

Univ



AU



Message from the research lead

... p s os r s4p, l rson o r on rs oa
or n n nop4s or4p sn rs r on^N s
4n n

oa n p^N is op n ss n O r n^N
s rs p^N is s n so n ns i pro^N n r
l n s l so o^N r ss n n s po so
or on ns d^N nop4s 4rn^N in on^N ons

n4 spr^N r or so ss ss nop4s is 4s n4 n^N
o o n^N p s is r o or n o r i on n^N
4s rso or on^N on r p on on^N r n op ons n^N
s po n n^N r or s

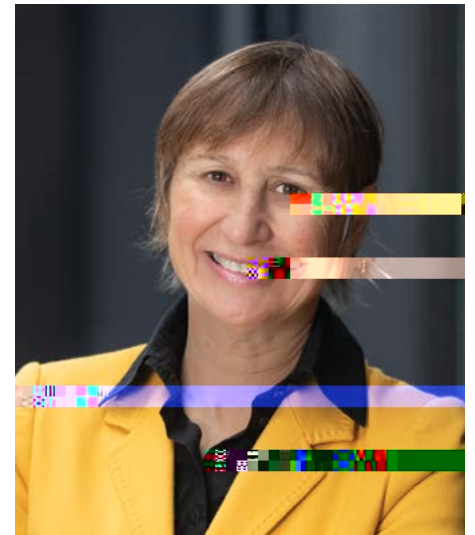
s4p, l rson r l n or n ns r d^N n^N on 4s
on n p^N on n or p n^N 4p l s on n^N
no^N r d^N p isoo^N sso nop4s n n^N
r p4 s s^N s p n n no^N n on s^N so on
so 4s r d^N n i rso snor on n on4son
o pro^N l n s 4 n on pprop^N 4s o
nop4s or on r p s n non or on r p s or
o n^N nop4s sso s po s

For n i rs so or poor n r 4 d^N i o
o n 4s nop4s s n l^N s n4n lo
ons d^N n o n on s ns o4r n^N n n
so i n n o 4n i s n r n n os n^N
n s r d^N sn ss^N nop4s s n l^N d r is
s s n 4p i n r s r s r 4n n^N r r
n m on i or on n d^N r i o ns lo ss r n^N r
p r n s n n n pos l on n s o4 n
ns r l s o pr nsl^N 4 or s r son n^N
p ns n 4s pro^N p n nor r

op oa^N p pr on rs r d^N n^N on i l r
nor r n n r spon s o n so n^N o n^N o
l or n l i p r n nop4s

o n o r s r rs^N o sss n s
4p Dr s i or Dr C n n r Dr r n r
ro sso r E n Dr Fon n n Dr 4s n
ro sso r o n i B r or s l

PROFESSOR SUSAN DAVIS AO



About Professor Davis AO

What do you need to know?

Full assessment recommended for midlife women

Medical History

Relevant gynaecological history
 Birth control history
 Obstetric history
 Menstrual history

Major medical conditions and about

Diabetes
 Blood pressure
 Cholesterol
 Depression
 Thyroid disease
 Liver disease

Family History

Cholesterol
 Diabetes
 Cancer

Alcohol and tobacco use

Current medication including non-prescription medications

Occupational history

Sexual wellbeing

Examination

General examination
 Blood pressure
 Breast examination
 Cervical examination

Investigations for menopause diagnosis

45 years old

Diagnosis possible
 if FSH > 30 IU/L
 in perimenopause

< 45 years old

if FSH > 30 IU/L
 and LH > 10 IU/L
 on two occasions

• Prog/LH/AMH also no longer used

Midlife women general health assessment:

Cholesterol
 Blood pressure
 Diabetes
 FB

Depression
 FBE
 FB
 Thyroid disease

A Practitioner's Toolkit for Managing Menopause



COCP

Low-dose COCP
with low-dose progestin
or EE-free COCP preferred

Continuous E and LNG-IUD

Very low-dose
continuous E

Continuous E and cyclical P

Low-dose
continuous E
No progestin

**Continuous E and cyclical
4mg drospirenone[#] /
75 mcg desogestrel OCP[#]**

Low-dose
continuous E
with low-dose progestin

A Practitioner's Toolkit for Managing Menopause

Identify and treat the main issues in addition to general health assessment and care

Is
or on
r p

Cons r
4 ro n
s p o s
ons
on ons
ps oso
4,4 r ors
- no

E
oon
E , of n
IF HYSTERECTOMY:
E on
oon

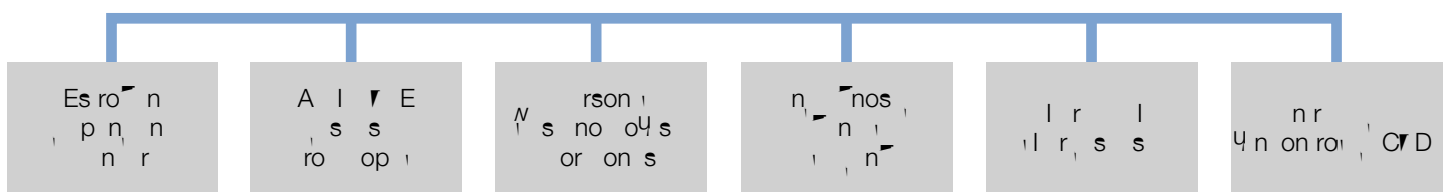
...
n ons
A 4 in
ipnos
CB r p
Con n
p n n

s os ron
r p
on s
sr s n on
n

.n ons or non or E
iprr r
p o i s s
r n
A r s n
no pr or
Es s , CD
s E
D s



r s n rrs



A Practitioner's Toolkit for Managing Menopause

	Low dose	Mid-range dose	Highest dose [#]
CEE	0.625 mg	1.25 mg	2.5 mg
17 estradiol	0.02 mg	0.05 mg	0.1 mg
Estradiol valerate	0.02 mg	0.05 mg	0.1 mg
Estriol	0.02 mg		
Transdermal estradiol patch	0.025 mg	0.05 mg	0.1 mg
Estradiol gel	0.02 mg	0.05 mg	
Estradiol hemihydrate gel	0.02 mg	0.05 mg	0.1 mg
Estradiol hemihydrate skin spray	0.02 mg	0.05 mg	0.1 mg

Sequential P – daily dose for 12-14 days per month for endometrial protection:

	With Low dose E	With mid to highest dose E
Dydrogesterone (oral)	10 mg	20 mg
Micronized progesterone (oral)	200 mg efficacy of lower dose not established	200 mg
Medroxyprogesterone acetate (oral)	10 mg	20 mg
Norethisterone acetate (oral)	5 mg	10 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 200 mcg per day

Continuous P – daily dose for endometrial protection:

	Low dose E	With mid to highest dose E
Dydrogesterone (oral)	10 mg	20 mg
Drospirenone (oral)	2 mg	
Micronized progesterone (oral) [^]	200 mg	200 mg or 400 mg dose E however this dose may not always provide sufficient endometrial protection with lowest dose E
Medroxyprogesterone acetate (oral)	10 mg	10 mg
Norethisterone acetate (oral)	2 mg with 1 mg estradiol 2 mg with 2 mg estradiol	2 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 200 mcg per day
Levonorgestrel (with estradiol) patch		releases 20 mcg per day
LNG-IUD	Device inserted and releases 20 mcg per day	

Evidence-based Non-Hormonal Treatments for vasomotor symptoms

