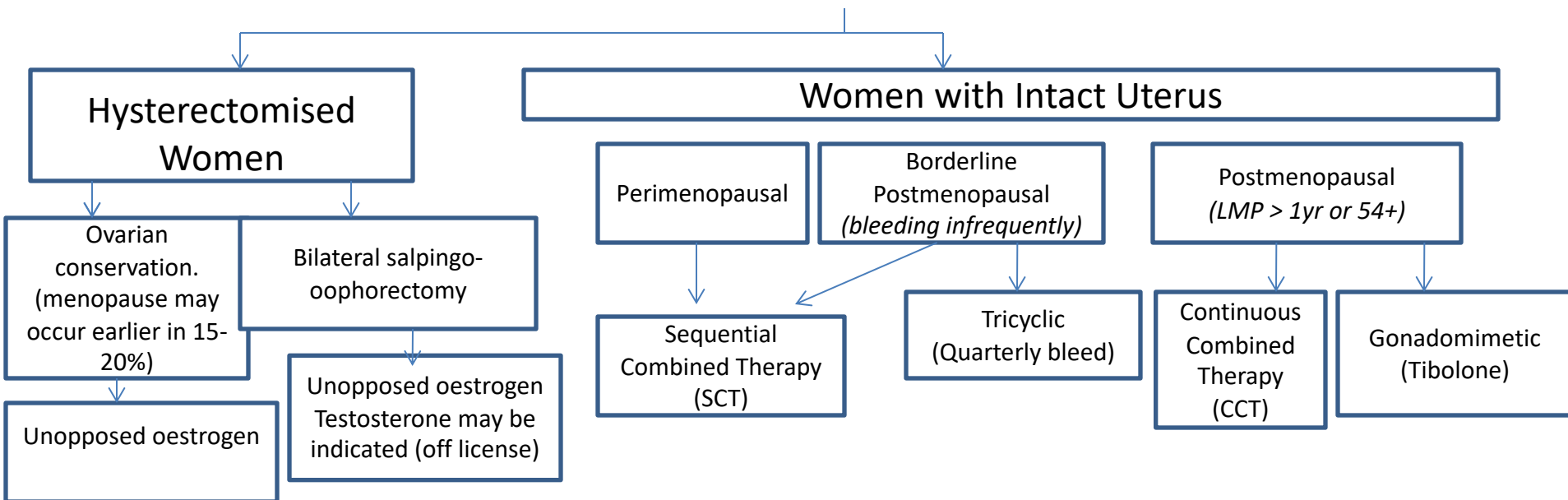


Menopause Management Guidelines

TREATMENT STRATEGIES:

- Short-term treatment if the main aim of treatment is symptom control
- With short-term use for symptomatic relief, benefits are considered to outweigh the risks for most women under 59 who use HRT
- Long-term treatment for early menopause to continue to at least 50
- Women should be aware of the increased incidence of some conditions with long-term HRT use and of alternative treatment options
- The patient's risks and benefits should be regularly appraised (e.g. at yearly intervals) with continued HRT use
- HRT should not be prescribed solely for the prevention of CHD
- HRT remains the 1st line therapeutic option for oestrogen deficient women under 50 with evidence of bone loss (osteoporosis/osteopenia)

WHEN TO START HRT?



Any 52mg IUS may be used as progestogen opposition if changed five yearly (FSRH Guidance)

Progestogen/Progesterone in HRT UK Use

C-21

- Medroxy-progesterone acetate
- Dydrogesterone

C-19

- Norethisterone
- Norgestrel
- Levonorgestrel

Natural Progesterone

- Micronised progesterone
- Branded and generic