NICE National Institute for Health and Care Excellence

NICE Pathways

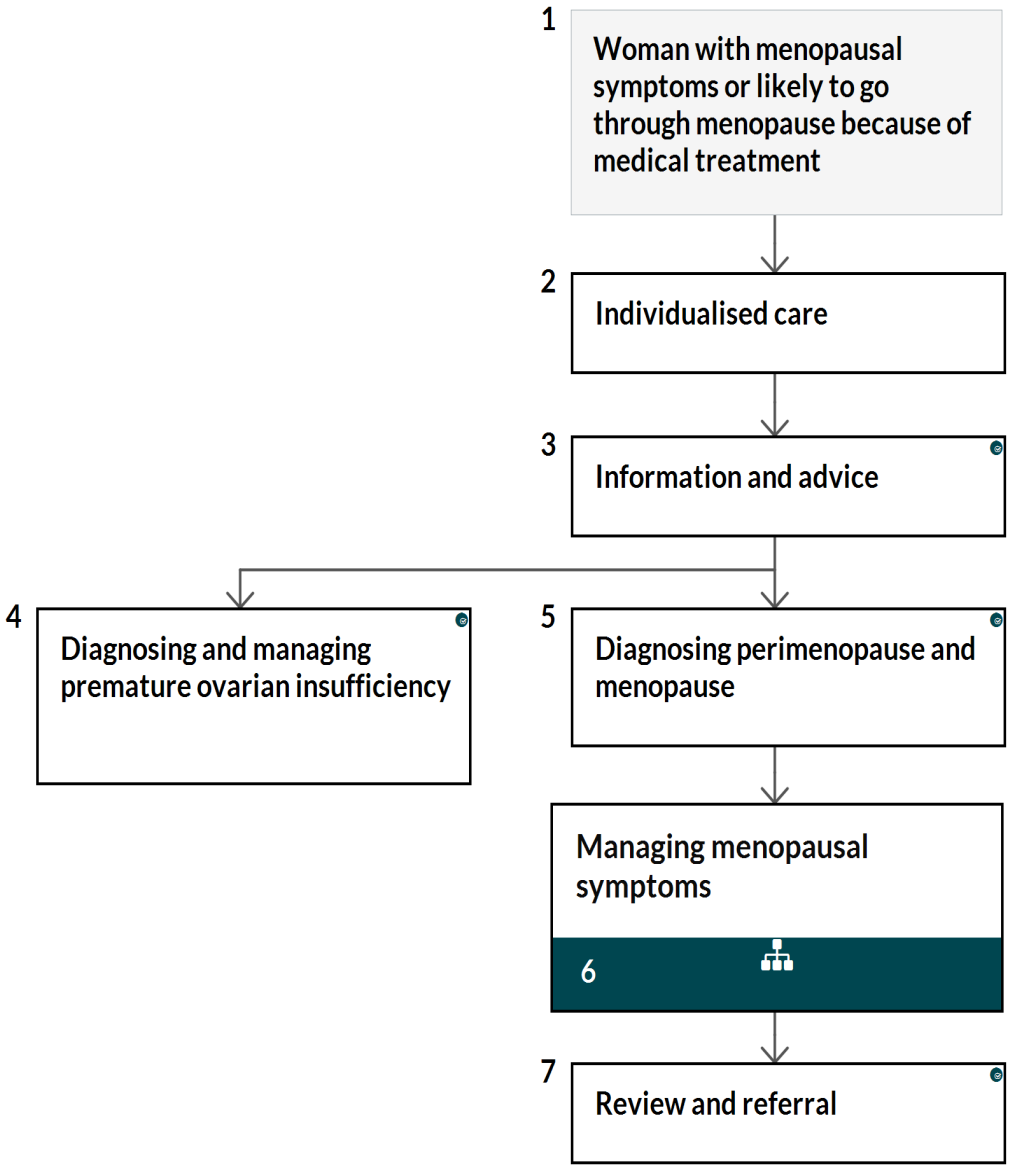
Menopause overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/menopause
NICE Pathway last updated: 05 December 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman with menopausal symptoms or likely to go through menopause because of medical treatment

No additional information

2 Individualised care

Adopt an individualised approach at all stages of diagnosis, investigation and management of menopause. See what NICE says on patient experience in adult NHS services.

3 Information and advice

Menopausal women

Give information to menopausal women and their family members or carers (as appropriate) that includes:

- an explanation of the stages of menopause
- common symptoms (see below) and diagnosis
- lifestyle changes and interventions that could help general health and wellbeing
- benefits and risks of treatments for menopausal symptoms
- long-term health implications of menopause.

Explain to women that as well as a change in their menstrual cycle they may experience a variety of symptoms associated with menopause, including:

- vasomotor symptoms (for example, hot flushes and sweats)
- musculoskeletal symptoms (for example, joint and muscle pain)
- effects on mood (for example, low mood)
- urogenital symptoms (for example, vaginal dryness)
- sexual difficulties (for example, low sexual desire).

Give information to menopausal women and their family members or carers (as appropriate) about the following types of treatment for menopausal symptoms:

- hormonal, for example HRT

- non-hormonal, for example clonidine
- non-pharmaceutical, for example cognitive behavioural therapy.

Give information on menopause in different ways to help encourage women to discuss their symptoms and needs.

Give information about contraception to women who are in the perimenopausal and postmenopausal phase. See guidance from the Faculty of Sexual & Reproductive Healthcare on contraception for women aged over 40 years.

Discuss with women the importance of keeping up to date with nationally recommended health screening.

NICE has written information for the public on menopause.

