

## Resources Section for clinicians and patients

### For clinicians

The British Menopause Society (BMS) was formed in 1989 to educate and guide healthcare professionals on menopause and post reproductive health.

[British Menopause Society | For healthcare professionals and others specialising in post reproductive health \(thebms.org.uk\)](https://thebms.org.uk)

Primary Care Women's Health Forum (PCWHF)  
[Home | Primary Care Women's Health Forum \(pcwhf.co.uk\)](https://pcwhf.co.uk)

### For patients

Patient.info/menopause  
[Menopause | Symptoms and Treatment | Patient](https://patient.info/menopause)

Menopause Matters  
[www.menopausematters.co.uk](https://www.menopausematters.co.uk)

Manage My Menopause  
[www.managemymenopause.co.uk](https://www.managemymenopause.co.uk)

Women's Health Concern (WHC) This is the patient arm of the British Menopause Society.  
[www.womens-health-concern.org](https://www.womens-health-concern.org)

Premature ovarian failure  
<https://rockmymenopause.com/>

<https://www.daisynetwork.org/>

<https://www.rcog.org.uk/en/patients/menopause>

[www.womens-health-concern.org](https://www.womens-health-concern.org)

[www.menopausematters.co.uk](https://www.menopausematters.co.uk)

## Appendix 1 – HRT review

### The HRT review

#### Discuss

Stage of menopause – e.g. perimenopausal, menopausal, postmenopausal etc.

The need for contraception - > 50years use for 1 year after last period, <50 years use for 2 years after last period.

The effectiveness of current regimen - is a dose adjustment required ? Aim to use lowest dose to control symptoms.

Side effects and bleeding patterns – ensure women understand the importance of reporting unscheduled bleeding, are the bleeding patterns as expected for the regimen?

Is the correct preparation in use [sequential/continuous/oral/patches/dose/endometrial protection -progesterone is required unless hysterectomy or 52mgLNG IUS (Mirena) within 4 years is documented]

Reassess individual short- and long-term risk/benefit profile

Is it time to think about stopping HRT and if so, agree a management plan for this?

#### Measure

Weight - is BMI <30kg/m<sup>2</sup> ? (consider the transdermal route in obese women as this has less VTE risk).

Blood pressure, and treat hypertension

#### Ask

What regular medication is being taken - prescribed, OTC and herebal?

Past medical history – are there any new medical conditions which may alter the risk versus benefit ratio?

Family history – is there any new family medical history relevant to discussion?

#### Health promotion and screening

Are they a current smoker, and if so, how many? Offer smoking cessation support and advice.

Alcohol consumption number of units? Are they aware this carries a breast cancer risk?

Is cervical cytology screening up to date?

Discuss breast awareness and screening

Offer healthy lifestyle advice and signposting to resources re alcohol, smoking, weight and physical activity – are they aware of importance of keeping muscle mass to help prevent weight gain and the effect of a healthy lifestyle on reducing menopausal symptoms ?

[adapted from BMS virtual consult March 2020, NICE 2015, NICE CKS HRT, Patient UK, EMA 2020, Abernethy 2018]

## Appendix 2: Non-HRT medicines

Medicine	Mechanism of action	Use	Cautions	Evidence
SSRI's/SNRI's	Unclear	Vasomotor symptoms – hot flushing	Avoid fluoxetine or paroxetine with tamoxifen	Unlicensed use – lack of evidence
Clonidine	Alpha-2 receptor agonist	Menopausal flushing	Extensive side effect profile.  If discontinuing dose should be ↓over 2-4 days to minimise side effects	Licensed but not recommended first line
Gabapentin / pregabalin	Alpha-2-delta calcium channel ligands	Vasomotor symptoms	Extensive side effect profile limits use	Not recommended
Black cohosh	Herbal (oestrogen like, serotonin agonist, anti-inflammatory, anti-oxidant)	Vasomotor symptoms	Concomitant hormone-sensitive conditions  Hepatotoxicity	Inconsistent evidence – not recommended
Ginseng	Chinese herb (unknown)	Vasomotor symptoms	Concomitant warfarin  Can cause mastalgia and postmenopausal bleeding	No benefit demonstrated
St John's Wort	Herbal	Vasomotor symptoms excluding flushing	Numerous drug interactions – see Stockleys	Small study suggested increased quality of life
Vitamins (E)	Unknown	Vasomotor symptoms	Nil	Nil
Isoflavones (Genistein, daidzen)	Oestrogen agonist and antagonist properties	Vasomotor symptoms	Concomitant use in patients with hormone-dependent cancers	Trials have demonstrated variable efficacy