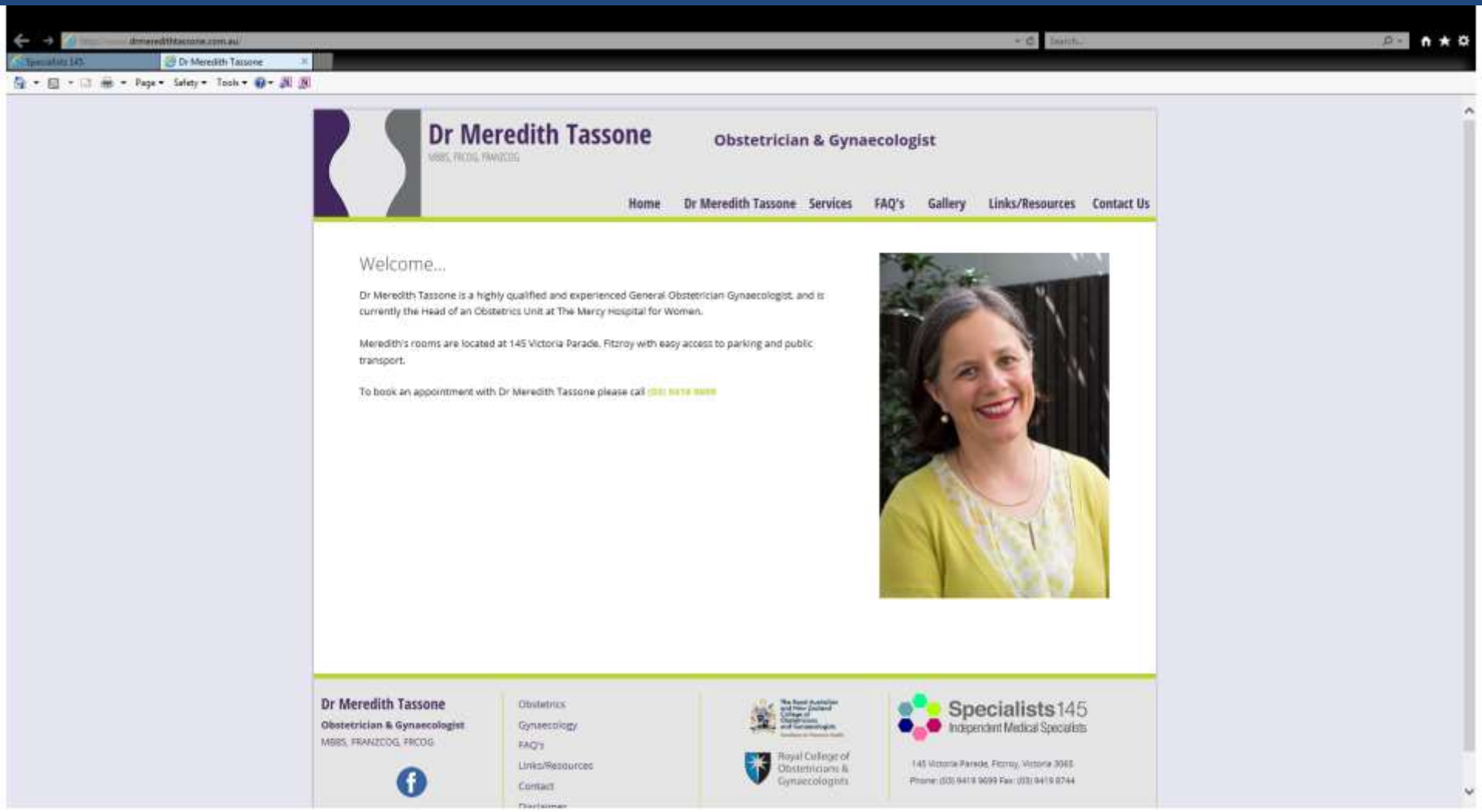
Menopause


Dr Meredith Tassone
Obstetrician & Gynaecologist
Home
Dr Meredith Tassone
Services
FAQ's
Gallery
Links/Resources
Contact Us
Welcome...
Dr Meredith Tassone is a highly qualified and experienced General Obstetrician Gynaecologist, and is currently the Head of an Obstetrics Unit at The Mercy Hospital for Women.
Meredith's rooms are located at 145 Victoria Parade, Fitzroy with easy access to parking and public transport.
To book an appointment with Dr Meredith Tassone please call
Dr Meredith Tassone
Obstetrician & Gynaecologist
MBBS, FRANZCOG, FRCOG
Obstetrics
Gynaecology
FAQ's
Links/Resources
Contact
Royal College of Obstetricians & Gynaecologists
Specialists145
Independent Medical Specialists
145 Victoria Parade, Fitzroy, Victoria 3065

