Hormone therapy for the perimenopause

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Declarations

- Theramex - educational

The average age of the menopause is 51

Average ♀ life expectancy 85+
Average age of the menopause is 51
Age range from puberty upwards
85% of ♀ experience menopause symptoms
On average, symptoms last for 7 years
Retirement age 68 (atm!)

Menopause: no respect for age

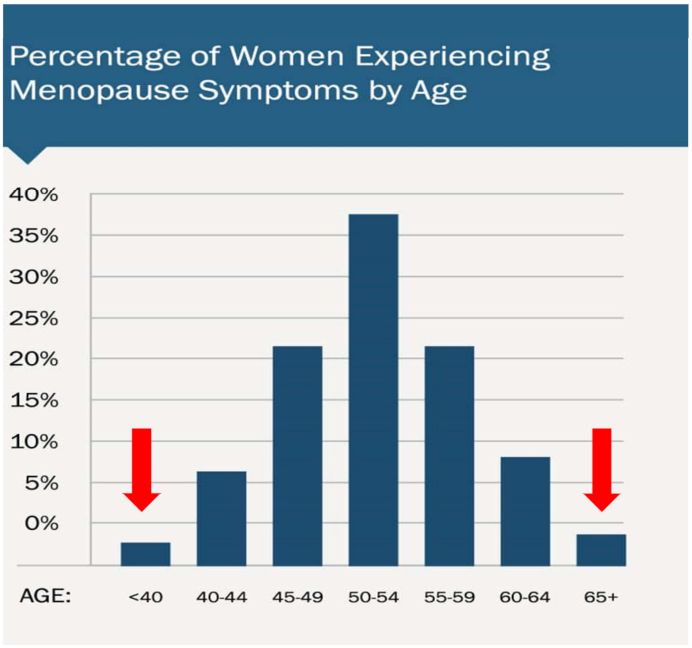
Menopause – last menstrual period

Retrospective diagnosis

- Iatrogenic, spontaneous, primary amenorrhoea

Age and sex is no predictor

- Environmental factors eg plastic, pollution
- Survival of cancer treatments
- Amenorrhoea post contraception use
- Longer life expectancy with co-morbidities
- Gender fluidity and transgender

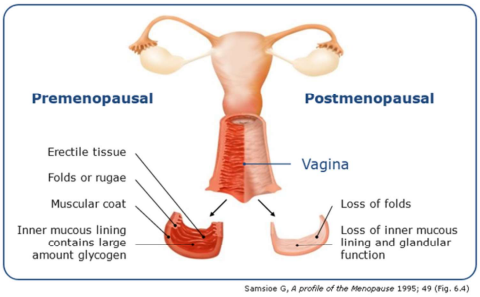


Early perimenopause symptoms
GSM – genitourinary symptoms of the menopause

Previously called Vulvovaginal atrophy (VVA)

Causes

- Changes in the acid balance of the vagina
- Thinning, drying and inflammation of the vaginal walls
- Co-morbidities e.g: cancer treatments, autoimmune disease



Samsioe G, *A profile of the Menopause* 1995; 49 (Fig. 6.4)

Symptoms

- Vaginal dryness, burning, discharge
- Genital itching
- Burning with urination
- Frequent or urgency with urination
- Recurrent urinary tract infections
- Vaginal bleeding related to intercourse
- Painful intercourse
- Decreased vaginal lubrication during sexual activity
- Shortening and tightening of the vaginal canal

GSM - management

Self help – OTC (over the counter)

- Soap free emollients
  - eg: Dermol 500 lotion, E45 emollient or Oilatum
  - www.nhs.uk/conditions/Emollients
- Vaginal moisturisers
  - eg: Hyalofemme, Yes WD/OB, Replens, Vagisil, Balance Activ, Regelle
- Vaginal lubricant
  - eg: YES DG/WD/OB, Sylk
  - Natural oil base lubricant: Vitamin E liquid capsules, coconut oil, almond oil
  - Silicone-based lubricant: for skin sensitivities/allergies, recurrent UTI or yeast infections
- Laser vaginal rejuvenation (privately)

