterus?
2. How long since her last menstrual period (LMP)?
3. Does she have any relevant comorbidities?

STEPWISE DECISION-MAKING

Working through these steps will help you reach a clinically suitable prescription:

1. Hysterectomy or intact uterus?

a) Intact uterus
= oestrogen + progestogen or tibolone

b) Hysterectomy
= oestrogen alone or tibolone

2. How long since LMP?

a) Perimenopause or early post menopause (<1-2 years since LMP)
= cyclical progestogen (i.e. 10-14 days each month).
Need to allow for a regular withdrawal bleed to occur.


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b) >2 years post menopause
= continuous progestogen i.e. every day.
Aim is for no vaginal bleeding at all, although some bleeding may occur in the first three to six months.

3. Comorbidities and other considerations - particular types of HRT may be preferable.

- Premature menopause or early menopause - higher dose HRT, or combined oral contraceptive (COC).
- Obesity and other cardiovascular risk factor (without existing CVD) – transdermal.
- Hepatic dysfunction, migraine or nausea –transdermal.
- Concern about DVT risk (without existing DVT) – transdermal oestrogen or tibolone.
- Vaginal dryness – vaginal oestrogen .
- Low libido – tibolone.
- Breast tenderness – tibolone.
- Concern about DVT risk – tibolone.

TYPES OF HRT AVAILABLE

Medications can be prescribed individually, or as one of the pre-packaged combinations produced by pharmaceutical companies. Different dosages are available.

a) Oestrogens:

- Oral.
- Transdermal – patch or gel (avoiding first pass hepatic metabolism).
- Vaginal, cream or pessary/tablet.

b) Progestogens:

- Oral.
- Transdermal patch norethistone acetate plus oestradiol (Estalis, Novartis)
- IUD levonorgestrel-releasing intrauterine system (Mirena, Bayer).

c) Tibolone:

- NB: Not suitable in peri or early postmenopause because of risk of break- through bleeding.

CHOOSING DOSE

The information sheet produced by AMS gives clear advice on dose and the various types of HRT.

The dose required for most patients tends to diminish with time but re-evaluation every six to 12 months is recommended.

- The average menopausal woman in her early 50s will start on a low to mid-level dose.
- Younger women tend to start on higher doses.
- Women with severe and distressing symptoms tend to start on higher doses.

REVIEW

Arrange a patient review at three months to assess the effectiveness of the prescription and discuss any side effects.

This is a good opportunity for the patient to voice concerns and seek further information.

HRT levels can be titrated upwards or downwards to achieve the best result.

- You may need to try different products/ doses to get the optimum effect.
- Refer to a specialist for advice if unsure of the best prescription for your patient.

Resources for GPs

- The AMS (Australasian Menopause Society) Guide to Equivalent HRT Doses, info for health professionals www.menopause.org.au
- Jean Hailes for Women's Health: Menopause GP Tool, webinar and patient factsheets. www.jeanhailes.org.au
- RANZCOG – Menopausal hormone therapy advice. www.ranzcog.edu.au

Jean Hailes for Women's Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au