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.

CHISCP24: Biochemical Investigation of Menopause, Revision No 5

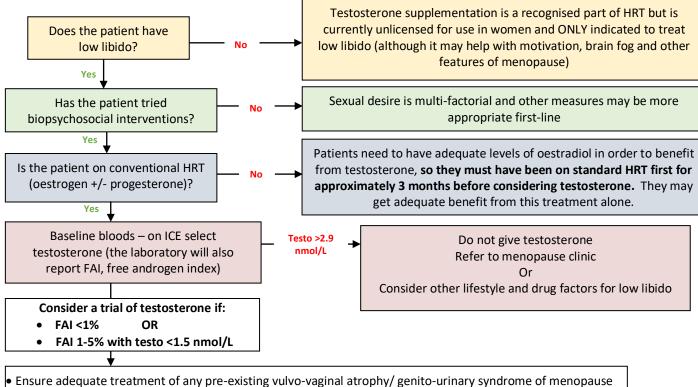
Expiry date: 31st Dec 2024

Reviewed by: Dr Peter Hinstridge, Consultant Gynaecologist UHDB; Mr Sam Dobson & Miss Darly Mathew, Consultant Gynaecologists CRH; Dr Vicky Lloyd, GP and lead for women's health at Derbyshire CCG; Dr P Blackwell, GP; Dr J Packer, GP Registrar; Ms Helen Seddon, Clinical Scientist UHDB.

Authorised by Julia Forsyth

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).



- Ensure adequate treatment of any pre-existing vulvo-vaginal atrophy/ genito-urinary syndrome of menopause (GUM) with topical vaginal oestrogen
- Counsel the patient about possible androgenic side effects, eg hair growth, acne, weight gain
- Record BMI and BP

See the JAPC menopause management guideline for testosterone prescribing information http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical Guidelines/Formulary by BNF chapter prescribing guidelines/BNF chapter 6/Menopause Guideline.pdf

- *CONTRAINDICATIONS (Discuss with Gynaecology via advice and guidance if any queries for patients in these groups)
- Pregnant/ breast feeding
- Active liver disease
- History of hormone sensitive cancer eg. breast
- Competitive athletes

Clinical response to treatment is a better guide than serum levels. In case of androgenic side effects AT ANY TIME, stop testosterone immediately

Review at 2-3 months

- Systemic changes (acne, hirsutism, male pattern baldness) **STOP immediately**, check testosterone level and discuss with secondary care via advice and guidance
- Check testosterone levels are within the physiologically normal range STOP immediately if testo >2.9 nmol/L
 OR FAI >5%

Annual monitoring – at least ONCE every 12 months

- Check testosterone levels and side-effects as above
- Record BMI, BP

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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 ≥30 IU/L the FSH should be repeated after 6 weeks. If the second FSH level is ≥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

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Patient Information website

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

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Authors: Dr Mark Livingston, Dr Roger Stanworth, Dr Penelope Blackwell, November 2012		
Reviewed by:	Date:	Expiry date:
Dr R Stanworth, Dr P Blackwell, Mrs H Seddon	Mar 2016	31st Mar 2018
Dr R Stanworth, Dr P Blackwell, Mrs H Seddon	Oct 2018	31st Oct 2020
Dr Peter Hinstridge, Mr Sam Dobson, Miss Darly Mathew, Dr	Dec 2022	31st Dec 2024
Vicky Lloyd, Dr P Blackwell, Dr J Packer, Ms Helen Seddon		