key points

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The severity and duration of menopausal symptoms can vary markedly between individuals. Around 80 per cent of women will experience symptoms and on average these last four years, with one in ten women experiencing symptoms for up to 12 years. A large study found that women whose vasomotor symptoms started before the menopause suffered longest, median 11.8 years. Women whose hot flushes and night sweats started after the menopause had symptoms for a median of 3.4 years.

Menopausal symptoms can begin months or years before menstruation ceases. Menopausal status needs to be evaluated based on history and symptoms. The peri-menopause can be diagnosed on the basis of symptoms and irregular periods in women with a uterus, and symptoms alone in women who have had a hysterectomy. Testing for FSH levels should only be considered in women aged 40-45 with menopausal symptoms or those under 40 with suspected early menopause. Postmenopausal status can be diagnosed in women who are not on hormonal contraception who have not had a period for 12 months.

In general, the benefits of short-term HRT outweigh the risks in the majority of symptomatic women, especially in those under 60. There is no evidence that HRT confers any cardiovascular protection (or harm) or protection against the development of dementia. Cardiovascular risk should be assessed. Women with cardiovascular disease are not necessarily unsuitable for HRT but need their cardiovascular health optimised. In those women with a high risk of venous thromboembolism (VTE) a thrombophilia screen should be considered (although even if this is negative, it does not absolve risk). If there is a history of arterial disease a lipid profile should be considered. If there is a high risk of breast cancer, counsel the woman with regards to her risk and consider referring for mammography.

HRT does not provide contraception and a woman is potentially fertile for two years after her last menstrual period if she is under 50 and for one year if she is over 50. A woman who is under 50 and has a low VTE risk can use a low-oestrogen combined oral contraceptive pill to provide both relief of menopausal symptoms and contraception.

Women should be referred to a specialist if HRT does not relieve symptoms or side effects are a problem. Referral should also be considered if there is uncertainty as to the best HRT or if there are contraindications to HRT such as oestrogen-dependent cancer, a history of breast cancer, active thrombophlebitis, active or recent arterial thromboembolic disease (e.g. angina or MI), venous thromboembolism, recurrent thromboembolism (unless already on anticoagulant treatment), thrombophilic disorder, liver disease (where liver function tests have failed to return to normal), Dubin-Johnson syndrome and Rotor syndrome (or monitored closely), untreated endometrial hyperplasia, undiagnosed vaginal bleeding.