ARTICLES| VOLUME 394, ISSUE 10204, P1159-1168, SEPTEMBER 28, 2019
PDF [997 KB]

Type and timing of menopausal hormone therapy and breast cancer risk: individual participant meta-analysis of the worldwide epidemiological evidence

Collaborative Group on Hormonal Factors in Breast Cancer†

Published in the Lancet on 29th August 2019

Interpretation

If these associations are largely causal, then for women of average weight in developed countries, 5 years of MHT, starting at age 50 years, would increase breast cancer incidence at ages 50–69 years by about one in every 50 users of oestrogen plus daily progestagen preparations; one in every 70 users of oestrogen plus intermittent progestagen preparations; and one in every 200 users of oestrogen-only preparations. The corresponding excesses from 10 years of MHT would be about twice as great.

The corresponding risks with 10 years of use starting at age 50 years would be about twice as great. In western countries there have been about 20 million breast cancers diagnosed since 1990, of which about 1 million would have been caused by MHT use.

International Menopause Society

- Questioned if there was new data indicating an increased risk of breast cancer with use of MHT
- Raised the question:

"Should women be worried"?

The answer

- Much of the information is not new
- The MHT regimens used in the study are not consistent with modern MHT regimens
- The data raises important issues regarding the risk of breast cancer with obesity
- Risk of use of MHT in early menopause needs to be compared with background age related risk

Recommendation of AMS

- risk analysis of MHT use for an individual woman which needs to include symptom severity and the potential beneficial effects of MHT on bone and cardiovascular health.
- Use of micronised progesterone and bio-identical progesterone probably does not increase risk

Menopause

- Brief definition
- Symptoms
- Treatments
- Case studies

Mrs EK

- And her daughter also Mrs EK
- Another daughter has breast cancer

Mrs EK

- 77yo who is still working and doing ballet
- Still taking MHT
- Not keen to stop
- Tried changing from trisequens to estalis patches but some spotting
- Spotting settled on returning to trisequens

Mrs EK contd

- Pelvic U/S showed thickened endometrium
- Booked for EUA, hysteroscopy, D&C
- Histology showed atypical hyperplasia
- Pt underwent vaginal hysterectomy & vaginal repair
- Continues to take MHT, no longer needs progesterone

Mrs EK (daughter)

- 52yo whom I inherited from a colleague 2016
- Mirena insitu, due to be changed in 2017
- Developed menopausal symptoms
- Added estradot patches
- Good symptom control

Mrs EK (daughter) cont'd

- Concerned about recent article, especially with FHx
- Now 52yo
- MHT for 3 years
- Now trying lower dose patch

