PIPADOR REVISION

MRCOG Part 1 Revision Notes

Menopause

CLINICAL MANAGEMENT • LECTURE 460

VISUAL EXAMINATION REVISION NOTES

2026 Edition

460

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Menopause

Definitions, diagnosis and management of menopause in line with NICE NG23 (2024 update)

≈ 51	> 45	NICE NG23	< 40
Average age	Clinical diagnosis	Updated 2024	POI

■ KEY FACTS: Learning objectives

- Define menopause, perimenopause, early menopause and premature ovarian insufficiency.
- Describe diagnosis and assessment of menopausal symptoms (NICE NG23, 2024 update).
- Describe HRT and non-hormonal management, including risks and benefits.

460.1 Key definitions

Term	Definition
Menopause	The final menstrual period, diagnosed retrospectively after 12 months of amenorrhoea
Perimenopause	The time of irregular cycles and symptoms leading up to menopause and 12 months after the last period
Postmenopause	The time after 12 months of amenorrhoea
Early menopause	Menopause between 40 and 45
Premature ovarian insufficiency (POI)	Menopause/loss of ovarian function before 40
Genitourinary syndrome of menopause (GSM)	Vaginal dryness, dyspareunia, urinary urgency/recurrent UTIs due to oestrogen deficiency

■ IN PLAIN ENGLISH: Menopause

In women over 45 with typical symptoms, menopause is diagnosed **from symptoms alone** — no blood test needed. Management is **individualised**: for most women under 60 the benefits of HRT outweigh the risks.

460.2 Diagnosis and assessment

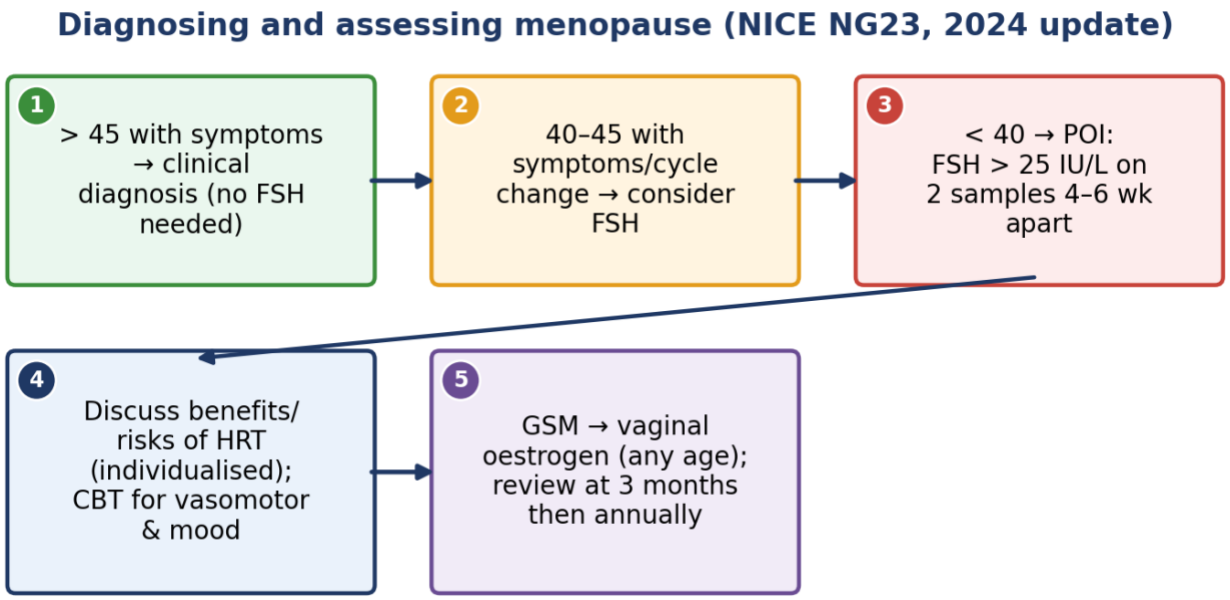


Figure 460.1 — Diagnosing and assessing menopause

- Assess symptoms (vasomotor, mood, sleep, joint pain, cognitive, GSM, libido), bleeding pattern, personal/family history (VTE, breast cancer, CVD), BP and BMI.
- FSH is not needed in women > 45; it is unreliable on hormonal contraception.
- Contraception is still needed until 1 year (≥ 50) or 2 years (< 50) after the last period, or until 55.

