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Post-Menopausal Symptoms

Practice Based Small Group Learning

Menopause is defined as the absence of menstrual periods for a span of 12 months and is generally heralded by irregular menstrual cycles and the onset of vasomotor symptoms and sleep disturbance. It is important that menopausal women be counselled about the benefits and risks of the available therapeutic options (both hormonal and non-hormonal) to effectively and safely manage these and other symptoms.

This module will enable clinicians to:

- Optimally manage and counsel about symptoms associated with menopause (e.g., hot flushes; mood, cognitive, and sleep disorders).
- Confidently and appropriately prescribe hormone replacement therapy.
- Effectively manage sexual dysfunction including loss of libido and vaginal atrophy in post-menopausal women.

CASES

Case 1: Julie, age 52

Julie sees you because she has felt very stressed lately. She is not sleeping well due to hot flushes which she states are driving her mad. Her past medical history includes a subtotal hysterectomy for uterine fibroids in her late 30s and GORD. She takes PPI's occasionally. There is no previous history of depression and there is no family history of note. Julie is otherwise well. She is a non-smoker and has four drinks per week.

What additional information would be helpful to determine management?

Part Two

Julie admits to recently losing her job and is trying to find work. She has a good relationship with her partner, but sometimes feels irritable and edgy. She has very little interest in engaging in sex. On further questioning, she describes some vulvovaginal discomfort related to sexual intercourse. She denies having any suicidal thoughts, and there is no history of loss of concentration, crying or feelings of worthlessness. Her appetite is good. She has no other symptoms.

How would you manage Julie?

Case 2: Kathy, age 51

Kathy, a teacher, has been your patient for about two years. She has a history of essential hypertension and is seeing you today for a blood pressure check-up. Her BP is currently being controlled with Bendroflumethiazide, and she also takes a calcium supplement. Kathy is married and has two children, ages 17 and 19. She is a non-smoker.

Kathy admits to getting very little daily exercise. She is disturbed, however, by her mid-section weight gain and thickening waistline; her BMI is 28 kg/m² and her waist circumference is currently 45 inches. There is a family history of heart disease. She tells you that her concentration has been poor recently and she sometimes experiences problems with short-term memory. She is worried that she is going down the same path as her mother, who suffers from Alzheimer's disease.