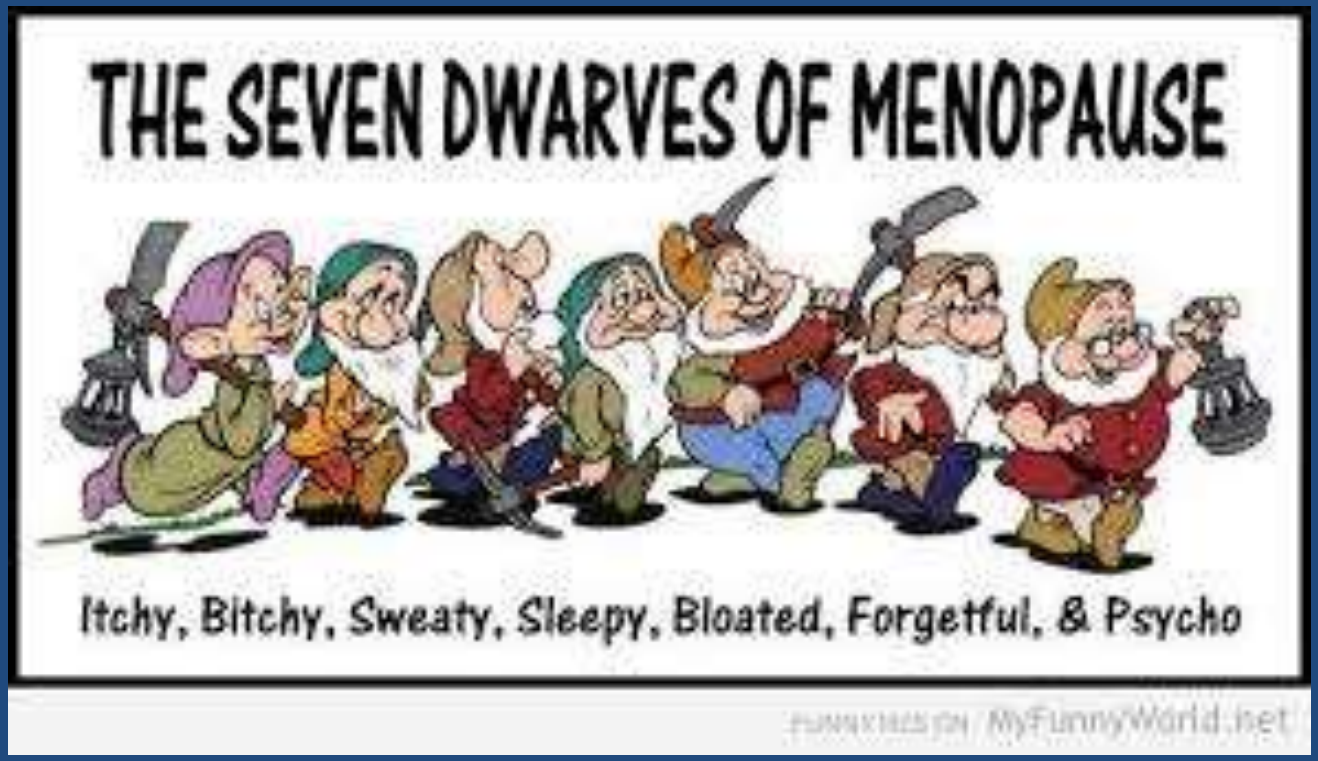
- Reassured re taking MHT
- Given links to AMS response

Definitions

- Menopause – clinical diagnosis made after 12 months of amenorrhoea
- Perimenopause – onset of menstrual cycle changes and vasomotor symptoms until one year after final menses
- Premature ovarian insufficiency – loss of normal ovarian function <40yo
- Early menopause <45yo

Symptoms

- Vasomotor symptoms (VMS), hot flushes, night sweats
- Urogenital and sexual symptoms
- Psychological symptoms
- Physical symptoms
- Metabolic changes
- Cardiovascular changes
- Skeletal changes


THE SEVEN DWARVES OF MENOPAUSE
Itchy, Bitchy, Sweaty, Sleepy, Bloated, Forgetful, & Psycho
MyFunnyWorld.net

