

## MANAGEMENT OF MENOPAUSE

### Prior to referral to Secondary Care

Please can clinicians follow the guidance for management of the menopause in Primary Care, before considering referring a patient to Secondary Care, helpful tools can also be accessed below:

<https://thebms.org.uk/publications/tools-for-clinicians>

<https://www.menopausematters.co.uk>

County Durham & Tees Valley Testosterone prescribing guidance - [NECS website](#)

### When to refer to Secondary Care

Referrals to Secondary Care need to be electronic via Choose & Book and include measurement of patients BMI and BP, as well as blood test results if relevant.

STHFT Referrals - General Gynaecology (for triage to menopause clinic)

NTHFT Referrals - General Gynaecology (for triage to menopause clinic)

CDDFT Referrals - Specialist Menopause Clinic- (directly bookable service)

Exceptions highlighted below\*

#### Refer:

- Persistent side effects despite logical changes in treatment for the menopause.
- Inadequate control of symptoms attributed to the menopause, despite logical changes/adjustments of their HRT intake /constituents/mode of delivery and exclusion of other causes of symptoms (e.g, hypothyroidism, multiple myeloma) e.g, by checking TFTs, FBC, U&Es, LFTs and Bone Profile).
- Patients with a complex medical history (such as women with breast cancer, personal history of stroke) after medical review with patient's doctor in General Practice- who wish to consider HRT, having tried/declined alternative options for management of menopausal symptoms.
- Patients with a history of hormone dependent cancer who wish to consider HRT, having tried/declined alternative options for management of menopausal symptoms.
- Patients with persistent genitourinary symptoms despite Vaginal Oestrogen therapy +/- systemic HRT.
- Women with confirmed or suspected diagnosis of Premature Ovarian Insufficiency (POI) or early menopause is inconclusive refer to\*:

- \*General Gynaecology clinic at STHFT & NTHFT
- \*Specialist Menopause clinic at CDDFT.
- Persistent Vaginal Bleeding problems despite logical changes in HRT therapy - Consider referral to PMB (Post-Menopausal Bleeding) clinic\* at STHFT and NTHFT or the RAC (Rapid Access Clinic as a 2ww referral) at CDDFT\*.
  - During sequential therapy – new change in pattern of bleeding including increased duration, frequency and/or heaviness, and irregular bleeding.
  - During continuous combined therapy– if still bleeding after 6 months of therapy or if bleeding occurs after a spell of amenorrhoea.
  - During selective oestrogen receptor modulator therapy (SERMs) – any bleeding whilst on therapy should be treated as a postmenopausal bleed.
  - Women experiencing ongoing unscheduled bleeding more than 4-6 months after starting HRT despite adjustments to their progestogen intake/ type of progestogen/ reduction of Oestrogen dose.

**Refer via the 2-week rule to 2ww Gynaecology clinic any:**

- Post-menopausal bleeding or blood-stained discharge (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause) as per current 2ww Cancer Alliance referral form.
- Patients with unexpected or prolonged vaginal bleeding persisting for more than 4 weeks after stopping HRT or whilst taking Tamoxifen (as per current 2ww Cancer Alliance referral form).

*Please note- The 2ww referral guidelines are currently under review by Gynaecology Oncologists as part of the Cancer Alliance regional work. Please use the existing 2ww referral criteria at present but note that this will be subject to change/updated following review.*

**Supporting Patient Information:**

[Menopause Matters, menopausal symptoms, remedies, advice](#)

<https://www.womens-health-concern.org/>

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Date 03/11/2022

Version: V2

*This guidance has been produced in partnership with Clinical Leads at STHFT, NTHFT and CDDFT.*