

## Derbyshire Shared Care Pathology Guidelines

### Menopause

The menopause is defined as physiological ovarian failure, which typically occurs around the age of 50 years, but may be considered from 40 years onwards. It is associated with the cessation of menstruation and symptoms of oestrogen deficiency (low serum oestradiol).

Although serum oestrogen levels gradually fall as ovarian function declines, oestradiol levels are very variable in this situation and should not be measured to diagnose menopause. Falling oestradiol levels cause the gonadotrophins, follicle stimulating hormone (FSH) and luteinising hormone (LH) to rise significantly, particularly FSH.

**In otherwise healthy women aged over 45yr with menopausal symptoms, a blood test is unnecessary for diagnosis.**

**Diagnose menopause without a blood test in these women when:**

- No period for at least 12 months and not using hormonal contraception
- Based on symptoms alone in women without a uterus

Consider using FSH to diagnose early menopause:

- In women aged 40-45yr with menopausal symptoms, including a change in their menstrual cycle

#### Peri-menopause

During peri-menopause, ovulation and menstruation occur at irregular intervals and this may occur over several years before menopause. FSH levels fluctuate greatly during this period and values may rise to post-menopausal values during individual non-ovulatory cycles. FSH levels can still be helpful in this context if they avoid the need for further investigations for an alternative cause of symptoms.

**Diagnose peri-menopause without a blood test in otherwise healthy women over 45yr based on vasomotor symptoms and irregular periods**

#### Premature Ovarian Failure

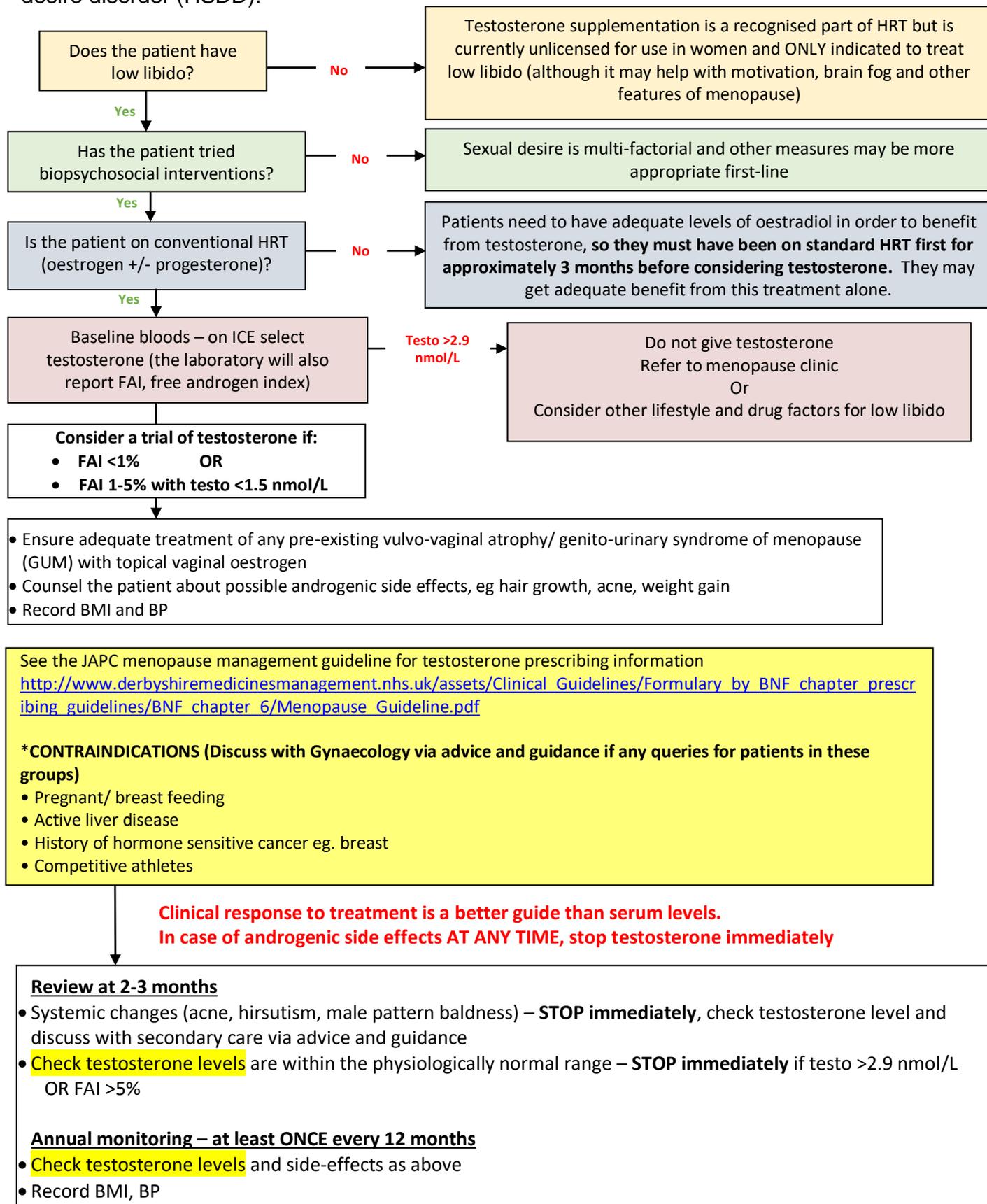
Premature ovarian failure is defined as primary hypogonadism in a woman under the age of 40 yrs and is characterized by the loss of oocytes, and lack of folliculogenesis and ovarian oestrogen production. There are various causes of premature ovarian failure in women, including genetic defects, ovarian toxins, and autoimmune injury. It may be idiopathic and/or familial.