Urogenital and sexual symptoms

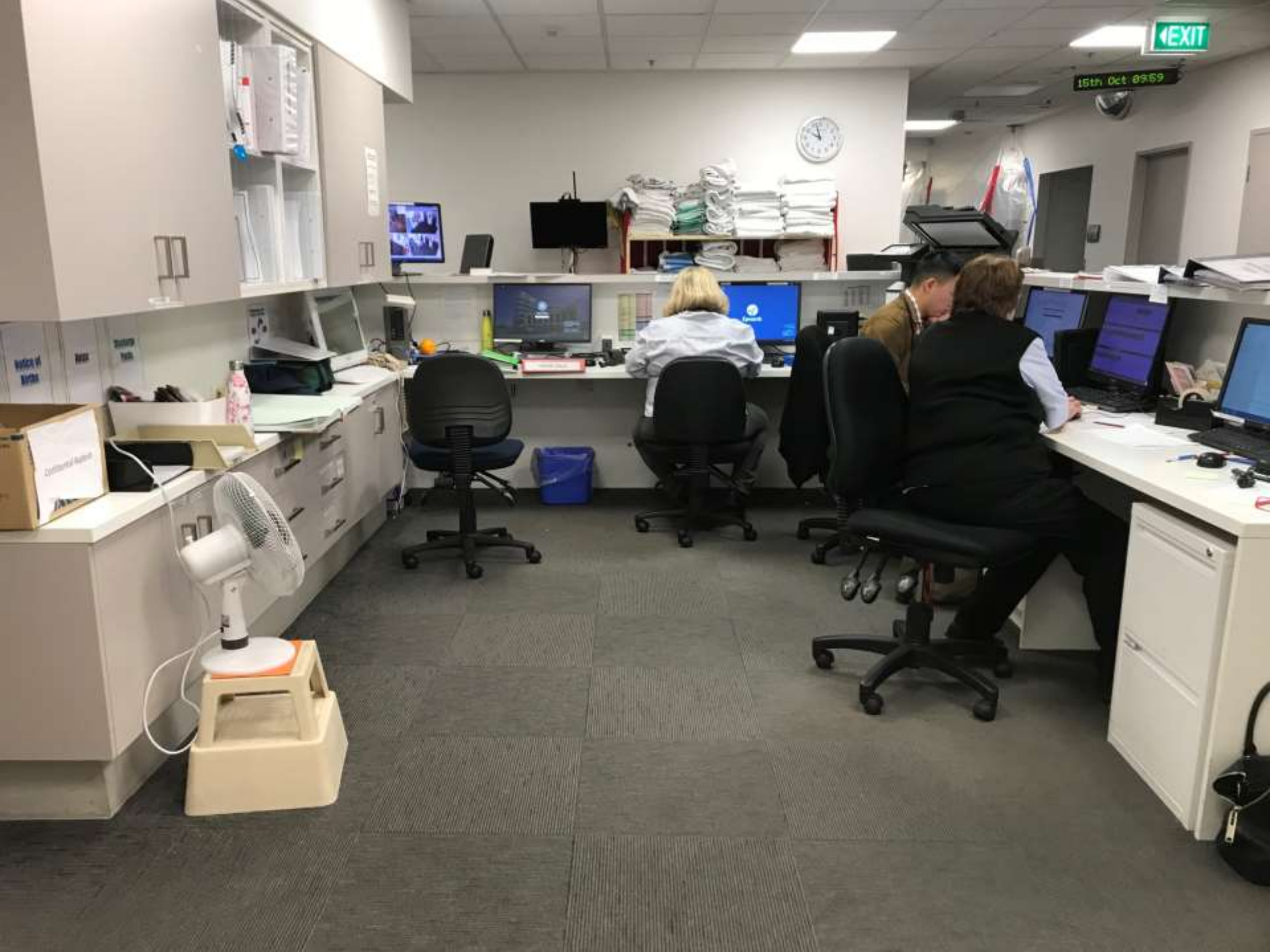
- Vaginal dryness and dyspareunia
- Vaginal itching and burning
- Urinary frequency and urgency
- Low sexual desire

Psychological symptoms

- Sleep disturbance
- Depressive symptoms
- Anxiety and irritability
- Reduced memory and concentration

Physical symptoms

- Fatigue
- Headaches
- Myalgias and arthralgias
- Formication


EXIT
15th Oct 09:59

Metabolic changes

- Central abdominal fat deposition
- Insulin resistance
- Increased risk of developing type 2 diabetes mellitus
- Dyslipidaemia

Cardiovascular changes

- Impaired endothelial function

Skeletal changes

- Accelerated bone turnover and bone loss
- Increased bone fracture risk

Treatment Principles

- Review a woman's health
- Lifestyle changes
- Education regarding menopause
- Advice regarding treatment options

Non-pharmacologic treatments

- Meditation
- CBT
- relaxation techniques
- Lifestyle changes may reduce bothersome symptoms while reducing risk

Menopause Hormone Treatment

- Primary indication is for relief of symptoms
- Oestrogen with progesterone if uterus intact
- Unopposed oestrogen if hysterectomy
- Vaginal oestrogen may be given alone if symptoms are only vulvovaginal

MHT Preparations

- Lowest effective dose for shortest duration possible
- Oral, gel, transdermal, vaginal or intrauterine
- Continuous or cyclical
- Safe to use for up to 5 years < 60yo
- Individualise if outside these parameters
- Yearly review

MHT Benefits

- Most effective treatment of vasomotor symptoms and vulvovaginal atrophy
- Prevents menopause associated acceleration of bone loss and osteoporosis related fracture
- Improvement in cardiovascular disease if commenced <60yo
- Reduced colon cancer risk
- Reduced incidence of Alzheimer's disease

MHT risks

- Breast cancer – data conflicting – possible small increase risk (1 per 1000 women using MHT for 1 year)
- Endometrial cancer – unopposed oestrogen
- Ovarian cancer – possible very small increased risk, observational data only
- Venous thromboembolism – rare in women <60yo


Dr. Tim Lightfoot

Non-hormonal options

- Gabapentin – equivalent to MHT in relief of vasomotor symptoms but side effects include drowsiness, headaches, GI upset
- Anti-depressants eg venlafaxine
- Clonidine

Body Identical Hormones

- Compounded MHT
- Currently used by thousands of Australian women
- No formal quality control or safety studies
- Body identical oestrogens include E2 patches, tablets, gels, pessaries and E3 cream ie containing real human hormones

