



OFFICIAL

OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE

Menopause and menopausal symptoms

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH and OPH

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Menopause management

Algorithms for assessment, considerations, symptom management and review are available within Monash University (2023):

- [A Practitioner's Toolkit for Managing Menopause \(external website, PDF, 556KB\)](#).¹ Use this as the reference for menopause management.

Fact sheets that may assist:

- [Australasian Menopause Society](#) (external website)
- [Jean Hailes](#) (external website)

Menopause in the workplace

Consumer resources that may assist:

- [Menopause and the workplace - Australasian Menopause Society](#) (external website)
- [Menopause and work | Jean Hailes](#) (external website)

Menopausal symptoms after cancer

Aim

- To guide menopausal symptom management after cancer, including hot flushes, [vaginal dryness](#), [sexual dysfunction](#) and [bone loss](#).

Hot flushes

It is now known that hot flushes are mediated by a variety of neurotransmitters, and that some non-hormonal medications may be of benefit to those unable to take hormone based therapies.

Options for medication

Key points

1. The management of menopausal symptoms after breast cancer is best managed with a multidisciplinary approach.
2. Cancer Australia, Clinical Practice Guidelines for breast cancer are available at www.canceraustralia.gov.au
3. Hormone therapy for women with a gynaecological cancer may be considered following advice from the treating Gynaecologic or Medical Oncologist

Indications for treatment

The treatment of menopausal symptoms following cancer should be based on:

- the severity of the symptoms and their impact on quality of life
- evidence for safety following cancer (if available)

Hormonal medications

Menopausal hormone therapy (MHT) (previously known as hormone replacement therapy (HRT))

Menopausal hormone therapy is the most effective treatment for vasomotor symptoms, urogenital atrophy, vaginal dryness and reduces the risk of fractures.²

Unless hysterectomy has been performed, estrogen should be given in combination with progesterone to prevent an increased risk of endometrial hyperplasia or cancer.

In postmenopausal women, long-term use (greater than five years) of combined MHT (estrogen and progestogen) appears to increase the risk of breast cancer.

Both estrogen only and combined MHT increase mammographic density, potentially reducing the efficacy of mammogram in detecting breast cancer and increasing the number of false positive recalls³. This effect is more pronounced with combined compared to estrogen only MHT.

Previous history of breast cancer and MHT: Recommendations for practice

- MHT should **not** be used as first line management for menopausal symptoms following breast cancer.
- Use of MHT may be justified to improve quality of life reasons when all other interventions have failed and the woman is clearly informed of the potential increased recurrence risk.
- MHT may be considered for women with metastatic disease where attainment of quality of life overrides all.
- MHT may be considered after some gynaecological cancers following discussion with Gynaecological or Medical Oncologist.
- For further information regarding products, dosing and administration, refer to [WNHS Pharmacy: Obstetrics and Gynaecology Medication Guidelines, Adult: Estrogen \(Oestrogen\) HRT](#)

Progestogens: Recommendations for practice

Progestogens as stand alone therapy are not recommended for the treatment of vasomotor symptoms as safety is uncertain and efficacy is likely to be less than that of estrogen and progestogen in combination, or estrogen alone.

Synthetic hormone receptor modulators

[Tibolone](#) (Livial®) is a synthetic compound with weak estrogenic, progestogenic and androgenic properties. There have been no large studies assessing the impact of tibolone on the risk of breast cancer in healthy women. Tibolone does not appear to:

- stimulate breast cells in vivo
- increase mammographic density or increase the false positive recall rate for mammograms.

Tibolone has an unfavourable effect on serum cholesterol by reducing HDL cholesterol. While it has been known to improve bone density, its effect on fracture reduction is yet to be confirmed.

The researchers from the LIBERATE Trial (Organon) 2008, conclude “Tibolone increases the risk of recurrence in breast cancer patients, while relieving vasomotor symptoms and preventing bone loss”. Therefore, the use of Tibolone for women with a known, past or suspected breast cancer will remain contraindicated.

Testosterone / androgen therapy

Testosterone may exert biological effects by acting directly on the androgen receptors or indirectly through conversion to estrogen by the aromatase enzyme. This mechanism is blocked by aromatase inhibitors. Levels of testosterone reduce gradually throughout adult life. Early or surgical menopause may be associated with a greater reduction in testosterone and its effects.

The Endocrine Society’s Clinical Guidelines recommend against making a diagnosis of androgen deficiency in women at this time because there is neither a well-defined clinical syndrome nor normative data on testosterone or free testosterone levels in women across their lifespan that can be used to define the disorder⁴.

The safety or efficacy of testosterone supplementation following breast cancer is not known.