460.3 Management

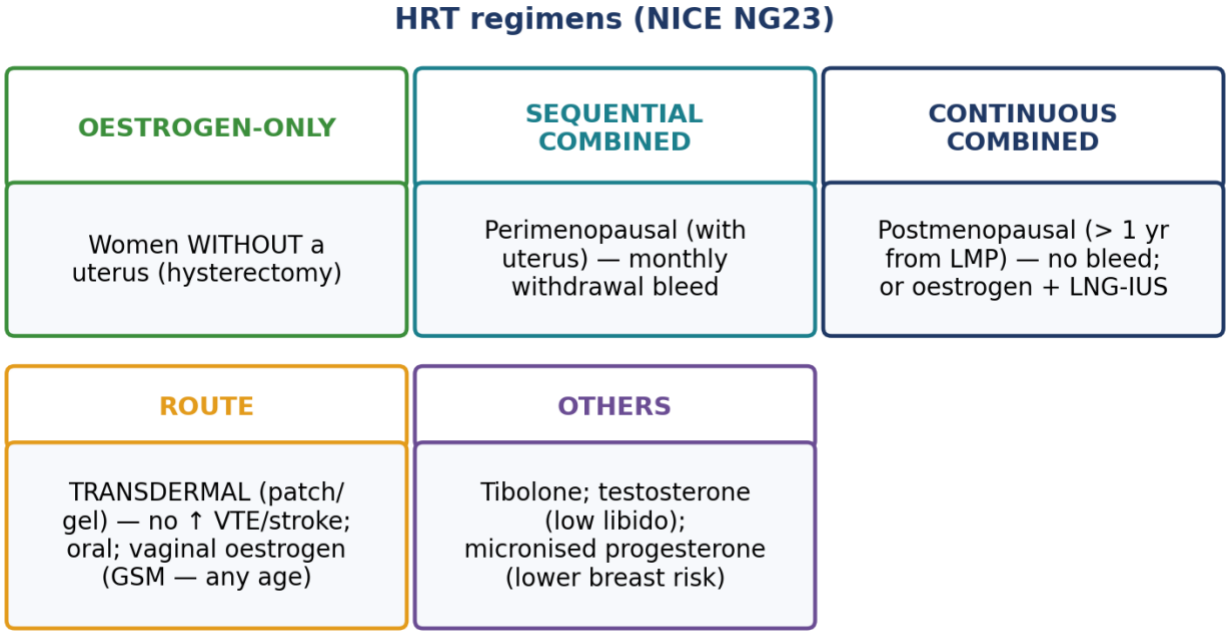


Figure 460.2 — HRT regimens

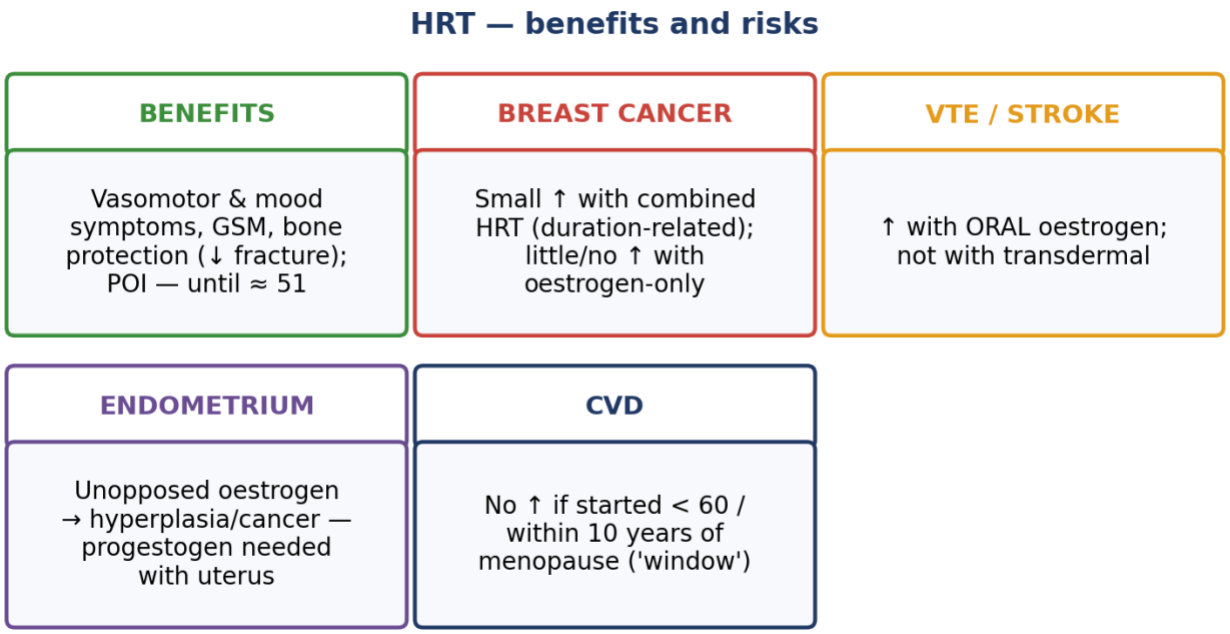


Figure 460.3 — Benefits and risks of HRT

Topic	NICE NG23 (2024 update)
HRT	• Offer for vasomotor symptoms after discussing short- and long-term benefits and risks • Oestrogen + progestogen if uterus present • Transdermal oestrogen if VTE risk/BMI > 30
CBT	Offer for vasomotor symptoms, sleep and mood
Non-hormonal	• If HRT contraindicated/declined: e.g. • SSRIs/SNRIs (not with tamoxifen — paroxetine/fluoxetine), gabapentin, clonidine • Newer NK3 antagonists — check current NICE status
Vaginal oestrogen	• For GSM at any age, including with systemic HRT • Can continue long term
Testosterone	Consider for low sexual desire if HRT alone ineffective (specialist)
Review	• At 3 months, then annually • Unscheduled bleeding beyond 6 months → investigate
POI	HRT or COC until at least the average age of menopause

■ COMMON PITFALLS

Withholding HRT because of overstated risks — risk depends on type, route, duration and age.

Prescribing oestrogen alone to a woman with a uterus.

Stopping contraception too early.

460.4 Must-know summary

■ **EXAM TIP**

- Menopause = 12 months' amenorrhoea; > 45 with symptoms → clinical diagnosis.
- HRT for vasomotor symptoms (individualised); progestogen if uterus; transdermal for VTE risk.
- CBT and non-hormonal options; vaginal oestrogen for GSM at any age.
- POI: HRT/COC until ≈ 51; contraception until 1–2 years after LMP.

■ **MNEMONIC / MEMORY AID**

'Uterus? add Progestogen. Clots? choose Patches/gel'.