**Menopause case studies**

Mrs A is a 48 yr old woman who had a hysterectomy 3 yrs ago. She is now complaining of hot sweats and night flushes, low mood and irritability. She is under a great deal of stress at work.

She attends asking

* To know if she is menopausal? What tests can be done?
* For help; antidepressants? HRT?

‘Menopausal’ is a misleading term; there is perimenopausal and postmenopausal:

Average age of menopause – 45- 55 – 80% have symptoms. Average duration of menopause 4 years – can be up to 10 in recent study.

By definition this lady is perimenopausal (48 and has symptoms)

FSH is of no value >45 yrs – expensive and does not influence management; most useful in cases of possible premature ovarian failure (premature menopause) =

<40yrs old

Is this mood/stress (could consider SSRI) however HRT likely better option as Menopause symptoms predominant – specifically night sweats affecting sleep.

Mrs B, aged 51, is an infrequent attender. Over the last 2 years she has experienced irregular periods, and now with the onset of sleep disturbance due to night sweats is asking what can be done. Both parents had strokes in their 70’s; she has heard that HRT can increase the risk of strokes and hence would prefer to avoid it.

Self help – cotton sheets, loose night clothes, avoid alcohol, spicy food, hot baths etc. Moderate exercise.

Explore her health understanding;

Oestrogen only HRT does NOT increase risk f CVA (or VTE).

Combined HRT at age less than 60 is neutral to protective for CVA – over 60 still neutral if using transdermal.

So if this lady is declining HRT on the grounds of FH of CVA, she need not worry.

…she may however need a CVS risk assessment ☺

Miss C, aged 52, has been sent to you by the diabetic nurse specialist with her perimenopausal vasomotor and joint symptoms. She still smokes, she is asking for HRT. What would you advise to help her?

Stop smoking – optimise diabetes – offer self help

Then use transdermal HRT – neutral effect on VTE and skips first pass metabolism. (she will be on a statin etc)

NB HRT does not cause diabetes – and has no adverse affect on blood sugar control.

Prof D. aged 53, has been amenorrhoeic for 18 months and had hoped to see her menopause through ‘naturally’. However, her lack of libido and fatigue has driven her to see you for HRT.

Check for other causes of low libido and fatigue – Depression, anaemia, dyspareunia ? Does she have other symptoms of menopause?

If vaginal atrophy, ?Topical HRT

If has HRT – would need continuous combined

NB if you explore natural treatments that she may have tried– discuss risks – liver etc. weak evidence for some eg isoflavones – vasomotor symptoms only.

Miss E is 27 and had a TAH and BSO for endometriosis 3 years ago. She uses Sandrena gel as her HRT but still gets vaginal dryness and attends for advice on this.

Check dose of sandrena gel – if ok then give topical HRT

Mrs F is a 40 year old who has recently completed treatment for early breast cancer. She has now embarked on her 5 yr course of tamoxifen. She presents with vaginal dryness and hot flushes. During the consultation you pick up that her mood seems very low. What approaches can you take?

Can give topical HRT in breast cancer as long as on Tamoxifen – if not, need to do individual risk and benefit.

SSRI decrease efficacy of Tamoxifen – don’t use together.

Mrs G is a 63 year old fit woman who was put on HRT by her previous GP some 12 years ago, and feels well on it. She attends for a routine annual review and would like to continue. What advice can you offer?

Can continue – would be worth switching to transdermal HRT as >60 yrs of age, to reduce excess risk of CVA

Mrs H, aged 55, was seen in clinic today with her husband. She had a hysterectomy aged 45 for heavy periods, and stayed on HRT until 18 months ago. She is now complaining bitterly of lack of libido and a failure to achieve orgasm. She has read that testosterone would restore her sex drive and has attended to ask for this today.

After surgical removal of the ovaries, circulating testosterone levels drop by 50%. Hence the interest in using testosterone with HRT in such women. Studies have indicated improved mood and sense of well being. Furthermore, the use of testosterone is associated with improvements in some aspects of female sexual function and is an option that some women may wish to consider.

Tibolone contains a combination of estrogen, progestogen and testosterone and can be taken by women who are postmenopausal. The inclusion of testosterone can be particularly helpful for some women. Testosterone gel is sometimes used but is currently only licensed for use in men in the UK and would be used in a smaller dose for women only under specialist advice. Until recently it was only offered to women who had had a surgical oophorectomy. At the moment it is usual to offer testosterone therapy only to women who are already using systemic estrogen treatment.