

Welcome to Project ECHO Population Health Network: Reproductive Health Series

Series 2: Session 3

“Women’s health in the midlife: Hormonal management of menopause”



Supporting general practice, commissioning health services into gaps and driving service integration.

phn
WESTERN VICTORIA
An Australian Government Initiative

Acknowledgement of Countries



I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation. We support self determination for First Nations Peoples and organisations.



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

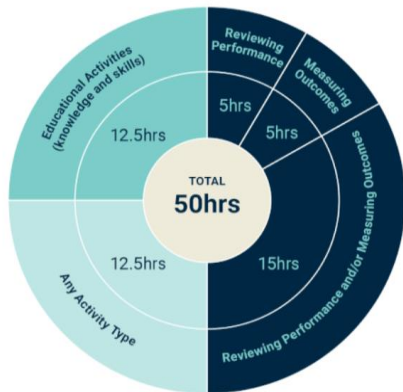
Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in “chat”
- Use chat to ask questions
- Please remain on ‘mute’ except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

Minimum requirements



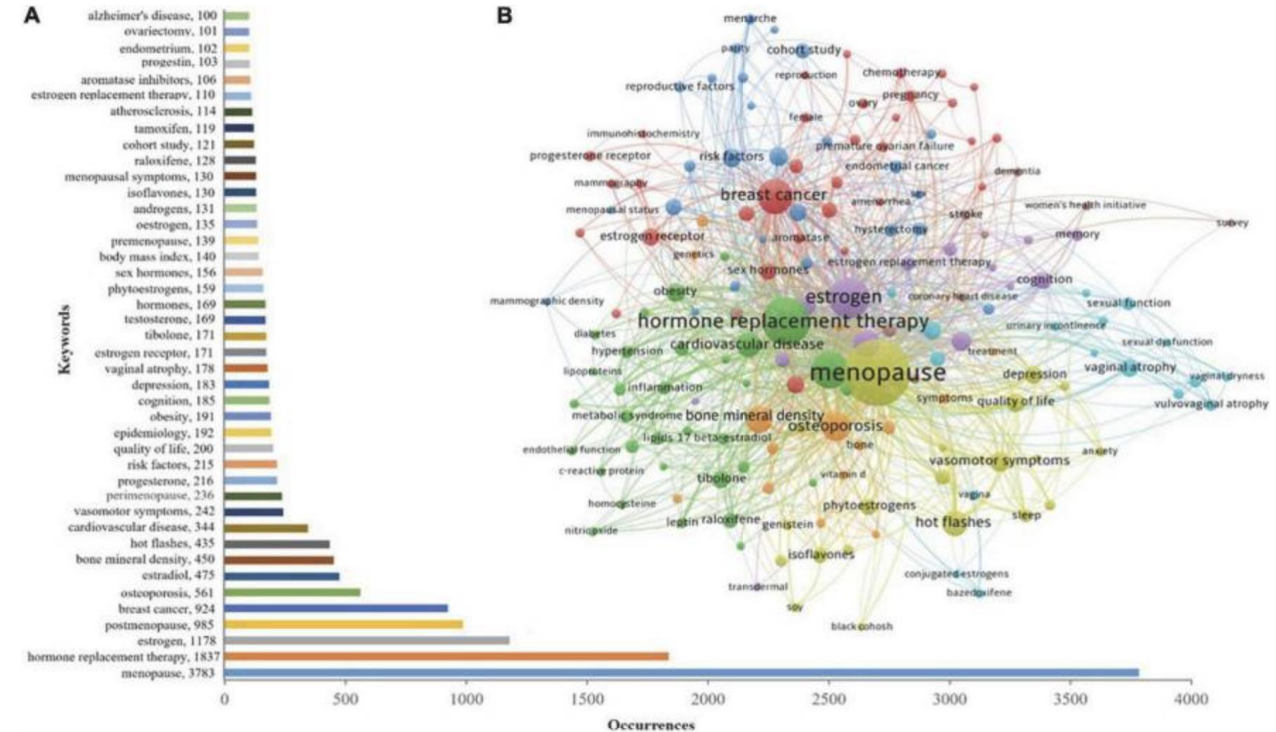
WVPHN Your CPD Centre

ECHO is a Peer Group Learning Activity
EA- Passive activity
RP- Interactive activity
MO- QI activity supported by ECHO

