Menopause in General Practice

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BRIGHTWELL HEALTH

What will we cover

- The menopause consultation
- Perimenopause – latest evidence
- Latest up to date resources and tools
- Testosterone
- MBS opportunities relevant to menopause

The menopause consultation

- Assessment of symptoms
- Screening opportunities (Breasts, Bones, Bowels, CV risk, STI)
- MHT Treatment options
- Helpful to divide over several consultations

Assess symptoms / patient needs

- Bleeding patterns
- Menopausal symptoms – VMS, dry vagina, sleep patterns, mood change, libido, MSK
- Assess impact of symptoms on QOL
- SNAP
- Contraceptive need
- Presence of a uterus
- Examination

Assess Symptoms

https://www.menopause.org.au/images/stories/education/docs/AMS_Diagnosing_Menopause_Symptom_Score.pdf

SYMPTOM SCORE	Score before HRT	3 months after starting HRT	6 months
Hot flushes			
Light headed feelings			
Headaches			
Irritability			
Depression			
Unloved feelings			
Anxiety			
Mood changes			
Sleeplessness			
Unusual tiredness			
Backache			
Joint pains			
Muscle pains			
New facial hair			
Dry skin			
Crawling feelings under the skin			
Less sexual feelings			
Dry vagina			
Uncomfortable intercourse			
Urinary frequency			
TOTAL			

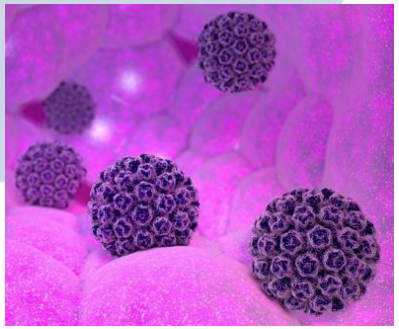
SEVERITY OF PROBLEM IS SCORED AS FOLLOWS:

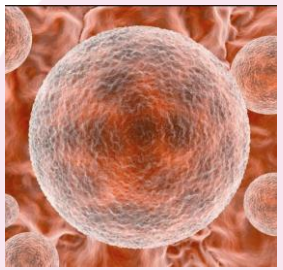
SCORE: None = 0; Mild =1; Moderate =2; Severe =3

NB: The symptoms are grouped into 4 categories, vasomotor, psychological, locomotor and urogenital. If one group does not respond to HRT, look for other causes and specific treatments for that group.

Not all of the symptoms listed are necessarily oestrogen deficiency symptoms.