Medical options

First line:

- 10mcg estradiol pessary
- Vaginal cream
- Intravginal ring
- Pelvic health physiotherapy
- Dermatology (vulval) clinic for unresolved symptoms

Second line:

- Prasterone (Intrarosa-DHEA) - for dyspareunia and atrophy (contraindication breast cancer)
- Senshio 60 mg tablet (Ospemifene-SERM): severe symptomatic vulval symptoms and vaginal atrophy (VVA)

Perimenopause – Menstrual irregularity and a hyper-estrogen state

Presentation

- Irregular periods – change in frequency, pattern
- Light/heavy period, painful, clots
- Menopause symptoms
- Change in mental health
  - Antidepressants not first line
- Migraines
  - 70% of women do not report this
  - Correlates as predictor of VMS severity
  - HIT-6 headache impact test - National Migraine Centre

Exclude Red flags

- Exclude pregnancy
- Current contraceptive use – effect on LH/FSH
- Exacerbation of endometriosis, adenomyosis, fibroids
- Endocrine disorders – PCOS, thyroid dysfunction, malignancy?
- Hx of ablation
- Endometrial pathology
- Cervical or vaginal changes

https://cks.nice.org.uk/topics/menopause/

Diagnosing - Presenting age matters

Premature ovarian insufficiency - under age 40

- History taking - exclude other causes
- Investigated if symptomatic
- After 4/12 amenorrhoea
- Low index of suspicion
- LH/FSH, estradiol (AMH)

Early menopause - age 40-45

- Peri or post menopause
- History taking - exclude other causes
- Investigated if symptomatic
- After 4/12 amenorrhoea
- FSH indicated (per NICE menopause guideline)

Menopause: >Age 45

- Clinical history alone
- FSH not indicated (per NICE menopause guideline)

Think first - contraception in the perimenopause

https://www.fsrh.org/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/

- An over looked need
- Inconsistent use of contraception
- Increased of late pregnancies
- Increased risk of STI over age 40
- CHC - Symptomatic on pill free interval
- Document discussion

Contraceptive method	Age 40–50 years	Age >50 years
Non-hormonal	Stop contraception after 2 years of amenorrhoea	Stop contraception after 1 year of amenorrhoea.
Combined hormonal contraception	Can be continued	Stop at age 50 and switch to a non-hormonal method or IMP/POP/LNG-IUS, then follow appropriate advice.
Progestogen-only injectable	Can be continued	Women ≥50 should be counselled regarding switching to alternative methods, then follow appropriate advice.
Progestogen-only implant (IMP) **Progestogen-only pill (POP)** **Levonorgestrel intrauterine system (LNG-IUS)**	Can be continued to age 50 and beyond	Stop at age 55 when natural loss of fertility can be assumed for most women. ▶ If a woman over 50 with amenorrhoea wishes to stop before age 55, FSH level can be checked. ▶ If FSH level is >30 IU/L the IMP/POP/LNG-IUS can be discontinued after 1 more year. ▶ If FSH level is in premenopausal range then method should be continued and FSH level checked again 1 year later. A Mirena® LNG-IUS inserted ≥45 can remain *in situ* until age 55 if used for contraception or heavy menstrual bleeding.

FSH, follicle-stimulating hormone; IU, international unit.

Sequential combined HRT (scHRT) in the perimenopause – considerations and choices

Considerations

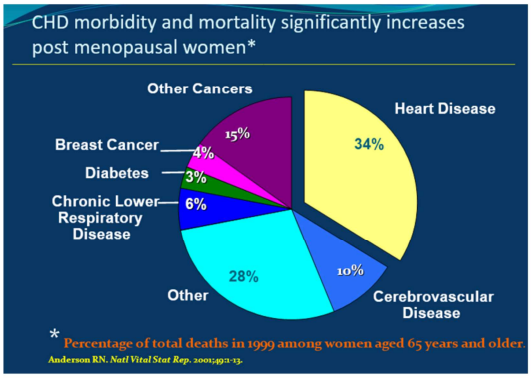
- Duration of use
  - 2 years scHRT if started under age 50
  - 1 year scHRT if started over age 50
- Oral versus transdermal estrogen
- Contraception
- Contraindications
- Indications
- Side effects