Learning outcomes

Session 3 Learning outcomes

- Evaluate benefits and risks of menopausal hormone therapy (MHT)
- Design a safe and effective menopause management plan with consideration of a woman's presenting symptoms and medical history.
- Evaluate the benefits and risks of menopausal hormone therapy (MHT) for the management of mental health symptoms during the menopause transition.
- Participate in a community of practice and peer learning



Don't forget to fill out our session evaluation at the end of the session.



Agenda– Reproductive Health Series 2: Session 3

“Women’s health in the midlife: Hormonal management of menopause”

Facilitator: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

Presenter: Dr Anne Stephenson, GP, Surfcoast Medical Centre

- Hormonal management of menopause

Case presenter: Dr Monique Portelli, GP, Barwon Heads Family Practice

Panel for discussion:

Dr Kate Graham, Clinical Editor HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network

Network Co-ordinator: Jemma Missbach, Western Victoria Primary Health Network



Menopausal Hormone Therapy (MHT)

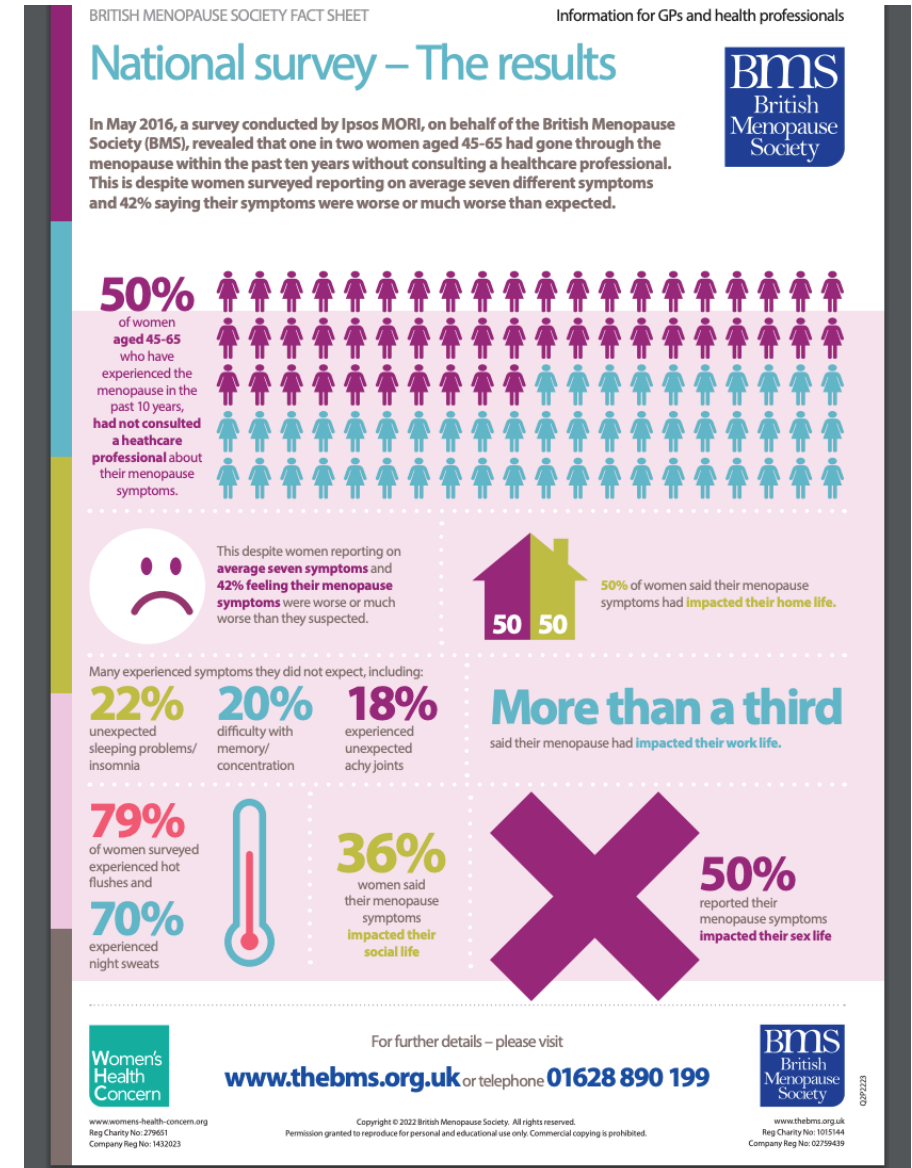
Dr Anne Stephenson

Western Victoria PHN, November 2023

- More community interest in menopause.
- Biological, psychological & social influences on attitudes toward menopause
- Large amount of conflicting data concerning MHT
- A decision to participate in or abstain from MHT is deeply personal

Menopause impacts

- Many don't seek help and are struggling
- GPs are in an excellent position to support



General principles of prescribing MHT

- Set up expectations
- Actively ask and measure impacts on quality of life
- Discussing risks/benefits
- Endometrium is protected by progesterone
- Oral oestrogen and risk of VT - low risk under 60 yrs
- High risk factors – weight, smoker, diabetes
- Breast cancer - MHT is contraindicated

Risks/benefits

- Breast cancer risk
- VTE with oral oestrogen
- Hepatocellular disease
- CVS protection
- Improves bone density
- Some evidence - reduces dementia risk

Understanding the risks of breast cancer