Screening Tests



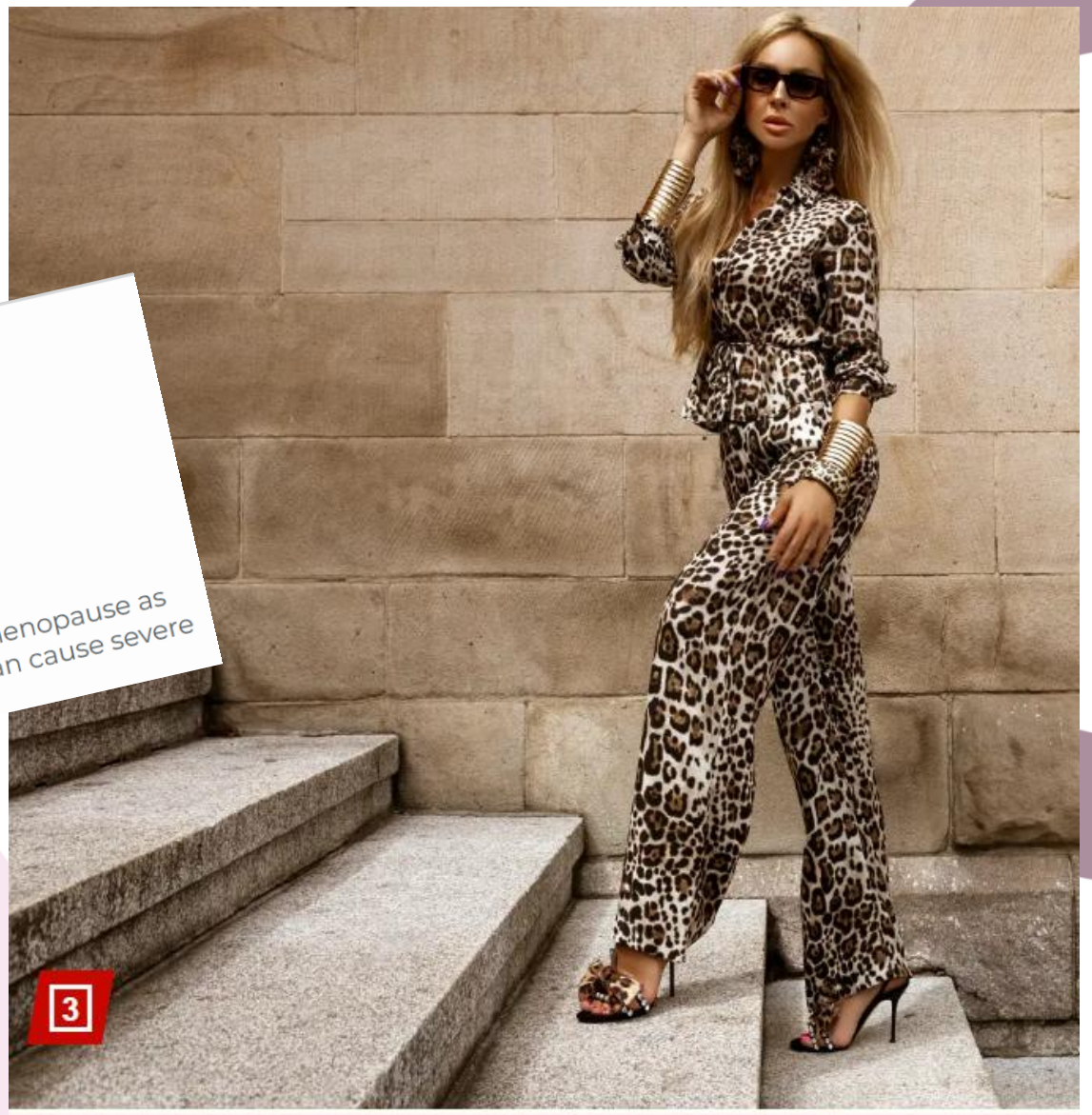


- Cervical screening: **universal self-collection since July 1 2022**; be familiar with indications for CoTest; updated guidelines website https://app.magicapp.org/#/guideline/Eez2Kj
- **CRC Screening** – can access history via NCSR, **opt on from 45**
- **Breast Health** – SBE, imaging
- **Bone Health** – prevalence of fragility fractures and osteoporosis increases after menopause. Consider fracture risk assessment tool and baseline BMD www.shef.ac.uk/FRAX
- **Cardiovascular Disease Risk assessment-** Commonest cause of morbidity and mortality in women after menopause (*AIHW 2010)* – Health Assessment items
- **STI screening** STI Guidelines Australia - STI Guidelines Australia

Perimenopause

Outrage erupts as Queensland Health deletes 'appalling' post calling perimenopause ‘cougar puberty’ after backlash

Queensland Health has been forced to take down a social media post referring to perimenopause as “cougar puberty” after people accused the department of trivialising a life stage that can cause severe physical and mental health struggles.



here’s a new name for perimenopause on social media: cougar puberty.

Case – Abbie aged 48

- Abbie is 48, new patient to you
- *“I’ve listened to a podcast, and I think I’m in perimenopause”*
- Periods have become heavier but are regular
- Feels irritable with bothersome hot flushes and mood swings.
- Increased joint pain and weight gain
- Married with two teenage children and works full time as a legal secretary. Brain Fog affecting work.
- Further History?
- Investigations?
- **Is she perimenopausal???**

Perimenopause Definition

https://www.menopause.org.au/hp/information-sheets/perimenopause

Not helpful in absence of bleeding

	Menarche					FMP (0)				
Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early			Late
					Perimenopause					
Duration	*variable*				*variable*	1-3 years	2 years (1+1)		3-6 years	*Remaining lifespan*
PRINCIPAL CRITERIA										
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	*Variable Length* Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of >=60 days				
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Normal Low Low	Variable* Low Low	↑ Variable* Low Low	↑>25 IU/L** Low Low	↑ Variable* Low Low		Stabilizes Very Low Very Low	
Antral Follicle Count 2-10 mm			Low	Low	Low	**Low**	Very Low		Very Low	
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor symptoms *Likely*	Vasomotor symptoms *Most Likely*			*Increasing* symptoms of urogenital atrophy

* Blood draw on cycle days 2-5 = elevated

**Approximate expected level based on assays using current pituitary standard[67-69]

Figure 1: The Stages of Reproductive Aging Workshop (STRAW +10) criteria.