A Prof John Eden O&G Magazine Vol 19 No1 Summer 2017

Micronised Progesterone

- Prometrium (100mg) and Utrogestan (200mg)
- Can be used orally or vaginally
- Decreased breast cancer risk compared to other progestogens
- Decreased cardiovascular risk
- No increase VTE risk
- Neutral effects on lipids/BP/glucose metabolism/ weight
- Reduced incidence new onset diabetes

Dr Sonia Davison MBBS FRACP PhD

Alternative therapies

- Lack of evidence regarding performance and safety
- Not stringently regulated
- May lack rigorous safety testing
- Eg phytoestrogens and black cohosh

Reference: O&G Magazine Vol 19 No 1 Summer 2017

- Menopause: The Basics by Dr Leah Grace

https://www.menopause.org.au/

https://jeanhailes.org.au/health-a-z/menopause

specialists145.com.au/

Dr Meredith Tassone | Specialists 145

Page ▾ Safety ▾ Tools ▾

Welcome to Specialists 145

145 Victoria Parade encompasses a group of doctors predominantly focussed on Women's healthcare. We have specialists available to treat women through all stages of life. We offer high quality obstetric care and gynaecology, including infertility, laparoscopic surgery and uro- gynaecology specialists. In addition we are fortunate to have the services of a physician specialising in obstetric medicine and peri-operative medicine for both men and women.

Our Doctors

Dr Alison De Souza

UROGYNAECOLOGIST, PELVIC FLOOR SURGEON, OBSTETRICIAN

Dr Claire Francis

OBSTETRICIAN & GYNAECOLOGIST

Dr Tim Lightfoot

CONSULTANT PHYSICIAN

Dr Karen Paice

OBSTETRICS & GYNAECOLOGY, INFERTILITY, LAPAROSCOPY

Dr Emma Readman

GYNAECOLOGIST, LAPAROSCOPIC SURGEON

Dr Meredith Tassone

OBSTETRICIAN & GYNAECOLOGIST

OUR SERVICES

Obstetrics

Our obstetricians are trained to manage all aspects of pregnancy...

Gynaecology

Our gynaecologists provide a wide range of gynaecological services...

Urogynaecology

Assessment and management of urinary incontinence, stress incontinence...

Infertility

Ovulation induction with FSH injections, intra-uterine insemination (IUI), IVF...

Laparoscopy

Hysteroscopic and Laparoscopic procedures, endometrial ablation & polyps, fibroids...

Medical

Services to other specialists and their patients, particularly surgeons and obstetricians...

OPEN HOURS

MONDAY - FRIDAY :	8.30am - 5.00pm
SATURDAY & SUNDAY :	closed


145
Victoria
Parade


145
Victoria
Parade

Mrs CR

- 62yo referred to me with PMB while taking MHT – trisequens/kliogest
- U/S had shown thickened endometrium
- CST nad
- FHx – ovarian cancer

Mrs CR cont’d

- Organised EUA, hysteroscopy, D&C, insertion mirena
- Histology showed complex hyperplasia with atypia

Mrs CR cont'd

- Encouraged pt to wean off MHT – changed trisequens to progynova
- Mirena in-situ
- Reassessed 4 months later with endometrial sampling
- No endometrial hyperplasia or malignancy
- Reassessed at intervals over next few years
- Eventually ceased MHT, mirena removed

Ms PS

- 54yo referred to me with thickened endometrium on U/S while taking progynova
- Previously had been using vagifem pessaries
- Asymptomatic ie nil PMB
- Recently moved to Melbourne
- Mental health issues

Ms PS cont'd

- Organised EUA, hysteroscopy, D&C, insertion mirena
- Histology – scant curettings, ? Atrophic
- On review pt symptomatic – hot flushes, mood swings

Ms PS cont’d

- Tried estraderm patches but gained wt
- Removed mirena 18 months after it was inserted, once weaned off estraderm

Mrs RA

- 54yo referred to me with endometrial polyp on ultrasound
- Menopause 18 months previously
- Spotted once after that
- Attended another Gynaecologist who did endometrial biopsy (pipelle)
- Commenced sandrena gel & provera
- Advised to have hysterectomy
- Pt not keen to take MHT or have hysterectomy

Mrs RA cont'd

- Booked for EUA, hysteroscopy, D&C, removal endometrial polyp
- Histology benign
- Weaned off all MHT
- Only occasional hot flushes
- Review for CST due May 2019


145
Victoria
Parade