Choices

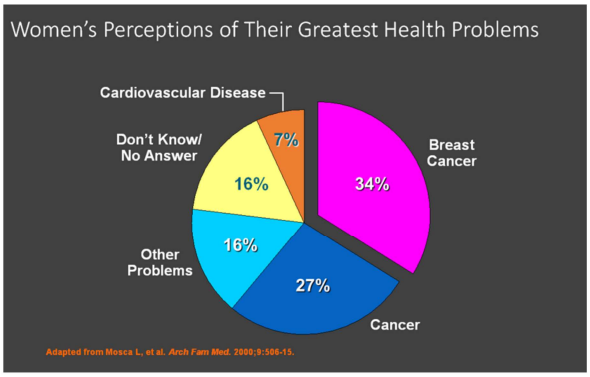
- Combined tablets or patches
- individualised E+P combination
- Synthetic progestogens
- Natural progesterone

Perimenopause risks – should we be worried? Window of opportunity

Actual postmenopausal risks



Perceived postmenopausal risks



90% of cardiovascular disease is preventable

Non-Modifiable

- Gender?
- Age
- Family history
- Ethnicity

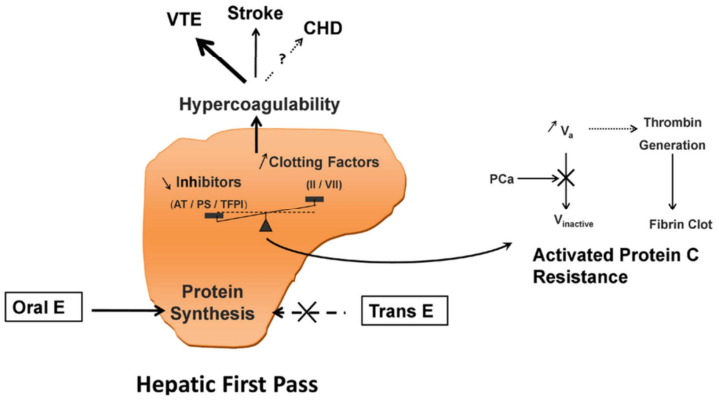
Modifiable

- Hypertension
- Diabetes Mellitus
- Abnormal lipid profile
- Cigarette smoking
- Sedentary lifestyle
- Obesity

Discuss risks
Estrogen – routes of administration and risks

Transdermal estrogen

- Avoids hepatic first past effect
- Neutral effect on anticoagulants
- Does not increase VTE risk



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Modifiable risks: Breast cancer

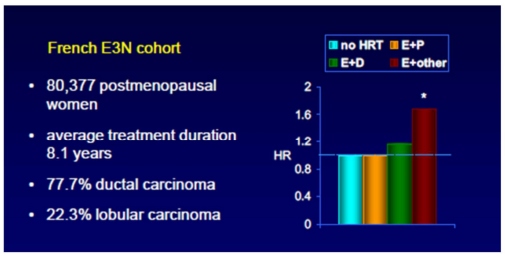
Difference in breast cancer incidence per 1,000 women aged 50-59.

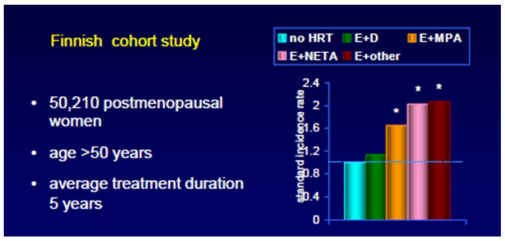
Approximate number of women developing breast cancer over the next five years.

www.thebms.org.uk

Natural bio/body identical progesterone

- Progesterone – a micronised natural body identical hormone
- Dydrogesterone – synthetic progestogen metabolically similar to progesterone
- Breast neutral effect
- Non-significant breast cancer risk
- BC risk significantly related to synthetic NETA and MPA





