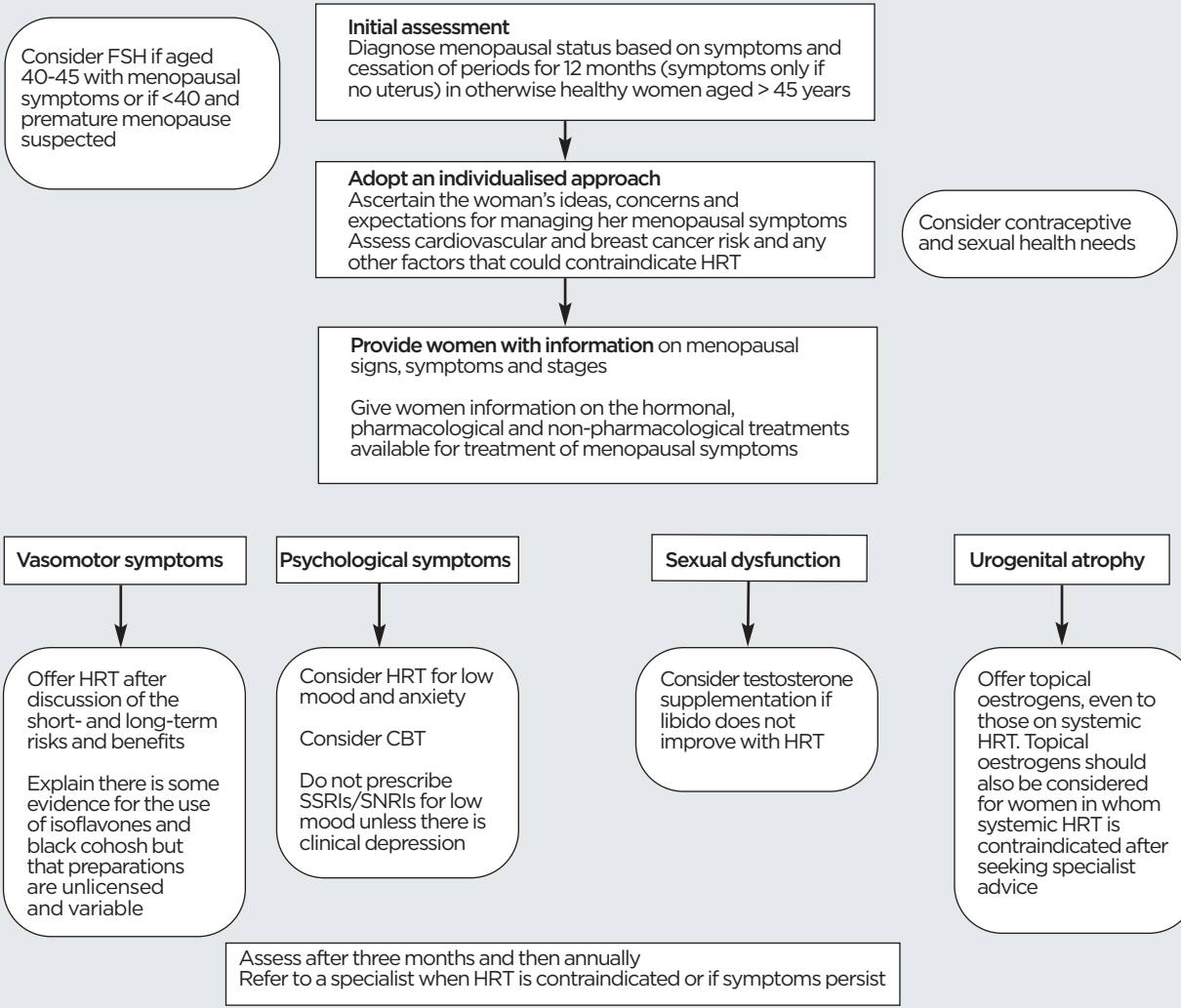

Consider FSH if aged 40-45 with menopausal symptoms or if <40 and premature menopause suspected
Initial assessment
Diagnose menopausal status based on symptoms and cessation of periods for 12 months (symptoms only if no uterus) in otherwise healthy women aged > 45 years
Adopt an individualised approach
Ascertain the woman's ideas, concerns and expectations for managing her menopausal symptoms
Assess cardiovascular and breast cancer risk and any other factors that could contraindicate HRT
Consider contraceptive and sexual health needs
Provide women with information on menopausal signs, symptoms and stages
Give women information on the hormonal, pharmacological and non-pharmacological treatments available for treatment of menopausal symptoms
Vasomotor symptoms
Offer HRT after discussion of the short- and long-term risks and benefits
Explain there is some evidence for the use of isoflavones and black cohosh but that preparations are unlicensed and variable
Psychological symptoms
Consider HRT for low mood and anxiety
Consider CBT
Do not prescribe SSRIs/SNRIs for low mood unless there is clinical depression
Sexual dysfunction
Consider testosterone supplementation if libido does not improve with HRT
Urogenital atrophy
Offer topical oestrogens, even to those on systemic HRT. Topical oestrogens should also be considered for women in whom systemic HRT is contraindicated after seeking specialist advice
Assess after three months and then annually
Refer to a specialist when HRT is contraindicated or if symptoms persist