A confidential independent service for women and their partners

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause: Diagnosis and management November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



www.womens-health-concern.org
Reg Charity No: 279651
Company Reg No: 1432023

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to www.womens-health-concern.org

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www.thebms.org.uk
Reg Charity No: 1015144
Company Reg No: 02759439

027223

Management of Perimenopause

COCP



- Review contraindications to COCP
- May control PMS/mastalgia/bleeding
- Low dose EE and 17 β E/estetrol COCP preferred

Continuous E and LNG-IUD



- Reduces/eliminates bleeding but not cyclical symptoms

Continuous E and cyclical P



- Irregular bleeding may occur
- Cyclical symptoms may occur
- Not contraceptive

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



- Provides contraception
- Amenorrhea or irregular bleeding may occur

Side Effects of MHT

- Break through bleeding (very common)
- Nausea
- Progesterone can cause irritability in some women
- Breast pain

Prescribing issues

Costs PBS or private?

Sequential vs continuous progesterone?

Different risks with progesterone

MHT Dosing*

	Low dose	Mid-range dose	Highest dose [†]
CEE	0.3 - 0.45 mg	0.625 mg	1.25 mg
17β estradiol	0.5 mg	1.0 mg	1.5 - 2.0 mg
Estradiol valerate	0.5 mg	1.0 mg	2.0 mg
Estriol	1.0 - 2.0 mg		
Transdermal estradiol patch	25 - 37.5 mcg	50 mcg	75 - 100 mcg
Estradiol gel	0.5 mg	1.0 mg	1.5 mg
Estradiol hemihydrate gel	0.75 mg (1 pump)	1.5 mg (2 pumps)	2.25 - 3.0 mg (3-4 pumps)
Estradiol hemihydrate skin spray	1.53 mg (1 spray)	3.06 mg (2 sprays)	4.50 mg (3 sprays)

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)	5 mg	10 mg
Micronized progesterone (oral)	200 mg (efficacy of lower dose not established)	200 mg
Medroxyprogesterone acetate (oral)	5 mg	5 - 10 mg
Norethisterone acetate (oral)	1.25 mg - 2.5 mg	2.5 - 5 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.140 - 0.250 mg / day

Continuous P – daily dose for endometrial protection:

	Low dose E	With mid to highest dose E
Dydrogesterone (oral)	2.5 - 5 mg	5 - 10 mg
Drospirenone (oral)	2.0 mg	
Micronized progesterone (oral)[^]	100 mg	100 mg for mid dose E; (however, this dose may not always provide sufficient endometrial protection with highest dose E)
Medroxyprogesterone acetate (oral)	2.5 mg	2.5 - 5 mg
Norethisterone acetate (oral)	0.1 mg with 0.5 mg estradiol 0.5 mg with 1.0 mg estradiol	1.0 mg - 2.5 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.140 - 0.250 mg/day
Levonorgestrel (with estradiol) patch		releases 0.015 mg/day
LNG-IUD	Device initially releasing 20 mcg/day	

Vaginal oestrogen

- Ovestin cream or pessary, vagifem low
- Do you need if on MHT?
- May have other benefits?
- Patients with Breast cancer
- Tips for adherence

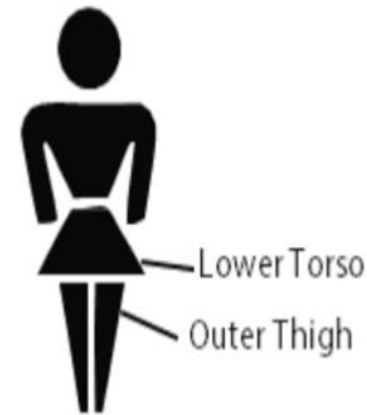
What about testosterone?

Treatment for post menopausal female sexual dysfunction

- Monitoring
- Possible side effects

Transdermal testosterone 1% cream [TGA approved NOV 2020]

- Starting dose 0.5ml
- Application area:



References

Infographic about breast cancer risks

<https://thebms.org.uk/wp-content/uploads/2023/01/WHC-Infographics-JANUARY-2023-BreastCancerRisks.pdf>

2023 practitioner's toolkit for managing menopause

<https://www.tandfonline.com/doi/epdf/10.1080/13697137.2023.2258783?needAccess=true>

Jean Hailes menopause toolkit

https://www.jeanhailes.org.au/uploads/Tools/Menopause_tool.pdf

Case Study: 55yo F continuous E+P for 10 months

55yo F that has been on continuous E+P for 10 months (Estradot 50mcg daily + progesteron 75mg capsule - compounded tablet) as prescribed via telehealth company that specialises in perimenopause.

PHx	Meds:	Social and Family History:	Screening:
<ul style="list-style-type: none">• Grave's disease• Ulcerative colitis• Migraine• Allergic rhinitis	<ul style="list-style-type: none">• Infliximab infusions 2 monthly• Rizatriptan wafers 10mg PRN for migraines• Avamys nasal spray	<ul style="list-style-type: none">• Works as OT part-time. Married and 3 children. Ex-smoker quit >20 years ago. Nil alcohol. <p>FHx - father T2DM</p>	<ul style="list-style-type: none">• Nil phx breast cancer, healthy weight, nil excessive alcohol, nil VTE RFs. Preventive screening inc mammograms, FOBT, CST UTD

- **Assessment:**

1. 12 mths amenorrhoea before starting on HRT, started for vasomotor symptoms and brain fog and mood irritability.

BTB on and off last 7-8 months, bit of spotting initially now getting heavier periods.

Reports advised to stop HRT when gets BTB then restart when stops ?like cyclical HRT vasomotor symptoms improved on HRT but not completely controlled.

2. Use of compounded progesterone

- ?not recommended as per menopause society

- changed to prometrium whilst awaiting further workup with gynae with BTB. 25 days in 28 - cyclical bleed. Or could trial continuous to miss periods.

3. Need for investigation with PMB given >6 months on HRT

- had co-test + referred for pelvic USS

- referred to gynae ?needs endometrial biopsy

Case Study: Continued

Management to date:

- Mx - ended up having D&C with gynae and opted for IUD for progesterone endometrial protection.
- Changed to topical Sandrena gel for oestrogen as Estradot patch became unavailable with pharmacy.
- Other issues that arose - low libido, urinary frequency - referred for bladder retraining.
- Referred for BMD and diagnosed with osteopenia - requested opinion with endo who advised Sandrena gel will help with preserving BMD, focus on lifestyle changes on top of this, monitoring.