Combined HRT prescription choices – without contraception

Combined formulations

Femoston combined oral tablet
- Estradiol + Dydrogesterone
- Both conti and sequi options
- Oral estradiol (small VTE risk over age 50)
- Breast neutral progestogen

Evorel combined patch
- Estradiol + Norethisterone
- Breast cancer link
- Both conti and sequi options

Body identical options

Estradiol transdermal
- Any option (Patch, gel, spray)
- No VTE risk
- Titrate dose until symptoms resolved

Progesterone capsule
- Breast neutral progestogen
- Both conti and sequi options

Bijue combined body identical
- Estradiol + natural progesterone
- Conti only
- Oral estradiol (small VTE risk over age 50)

Resources

Menopause
British Menopause Society (BMS) www.thebms.org.uk (for brand/dose equivalent products)
Menopause Matters: www.menopausematters.co.uk
Women's Health Concern (WHC): www.womens-health-concern.org
FSRH contraception over age 40: www.fsrh.org/standards-and-guidance/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/
International menopause society (IMS): https://www.imsociety.org/
Book: Living Well Through The Menopause: An evidence-based cognitive behavioural guide

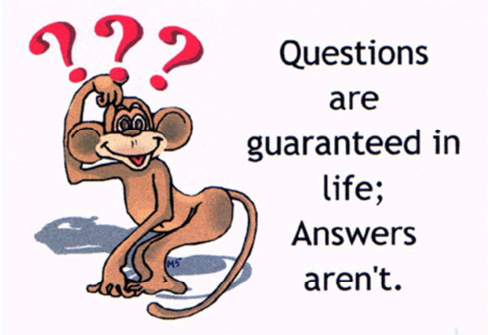
Premenstrual Syndromes
National Association for Premenstrual Syndrome (NAPS): www.pms.org.uk/
RCOG Green Top PMS guidelines: www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg48/
IAPMD - International Association Premenstrual Dysphoric Disorder: www.iapmd.org

Premature Ovarian Insufficiency (POI)
Daisy Network: www.daisynetwork.org
ESHRE POI guidelines: www.eshre.eu/
UK fertility regulator: www.hfea.gov.uk
CW POI support group: www.chelwest.nhs.uk/menopause

Take home messages

- HRT risks are based on evidence using continuous combined HRT in postmenopausal women
- Perimenopause may occur at any age
- GSM are often early symptoms of the perimenopause and undertreated
- Perimenopausal HRT is licenced for symptomatic relief and osteoporosis protection
- Perimenopause is a hyperestrogenic state with epiosdes of menstrual irregularity – start on low dose of estrogen and titrate upwards according to symptom
- Discuss contractive needs

Thank you



Chelsea and Westminster Menopause & POI service

- **CCG contractual agreement – Funded for 1 appointment only**
- **First appointment - majority of patients discharged at this point**
  - Detailed plan of care agreed
  - Actions to FU with GP
  - Discharged with ongoing advice and guidance via eRS if necessary
- **Second appointment**
  - Only instance of complexity, then discharged
  - FU only indicated for secondary care managed treatment eg GnRHa or implants
- **PIFU – if not discharged and with few exceptions – all FU is on a PIFU pathway**
  - 3-6 months PIFU and discharge
  - 3-12 months PIFU with booked safety net appointment at the end

Referral to menopause clinic: inclusion exclusion criteria

Referral and inclusion

- Firstly
  - seek advice and guidance via eRS
  - with option to select referral
- Secondly
  - Tried at least one HRT before referral
  - Complex PMH with potential contraindications
- All necessary investigations and results to be collated prior to referral

Referral exclusion

- IUS insertion/removal
  - OP procedure to gynaecology benign one stop clinic
  - GA procedure IUS to general gynaecology
- Problematic irregular bleeding
  - USS with uterine pathology -referral to general gynaecology
- PMB whether or not a current patient
  - 2WW gynaecology / rapid access clinic
- Routine review– through A&G only