

Managing menopausal symptoms

Objective: To provide advice on the management of menopausal symptoms.

Target audience: All health practitioners providing care for women, and patients.

Values: The evidence was reviewed by the Women's Health Committee (RANZCOG) and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed by Women's Health Committee in March 1995 and most recently in September 2020.

Funding: This

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1. Plain language summary

The Menopause is a normal reproductive stage in which egg production and menstrual periods stop permanently. Menopause typically happens in the early 50s but may occur earlier in certain populations.¹ Menopause before age 45 is regarded as “early” and before age 40 as “premature”.

Most women (around 80%) experience symptoms at menopause, most commonly hot flushes and/or night sweats and vaginal dryness. These usually do not need medical treatment but around 25% of women have severe and/or prolonged symptoms that may require medical intervention.

For those who request treatment

Women with premature (less than 40 years) or early (less than 45-years) menopause should be offered MHT at least until aged 50 years unless

Lifestyle factors should be addressed and focused on as part of primary prevention and education including weight bearing exercise,

some cardiovascular benefits this has not been confirmed in large RCT and the indication for MHT remains as the treatment of troublesome

there was lower mortality (RR0.70, 95%CI 0.52-0.95) and a lower incidence of coronary heart disease. There was no evidence of increased risk of stroke in this group. These findings are supportive of the 'window of opportunity' hypothesis that initiation of MHT in women within 10 years of their last period is associated with maximum benefit and mini agi

Recommendation 14		Grade
Oestrogen only therapy is appropriate for women who have undergone hysterectomy.		Evidence-based recommendation Grade A
Recommendation 15		Grade
Oestrogen plus progestogen should be used in women with an intact uterus		Evidence-based recommendation Grade A
Recommendation 16		Grade
The dose and duration of therapy should be consistent with treatment goals. The need for ongoing MHT should be reviewed regularly.		Consensus-based recommendation
Recommendation 17		Grade
For women with vaginal symptoms only, local vaginal oestrogen is the most suitable therapy. ²⁸		Consensus-based recommendation
Recommendation 18		Grade
Short term (1-2 years) use of vaginal oestrogen appears to be safe, though long-term data are lacking. Women using this therapy should be advised to consider intermittent withdrawal to review the need for ongoing therapy.		Evidence-based recommendation Grade B
Recommendation 19		Grade

Use of topical vaginal oestrogen in women with

4.3.3 Continuing or ceasing MHT

4.4.3 Bioidentical hormones

The safety

Non-hormonal pharmacological medications shown to be superior to placebo in some randomised controlled trials include SSRIs (paroxetine, citalopram and escitalopram), SNRIs (venlafaxine, desvenlafaxine) and centrally acting medications including gabapentin, pregabalin and clonidine.^{5,39} Most trials are short term only and longer-term data is lacking. Paroxetine and fluoxetine may interfere with tamoxifen metabolism.⁴⁰

5.2 Non-hormonal therapies for vaginal dryness

5.2.1 Lubricants and moisturisers

There is little evidence to support the effectiveness of vaginal moisturisers and lubricants.⁴¹

A randomised controlled trial of water- and silicone- based lubricants found that the silicone-based lubricant was more effective at reducing pain during sexual activity in patients with breast cancer.⁴² A pilot study of olive oil (as a lubricant),

6. Management of menopausal symptoms after cancer

Management of menopausal symptoms after cancer should include information about induced menopause and possible symptoms as well as available treatments. Management then requires a holistic and multidisciplinary approach with individualised care.⁵⁰

Systemic MHT provides symptom control and may be used after most cancers but should be avoided after breast cancer and after some other oestrogen-dependent cancers (see table).

Vaginal oestrogen is effective for vaginal dryness. Safety after breast cancer is uncertain but a recent review⁵¹ of topical oestrogen use for 1-2 years in breast cancer survivors found no associated changes in breast density or bi rads breast cancer risk score.

Ovarian Ca - low
grade serous &
endometrioid

7. References

1. Baber RJ. East is east and West is west: perspectives on the menopause in Asia and The West. *Climacteric* 2014;17(1):23-8. doi: 10.3109/13697137.2013.830607
2. Harlow SD, Gass M, Hall JE, et al. Executive summary of the Stages of Reproductive Aging Workshop +10: addressing the unfinished agenda of staging reproductive aging. *Climacteric* 2012;15(2):105-14. doi:10.3109/13697137.2011.650656, 10.3109/13697137.2011.650656
3. Maki PM, Freeman EW, Greendale GA, Henderson VW, Newhouse PA, Schmidt PJ, Scott NF, Shively CA, Soares CN. Summary of the National Institute on Aging-sponsored conference on depressive symptoms and cognitive complaints in the menopausal transition. *Menopause* 2010; 17: 815-22.
4. Avis NE, Crawford SL, Greendale G, Bromberger JT, Everson-Rose SA, Gold EB, Hess R, Joffe H, Kravitz HM, Tepper PG, Thurston RC. Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA*

36. Hammar ML, van de Weijer P, Franke HR, Parnel B, von Mauw EM, Nijland EA. Tibolone and low-dose continuous combined hormone treatment: vaginal bleeding pattern, efficacy and tolerability. *BJOG*. 2007;114(12):1522-9. doi:10.1111/j.1471-0528.2007.01537.x
- 37.

Glossary of Terms

Menopause: The permanent cessation of menstruation. The definition is made retrospectively, 12 months after the final menstrual period.

Premature Menopause: Menopause before the age of 40.

Early Menopause: Menopause before the age of 45, but after the age of 40.

Perimenopause: The period of time immediately prior to the menopause (when the endocrinological, biological, and clinical features of approaching menopause commence) and the first year after menopause.

Links to other related College Statements

Tamoxifen and the Endometrium (C-Gyn 12)

[https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Tamoxifen-and-the-endometrium-\(C-Gyn-12\).pdf?ext=.pdf](https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Tamoxifen-and-the-endometrium-(C-Gyn-12).pdf?ext=.pdf)

Consent and provision of information to patients in Australia regarding proposed treatment (C-Gen 02a)

[https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-to-patients-in-Australia-\(C-Gen-2a\).pdf?ext=.pdf](https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-to-patients-in-Australia-(C-Gen-2a).pdf?ext=.pdf)

Consent and provision of information to patients in New Zealand regarding proposed treatment (C-Gen 02b)

[https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-NZ-\(C-Gen-2b\).pdf?ext=.pdf](https://ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-NZ-(C-Gen-2b).pdf?ext=.pdf)

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

[https://www.ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-\(C-Gen-15\)-Review-March-2016.pdf?ext=.pdf](https://www.ranzcof.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf)

Other useful links

National Breast Screening Programme (BreastScreen Australia)

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/breast-screening-1>

National Cervical Screening Programme (Australia)

<http://cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-screening-1>

National Breast Screening Programme (New Zealand)

[http://www.nsu.govt.nz/National_Cervical_Screening_Programme_\(New_Zealand\)](http://www.nsu.govt.nz/National_Cervical_Screening_Programme_(New_Zealand))

<http://www.nsu.govt.nz/>

Australasian Menopause Society-Combined Menopausal Hormone Therapy (MHT)
https://www.menopause.org.au/index.php?option=com_content&view=article&id=267:combined-menopausal-hormone-therapy-mht

Cardiovascular Disease Risk Assessment(NZ)
https://www.health.govt.nz/system/files/documents/publications/cardiovascular-disease-risk-assessment-management-primary-care-feb18-v4_0.pdf

Patient information

A range of RANZCOG Patient Information