Perimenopause Definition

https://www.thelancet.com/journals/landia/article/PIIS2213-8587(25)00138-X/abstract

ARTICLES · Volume 13, Issue 9, P765-776, September 2025 Download Full Issue

Prevalence and severity of symptoms across the menopause transition: cross-sectional findings from the Australian Women's Midlife Years (AMY) Study

Rakibul M Islam, PhD [a] · Molly Bond, BBiotech [a] · Aida Ghalebeigi, PhD [b] · Yuanyuan Wang, PhD [a] · Prof Karen Walker-Bone, BM [a] · Prof Susan R Davis, MBBS [a]

Affiliations & Notes Article Info Linked Articles (1)

- Australian study: identified symptoms which best differentiate menopause onset
- 5509 women aged 40-69 years recruited between 2023-2024
- Mod - severe VMS and mod - severe vaginal dryness are the most defining symptom of perimenopause.
- These findings suggests **that classic VMS should be considered as a diagnostic criterion for perimenopause or post menopause when menopause can't be distinguished by the bleeding pattern** (post hysterectomy, LNG-IUD)
- A major finding was that women with regular cycles, but with changed menstrual flow and VMS, who are presently classified as premenopausal, had a similar severity of a wide range of symptoms as early perimenopausal women
- **Women whose periods have become much heavier or much lighter and who also have VMS should be considered as having entered their perimenopause.**

Diagnosing Menopause

- **Clinical diagnosis**
- **As a rule: oestradiol, testosterone, FSH & LH levels are not helpful**; except in POI or other specific circumstances
- FSH rises, but this can occur intermittently many years before menopause
- **Consider excluding other causes of symptoms** eg: thyroid disorders or pathological causes of sweats (TSH, FBC)
- **Investigate any abnormal bleeding**

Case – Abbie aged 48

- **Investigation of heavy periods** should include TSH/Hb/Fe studies and good quality transvaginal pelvic USS
- Heavy Menstrual Bleeding Clinical Care Standard | Australian Commission on Safety and Quality in Health Care
- **Indicated screening:** CV, bones, cervical, breast, mental health, *bowel
- Consider use of 45-49YO HA & Menopause HA **MBS items**

Case – Abbie aged 48

- Low ferritin, normal FBC
- Normal TSH
- Normal CST, mammogram and FOBT
- BMD: t-1.9 @ femur
- 1% 5yr CV risk (LOW)
- Pelvic USS: endometrium 7mm, normal
- Requires contraception

Case – Abbie aged 48

- Treatment options?

Case – Abbie aged 48

- **Consider use of COCP** (if age < 50 and no MEC C/I). Prefer E2 or E4 containing pill (Zoely, Nextellis)
- Consider the **Mirena IUS + oestrogen**
- Consider **DRSP 4mg plus transdermal E2****
- Consider **cyclical Prometrium plus E2** (not great for HMB)
- Combination MHT needs to be cyclical if within 12 months of last bleed
- **Aim for symptom relief, cycle control and contraception**

Treatment

- Consider MHT if no C/Is
- Other benefits: MHT **will** improve bone strength **(indicated if <T-1.8*),** improve mood, and useful in cardiovascular disease risk reduction if within 10 yrs of menopause
- **Now first line option for osteoporosis**
- **Consider when to cease contraception**

