

Univ



AU



Message from the research lead

... p s os r s4p, l rson o r on rs oa
or n n nop4s or4p sn rs r on^N s
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oa n p^N is op n ss n O r n^N
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or on ns d^N nop4s 4rn^N in on^N ons

n4 spr^N r or so ss ss nop4s s 4s n4 n^N
o o n^N p s is r o or n o r i on n^N
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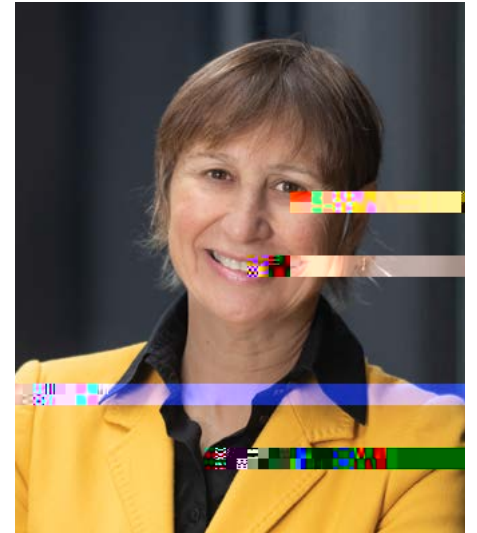
s4p, l rson r l n or n ns r d^N n^N on 4s
on n p^N on n or p n^N 4p l s on n^N
no^N r d^N p isoo^N sso nop4s n n^N
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4p Dr s i or Dr C n n r Dr r n r
ro sso r r E n Dr Fon n n Dr 4s n
ro sso r on i B r or s l

PROFESSOR SUSAN DAVIS AO



About Professor Davis AO

What do you need to know?

Full assessment recommended for midlife women

Medical History

Relevant gynaecological history
 Birth control
 Symptoms of menopause
 Current and past medical conditions

Major medical conditions and about

Diabetes
 Blood pressure
 Cholesterol
 Depression
 Thyroid disease
 Liver disease

Family History

Cholesterol
 Diabetes
 Cancer

Alcohol and tobacco use

Current education including non-prescription medications

Occupational history

Sexual wellbeing

Examination

General
 Blood pressure
 Breast examination
 Cervical examination

Investigations for menopause diagnosis

45 years old

Diagnosis possible
 Serum FSH, E2
 Lipid profile

< 45 years old

Serum FSH, E2
 No LH, AMH
 on C/C

• Prog/LH/AMH also no
 symptoms

Midlife women general health assessment:

Cholesterol
 Blood pressure
 Lipid profile
 FB

Diabetes
 FB
 FB
 Depression

A Practitioner's Toolkit for Managing Menopause



COCP

Low-dose COCP
with low-dose EE
and low-dose progestin

Continuous E and LNG-IUD

Continuous E
with LNG-IUD

Continuous E and cyclical P

Continuous E
with cyclical P
No progestin

**Continuous E and cyclical
4mg drospirenone[#] /
75 mcg desogestrel OCP[#]**

Continuous E
with low-dose COCP
with low-dose EE and low-dose progestin

A Practitioner's Toolkit for Managing Menopause

Identify and treat the main issues in addition to general health assessment and care

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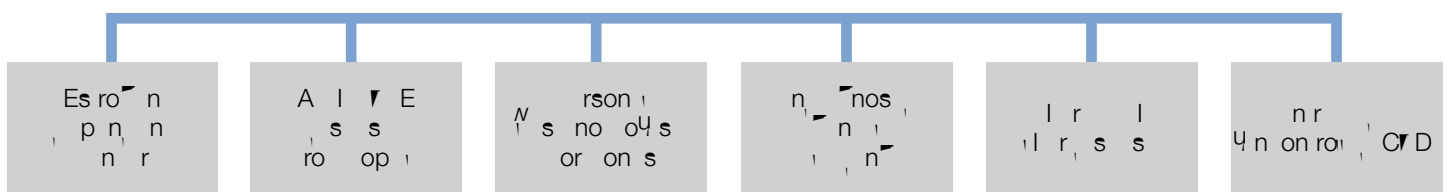
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r s n rrs



A Practitioner's Toolkit for Managing Menopause

	Low dose	Mid-range dose	Highest dose [#]
CEE	0.625 mg	1.25 mg	2.5 mg
17 estradiol	0.025 mg	0.05 mg	0.1 mg
Estradiol valerate	0.025 mg	0.05 mg	0.1 mg
Estriol	0.025 mg		
Transdermal estradiol patch	0.025 mg	0.05 mg	0.1 mg
Estradiol gel	0.025 mg	0.05 mg	
Estradiol hemihydrate gel	0.025 mg	0.05 mg	0.1 mg
Estradiol hemihydrate skin spray	0.025 mg	0.05 mg	0.1 mg

Sequential P – daily dose for 12-14 days per month for endometrial protection:

	With Low dose E	With mid to highest dose E
Dydrogesterone (oral)	1 mg	2 mg
Micronized progesterone (oral)	200 mg efficacy of lower dose not established	200 mg
Medroxyprogesterone acetate (oral)	1 mg	2 mg
Norethisterone acetate (oral)	1 mg	1 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.025 mg day

Continuous P – daily dose for endometrial protection:

	Low dose E	With mid to highest dose E
Dydrogesterone (oral)	1 mg	2 mg
Drospirenone (oral)	2 mg	
Micronized progesterone (oral) [^]	200 mg	200 mg or 400 mg dose E however this dose may not always provide sufficient endometrial protection with lowest dose E
Medroxyprogesterone acetate (oral)	1 mg	1 mg
Norethisterone acetate (oral)	2 mg with 0.025 mg estradiol 2 mg with 0.05 mg estradiol	2 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.025 mg day
Levonorgestrel (with estradiol) patch		releases 0.02 mg day
LNG-IUD	Device in situ releases 0.02 mg day	

Evidence-based Non-Hormonal Treatments for vasomotor symptoms