In younger women presenting with possible premature ovarian failure (< 40 years), measurement of FSH can be useful. FSH >25 IU/L on two occasions taken 4 to 6 weeks apart suggests ovarian failure.

Referral to Obstetrics and Gynaecology / Endocrinology would be appropriate for women with premature ovarian failure - psychological support, hormone replacement therapy and advice about fertility are the mainstays of specialist involvement.

## Testosterone replacement

Testosterone supplementation should only be considered in women who complain of low sexual desire after a biopsychosocial approach has excluded other causes such as relationship, psychological and medication related (e.g. SSRIs/SNRIs) hypoactive sexual desire disorder (HSDD).



## Hormone replacement therapy (HRT)

Hormone tests play no role in deciding the type of HRT for symptomatic menopause. Neither FSH nor oestrogen measurements are recommended in women receiving oral HRT as results are difficult to interpret meaningfully and vary depending on oestrogen type. Most oral oestrogens will not be detected by the laboratory method for measuring serum oestradiol.

## Contraceptive Advice

Guidance from the Faculty of Sexual & Reproductive Healthcare for women stopping contraception can be found at <http://www.fsrh.org/pdfs/ContraceptionOver40July10.pdf>

FSH levels offer no secure guide for contraceptive advice.

**In both peri- and post-menopausal patients, future cycles  
cannot be excluded even if the FSH is >30 IU/L**

FSH levels are not affected by progesterone-only containing medications (Mirena, POP, Implanon or Depo) and laboratory testing may have some value in determining when contraception can be stopped in these women.

Women over the age of 50 years who are amenorrhoeic and wish to stop progesterone-only contraception can have their FSH levels checked. If the level is  $\geq 30$  IU/L the FSH should be repeated after 6 weeks. If the second FSH level is  $\geq 30$  IU/L contraception can be stopped after 1 year.

FSH is not a reliable indicator of ovarian failure in women using combined hormones, even if measured during the hormone-free interval.

In those coming off oral contraception, alternative contraception should be used for one year of amenorrhoea in those aged >50 years and for two years in those aged <50 years.

## Contacts

### Derby

Duty Biochemist: 01332 789383 (8am to 7pm, Mon – Fri)

Dr Peter Hinstridge: Consultant Gynaecologist, UHDB

### Chesterfield

Duty Biochemist: 01246 512212 (9am to 5pm, Mon – Fri)

Mr Sam Dobson: Consultant Obstetrician and Gynaecologist, CRH

Miss Darly Mathew: Consultant Gynaecologist, CRH

## Patient Information website

<http://www.patient.co.uk/health/Menopause-and-HRT.htm>

## References

The British Menopause Society (BMS). Tools for Clinicians. Testosterone Replacement in Menopause. Dec 2022. <https://thebms.org.uk/publications/tools-for-clinicians/testosterone-replacement-in-menopause/>

NICE Guideline No 23 (NG23). Menopause: Diagnosis and Management. Last updated Dec 2019. <http://www.nice.org.uk/NG23>

Contraception for women aged over 40 years. Clinical Effectiveness Unit, Faculty of Sexual and Reproductive Healthcare (Sep 2019). <https://www.fsrh.org/standards-and-guidance/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/>

Guideline on the management of premature ovarian insufficiency (European Society of Human Reproduction and Embryology, 2015). <https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Management-of-premature-ovarian-insufficiency>

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