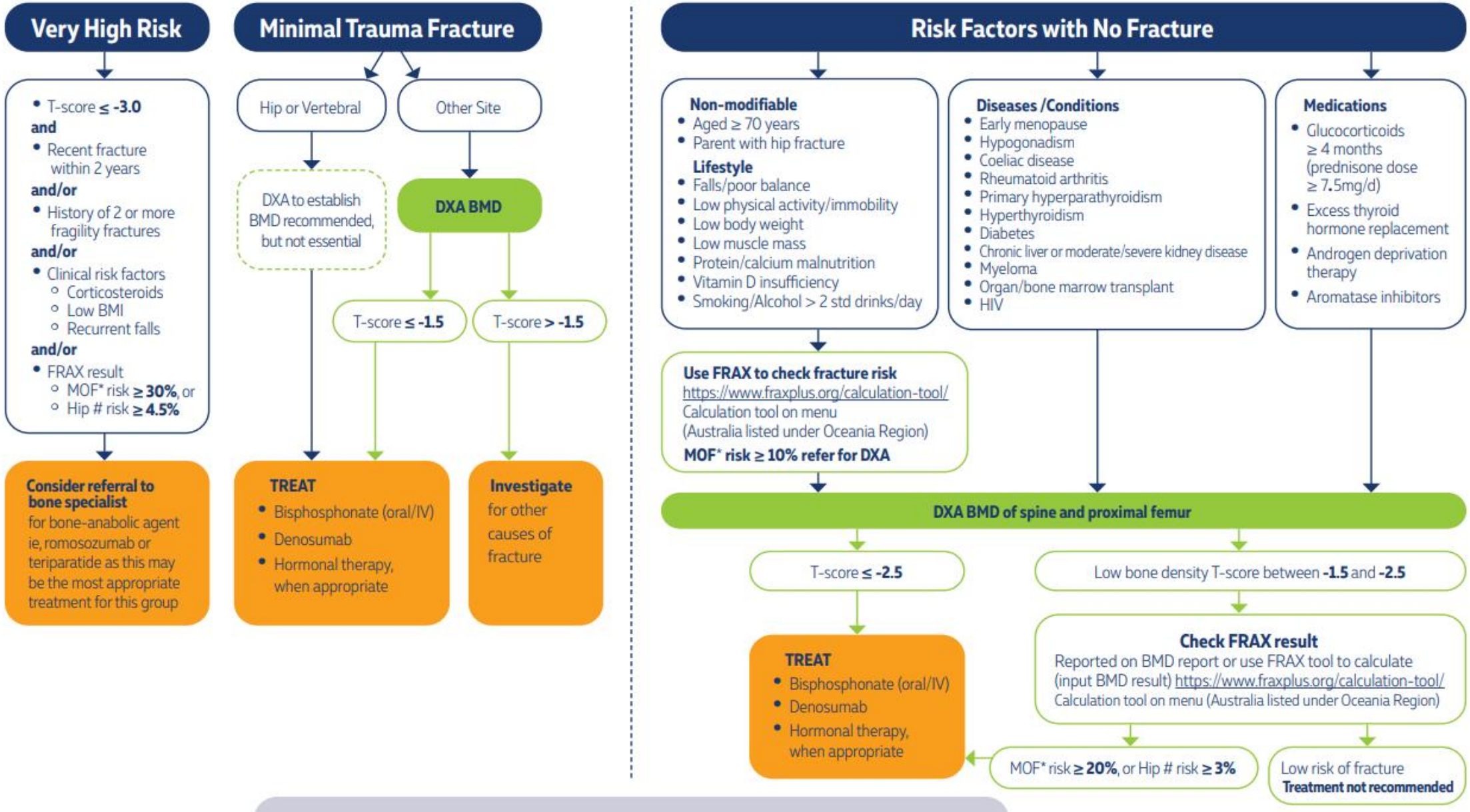
https://www.fsrh.org/standards-and-guidance/documents/fsrh-guidance-contraception-for-women-aged-over-40-years-2017/

https://healthybonesaustralia.org.au/health-care-professionals/gp-resources/

Osteoporosis Risk Assessment, Diagnosis and Management

Recommendations for postmenopausal women and men aged >50 years

RACGP | HEALTHY BONES AUSTRALIA



General guide for bone health assessment and management of postmenopausal women with no minimal trauma fracture aged <65 years

Bone density measurement should be performed:

- Amenorrhoea >6 months and aged <45 years
- Hyperthyroidism
- Hyperparathyroidism
- Malabsorption/Coeliac Disease
- Chronic kidney disease
- Chronic liver disease
- Rheumatoid arthritis
- Glucocorticosteroid therapy >3m, dose ≥7.5mg/day prednisolone or equivalent
- Aromatase inhibitor therapy

Bone density measurement recommended when possible:

- Normal/low body weight
- Limited / immobility*
- Poor overall health*
- Smoker
- Alcohol > 2 standard drinks/day
- Diabetes mellitus
- Malnutrition
- Tissue transplant recipient
- HIV infection
- Other conditions known to impair bone turnover/mineralisation