Women likely to go through menopause because of medical or surgical treatment

Offer women who are likely to go through menopause as a result of medical or surgical treatment (including women with cancer, at high risk of hormone-sensitive cancer or having gynaecological surgery) support and:

- information about menopause and fertility before they have their treatment (see what NICE says on cryopreservation in fertility)
- referral to a healthcare professional with expertise in menopause.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Information for women having treatment likely to cause menopause

4 Diagnosing and managing premature ovarian insufficiency

Diagnosis

Take into account the woman's clinical history (for example, previous medical or surgical treatment) and family history when diagnosing premature ovarian insufficiency.

Diagnose premature ovarian insufficiency in women aged under 40 years based on:

- menopausal symptoms, including no or infrequent periods (taking into account whether the woman has a uterus) **and**
- elevated follicle-stimulating hormone levels on 2 blood samples taken 4–6 weeks apart.

Do not diagnose premature ovarian insufficiency on the basis of a single blood test.

Do not routinely use anti-Müllerian hormone testing to diagnose premature ovarian insufficiency.

If there is doubt about the diagnosis of premature ovarian insufficiency, refer the woman to a specialist with expertise in menopause or reproductive medicine.

Management

Offer sex steroid replacement with a choice of HRT or a combined hormonal contraceptive to women with premature ovarian insufficiency, unless contraindicated (for example, in women with hormone-sensitive cancer).

Explain to women with premature ovarian insufficiency:

- the importance of starting hormonal treatment either with HRT or a combined hormonal contraceptive and continuing treatment until at least the age of natural menopause (unless contraindicated)
- that the baseline population risk of diseases such as breast cancer and cardiovascular disease increases with age and is very low in women aged under 40
- that HRT may have a beneficial effect on blood pressure when compared with a combined oral contraceptive
- that both HRT and combined oral contraceptives offer bone protection
- that HRT is not a contraceptive.

Give women with premature ovarian insufficiency and contraindications to hormonal treatments advice, including on bone and cardiovascular health, and symptom management. For more information, see what NICE says on osteoporosis and cardiovascular disease prevention.

Consider referring women with premature ovarian insufficiency to healthcare professionals who have the relevant experience to help them manage all aspects of physical and psychosocial health related to their condition.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

2. Diagnosing premature ovarian insufficiency

3. Managing premature ovarian insufficiency

5 Diagnosing perimenopause and menopause

Diagnose the following without laboratory tests in otherwise healthy women aged over 45 years with menopausal symptoms:

- perimenopause based on vasomotor symptoms and irregular periods
- menopause in women who have not had a period for at least 12 months and are not using hormonal contraception
- menopause based on symptoms in women without a uterus.

Take into account that it can be difficult to diagnose menopause in women who are taking hormonal treatments, for example for the treatment of heavy periods.

Do not use the following laboratory and imaging tests to diagnose perimenopause or menopause in women aged over 45 years:

- anti-Müllerian hormone
- inhibin A
- inhibin B
- oestradiol
- antral follicle count
- ovarian volume.

Do not use a serum follicle-stimulating hormone test to diagnose menopause in women using combined oestrogen and progestogen contraception or high-dose progestogen.

Consider using a follicle-stimulating hormone test to diagnose menopause only:

- in women aged 40 to 45 years with menopausal symptoms, including a change in their menstrual cycle
- in women aged under 40 years in whom menopause is suspected (see also diagnosing and managing premature ovarian insufficiency [See page 4].

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Diagnosing perimenopause and menopause

6 Managing menopausal symptoms

See Menopause / Managing menopausal symptoms

7 Review and referral

Review each treatment for short-term menopausal symptoms:

- at 3 months to assess efficacy and tolerability
- annually thereafter unless there are clinical indications for an earlier review (such as treatment ineffectiveness, side effects or adverse events).

Refer women to a healthcare professional with expertise in menopause if treatments do not improve their menopausal symptoms or they have ongoing troublesome side effects.

Consider referring women to a healthcare professional with expertise in menopause if:

- they have menopausal symptoms and contraindications to HRT **or**
- there is uncertainty about the most suitable treatment options for their menopausal symptoms.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Reviewing treatments for menopausal symptoms

Glossary

Compounded bioidentical hormones

(unregulated plant-derived hormonal combinations similar or identical to human hormones that are compounded by pharmacies to the specification of the prescriber)

Fragility fracture

(fractures that result from mechanical forces that would not ordinarily result in fracture (such as a fall from a standing height or less); reduced bone density is a major risk factor for fragility fractures, which occur most commonly in the spine, hip and wrist)

HRT

hormone replacement therapy

Low mood

(mild depression symptoms that impair quality of life but are usually intermittent and often associated with hormonal fluctuations in perimenopause)

Menopause

(a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life: usually it is defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally); the changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone)

Perimenopause

(the time in which a woman has irregular cycles of ovulation and menstruation leading up to menopause and continuing until 12 months after her final period (also known as menopausal transition or climacteric))

Premature ovarian insufficiency

(menopause occurring before the age of 40 years (also known as premature ovarian failure or premature menopause). It can occur naturally or as a result of medical or surgical treatment)

RCT

randomised controlled trial

Urogenital atrophy

(thinning and shrinking of the tissues of the vulva, vagina, urethra and bladder caused by oestrogen deficiency; this results in multiple symptoms such as vaginal dryness, vaginal irritation, a frequent need to urinate and urinary tract infections)

Vasomotor symptoms

(menopausal symptoms such as hot flushes and night sweats caused by constriction and dilatation of blood vessels in the skin that can lead to a sudden increase in blood flow to allow heat loss; these symptoms can have a major impact on activities of daily living)

Sources

Menopause: diagnosis and management (2015 updated 2019) NICE guideline NG23

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to

advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with

the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.