Question for the Group:

- Is it ok to give continuous progesterone with BTB whilst awaiting Ix?
- Other strategies for managing BTB with HRT and when to Ix.
- The issue with compounded progesterone ? is this common practice.
- Explaining to women how to use the different forms of oestrogen, eg. patch Vs gel and pros and cons.

HealthPathways

PROJECT ECHO Women's Health

WHAT IS HEALTHPATHWAYS?

A web-based information portal providing locally agreed, evidence-based clinical guidelines and referral pathways designed to support primary health care providers, in particular General Practitioners, in the assessment, management and referral of patients.

Provides information on:

- How to assess and manage a range of conditions
- How to refer patients to local specialists and services in the timeliest manner
- Reference materials
- Educational resources
- Patient resources

A dynamic website with new pathways constantly under development and existing pathways regularly reviewed by local GPs and specialists to ensure they remain aligned with best practice, relevant to the local context.

CLINICAL

[Menopause](#)

[Urinary Incontinence in Women](#)

[Pelvic Organ Prolapse](#)

[Persistent Pelvic Pain](#)

Referral

[Continence Specialist Services](#)

[Non-acute Gynaecology Assessment \(> 24 hours\)](#)

[Acute Gynaecology Assessment \(Same day\)](#)

CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.

Western Victoria PHN – Needs Assessment



We are listening!



- Western Victoria PHN want to understand the needs of the communities that we serve. The 2024 Needs Assessment consultation process is underway.
- Please follow the link and tell us what health issues are most important to you and your community.
- <https://www.meetingplacewestvicphn.au/needs-assessment>

Celebrate the end of the year with Western Victorian Primary Health Network

Western Victoria Primary Health Network invites primary care professionals in our region to attend a professional networking social evening.

Please join us for a relaxed night of socialising, networking and connecting with colleagues in your region to celebrate 2023. Bring your whole team and make the most of this opportunity to mix with your fellow GPs, primary care professionals, and health service representatives.

Finger food supplied, drinks at bar prices.



Ballarat Goldfields

**Ballarat – Tuesday, 14th November
6pm to 8pm**

Oscar's Hotel, 18 Doveton Street South, Ballarat

Wimmera Grampians

**Horsham – Wednesday, 15th November
6pm to 8pm**

Horsham Golf Club, 304 Golf Course Road, Haven

Geelong Otway

**Geelong – Wednesday, 29th November
6pm to 8pm**

The Myers Bar at Centra, 131 Yarra Street, Geelong

Great South Coast

**Portland – Tuesday, 21st November
6pm to 8pm**

Portland Golf Club, 755 Madeira Packet Road, Portland

**Warrnambool – Wednesday, 22nd November
6pm to 8pm**

Lady Bay Resort, 2 Pertobe Road, Warrnambool

**Hamilton – Tuesday, 28th November
6pm to 8pm**

Hamilton Golf Club, 170 Rippon Road, Hamilton

Lake Imaging (<https://lakeimaging.com.au>) is the co-sponsor of the Geelong, Warrnambool and Ballarat events.

Scan QR code to register now

For Ballarat and Horsham events please RSVP by **31 October 2023**.
For Portland, Warrnambool, Hamilton and Geelong events please RSVP by **6 November 2023**.



- Please join us for a relaxed night of socialising, networking and connecting with colleagues in your region.
- Bring your whole team and make the most of this opportunity to mix with your fellow GPs, primary care professionals, and health services representatives.
- Six locations across the region – Register now.

Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat

Upcoming Sessions

- Weekly from **2 November** until **30 November**



If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email projectechocovid19@westvicphn.com.au
- Use the comment box in the evaluation form



Would your general practice like the support of a paediatrician?

Strengthening Care for Rural Children trial (SC4RC) Commencing 2024

- Fortnightly access to a paediatrician via video telehealth for 11 months
- Phone and email support
- Specialised Project ECHO

Register your interest today!



\$3000 QI grant per practice

Up to 54 hours of RACGP and ACRRM
CPD hours accredited

Funded by Grampians Health Ballarat
and Barwon Health