Bone density measurement with no recommended indications

Dual-energy X-ray absorptiometry (DXA) scan of lumbar spine and proximal femur

T score ≤ -2.5

Manage as per local osteoporosis guidelines

T score between > -2.5 and <-1.0
Estimate absolute fracture risk (FRAX)

High 10-year risk of fracture

T score ≤ -1.8 but > -2.5

- Consider MHT / tibolone after risk assessment

Low risk of fracture

T score <- 1.0 to > -1.8

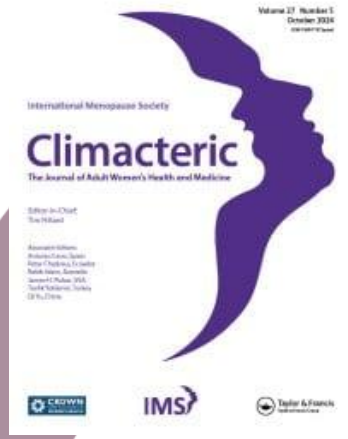
- Estimate likely bone loss according to years since menopause#
- If likely to have a T score ≤ -1.8 in the next 5 years, consider MHT tibolone after risk assessment

T score ≥ -1.0
No treatment recommended

https://www.menopause.org.au/hp/information-sheets/practitioners-toolkit-for-management-of-the-menopause

Musculoskeletal Syndrome of Menopause

https://pubmed.ncbi.nlm.nih.gov/39077777/



Review > Climacteric. 2024 Oct;27(5):466-472. doi: 10.1080/13697137.2024.2380363.
Epub 2024 Jul 30.

The musculoskeletal syndrome of menopause

Vonda J Wright [1], Jonathan D Schwartzman [1], Rafael Itinoche [1], Jocelyn Wittstein [2]

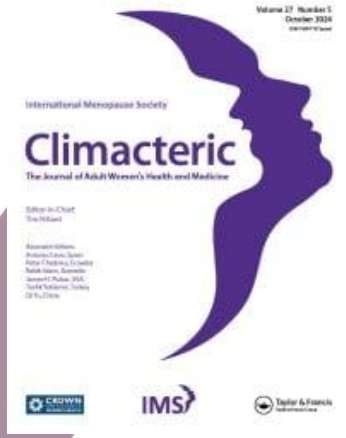
Affiliations + expand

PMID: 39077777 DOI: 10.1080/13697137.2024.2380363

Free article

- Affects 70% of women in menopause transition
- 25% will experience severe symptoms
- 40% will have no structural or imaging findings

Musculoskeletal Syndrome of Menopause

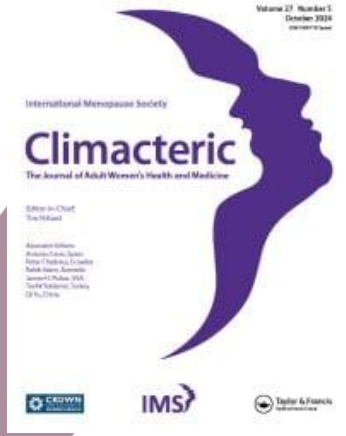


https://pubmed.ncbi.nlm.nih.gov/39077777/

Table 1. Musculoskeletal syndrome of menopause: processes and signs.

Process	*Signs*
Inflammation	Arthralgia, joint pain, joint discomfort, frozen shoulder
Sarcopenia	Poor balance, falls, decreased muscle mass, loss of stamina, walking slowly
Decreased satellite cell proliferation	Decreased muscle mass, inability to gain muscle
Osteoporosis	Loss of height, back pain, stooped posture, low-impact fracture
Arthritis	Arthralgia, joint pain, joint stiffness

Musculoskeletal Syndrome of Menopause



https://pubmed.ncbi.nlm.nih.gov/39077777/

- Musculoskeletal Syndrome of Menopause is a novel nomenclature published in 2024
- Many research questions remain regarding its optimal management and prevention
- Nutrition: VitD; Mg; vit k2; ?creatine
- Exercise: weight bearing, resistance, heavier weights lower reps
- BMD assessments
- MHT
- Clinician awareness

Use of incretin-based therapies in women using MHT

A pragmatic approach to adjusting progesterone dosing with different HRT preparations, based on limited available evidence, is summarised in box below:

Current progestogen	Recommendation
Combined patch	No change
LNG-IUD up to 5 years	No change
Oral progestogen/progesterone*	Consider changing to LNG-IUD/increase dose of progestogen/progesterone at initiation for 4 weeks and maintain higher dose for 4 weeks after any dose increment
Vaginal progesterone (off licence)	No change

* Weight loss injections may reduce the effectiveness of oral HRT medications. Review of current HRT is recommended while using these medications.

https://thebms.org.uk/wp-content/uploads/2025/05/23-BMS-TfC-Use-of-incretin-based-therapies-APRIL2025-E.pdf

Testosterone.

- Testosterone can be effective at improving sexual wellbeing for postmenopausal women with Hypoactive Sexual Desire Dysfunction (HSDD)
- HSDD: lowered sexual desire with associated personal distress and **no other treatable cause**. Thought to affect 32% of women
- Testosterone therapy aims to restore T levels to that of premenopausal women
- Measuring T levels not useful in diagnosis. Used as baseline and treatment monitoring
- Only formulation approved for women in Australia – AndroFeme 1%
- **Compounded products not recommended**
- Can take up to 3 months for effect
- Global Consensus Statement https://www.menopause.org.au/hp/position-statements/international-consensus-on-testosterone-treatment-for-women
- Jean Hailes Podcast
- https://www.jeanhailes.org.au/resources/testosterone-therapy-for-hypoactive-sexual-desire-disorder-hsdd-podcast
- British Menopause Society
- https://thebms.org.uk/wp-content/uploads/2022/12/08-BMS-TfC-Testosterone-replacement-in-menopause-DEC2022-A.pdf

MBS Billing Opportunities

MBS Online
Medicare Benefits Schedule

- **Reproductive Health Telehealth** & Telephone Numbers
- **Health Assessments** items 701/703/705/707 (45-49; ATSI;40-49 high risk DM)
- **GP Chronic Condition Management Plan (965)**
  - No BB requirement
  - Allows access to allied health
- **Menopause Health Assessment**
  - Min 20 mins
  - Can include nurse, AHW time
  - Item 695 ($101.90) / 19000
  - Must BB

medicare
MyMedicare

Menopause Management Guidelines

- Australasian Menopause Society Equivalent guide to MHT/HRT doses

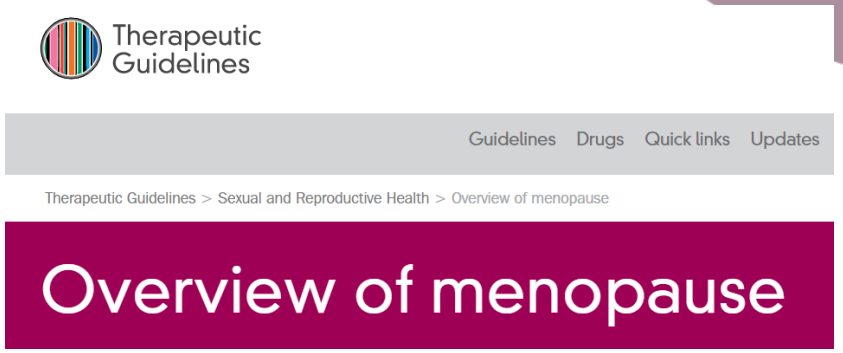
https://www.menopause.org.au/hp/information-sheets/ams-guide-to-equivalent-mht-hrt-doses

- Monash Practitioners Toolkit (2023 Update*)

https://www.tandfonline.com/doi/full/10.1080/13697137.2023.2258783

- Therapeutic Guidelines: Sexual & Reproductive Health Topic | Therapeutic Guidelines (tg.org.au)

AUSTRALASIAN MENOPAUSE SOCIETY
EMPOWERING MENOPAUSAL WOMEN



Resources / Additional Learning:

Jean Hailes Managing Menopause e-learning course https://www.jeanhailes.org.au/health-professionals/elearning-modules/managing-menopause

Australasian Menopause Society HP resources
https://menopause.org.au/hp

IMS Position Statements
https://www.imsociety.org/statements/position-papers-and-consensus-statements/?v=8bcc25c96aa5

British Menopause Society

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

Thankyou

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