Recommendations for practice

The generalised use of testosterone by women after breast cancer is NOT recommended because the indications are inadequate and evidence of safety in long term studies is lacking⁴.

Non-hormonal medications

Refer to The Menopause Society position statement: [The 2023 Nonhormone Therapy Position Statement of The North American Menopause Society \[NAMS\] \(external website PDF, 260KB\)](#).

Relevant tables include:

Treatment recommendations for nonhormone therapies for vasomotor symptoms ⁵

Category	Treatment	Recommended	Not recommended
Lifestyle	Cooling techniques Avoiding triggers Exercise Yoga		Level II
	Dietary modifications		Level III
	Weight loss	Levels II - III	
Mind-body techniques	Cognitive-behavioural therapy Clinical hypnosis	Level I	

Category	Treatment	Recommended	Not recommended
	Mindfulness-based interventions		Level II
	Relaxation		Level I
Prescription therapies	SSRIs/SNRIs	Level I	
	Gabapentin		
	Fezolinetant		
	Pregabalin		Level III
	Clonidine		Levels I - III
	Oxybutynin	Levels I - II	
	Suvorexant		Level II
Dietary supplements	Soy foods and soy extracts		Level II
	Soy metabolites equol		
	Cannabinoids		
	Supplements/Herbal remedies [#]		Levels I - III
Acupuncture, other treatments, and technologies	Acupuncture		Level II
	Calibration of neural oscillations		
	Chiropractic intervention		
	Stellate ganglion block	Levels II - III	
Notes: Level I, good and consistent scientific evidence; Level II, limited or inconsistent scientific evidence; Level III, consensus and expert opinion. Abbreviations: SNRIs: serotonin-norepinephrine reuptake inhibitors; SSRIs: selective serotonin reuptake inhibitors [#] Pollen extract, ammonium succinate, Lactobacillus acidophilus, rhubarb, black cohosh, wild yam, dong quai, evening primrose oil, maca, ginseng, labisia pumila/eurycoma longifolia, chasteberry, milk thistle, omega-3 fatty acids, vitamin E			

Acknowledgement of source: Adapted from Table 2 within the NAMS Position Statement 2023 Nonhormone Therapy Position Statement of The North American Menopause Society. Menopause: The Journal of The North American Menopause Society, 30(6).

Additional information can be found:

- [WNHS Pharmacy Obstetrics and Gynaecology Medication Guidelines](#) (patient information sheets and medication monographs)
- Australasian Menopause Society: [NonHormonal Treatments for Menopausal Symptoms - Australasian Menopause Society](#) (external website)
- For fezolinetant specifically, see:
 - Therapeutic Goods Administration: [Veoza \(fezolinetant\)](#) (external website)
 - Therapeutic Guidelines (2024): [Fezolinetant for Moderate to Severe Vasomotor Symptoms Associated with Menopause \(external website\)](#)

Vaginal dryness

Vaginal lubricants

Vaginal lubricants are designed for use during sexual intercourse. Ensure products are pH neutral. Products may be oil, water or silicone based.

Vaginal moisturisers

- Vaginal moisturisers are developed to provide relief from the symptoms of vaginal atrophy such as dryness, itching and irritation and dyspareunia.
- Example products: Replens™ is a long-lasting, hormone free vaginal moisturiser that is applied internally three times a week. It is available at pharmacies, without prescription, in packs of 10. Aci-Jel Restore® is a similar product
- Women who do not achieve relief with Replens™ may consider hormone-free, paraben-free hyaluronic acid gel (e.g. Hyalofemme®) which is available online for those patients not receiving care at KEMH.
- **For KEMH clinicians only**
 - Hyalofemme® is a Special Access Scheme (SAS) Category B medication, that requires a prescription and an [SAS Category B form](#) to be completed before supply can be obtained.
 - A preservative free compounded hyaluronic acid product is also available under special circumstances. The compounded product takes approximately a week to order and has an expiry of only one month. A prescription and an Individual Patient Application (IPA) form ([WA Adult Medicines - WA Statewide Medicines Formulary](#), select WA IPA button) must be completed before supply of the compounded product can be obtained.

Vaginal estrogen

Evidence suggests that topical estrogen effectively alleviates vaginal dryness and reduces dyspareunia. As topical estrogen does not appear to stimulate the endometrium, additional progestogens are not required.

Although short term use of topical estrogen has not been shown to be associated with increased risk of breast cancer recurrence, recent data suggests that for women on aromatase inhibitors serum estradiol rises. This effect reverses the estrogen suppression achieved by aromatase inhibitors and may partially negate the benefit of aromatase inhibitors ⁶.

For more information regarding products, dosing and administration, refer to [WNHS Adult Medication Monograph: Estrogen \(Oestrogen\)- Vaginal](#)

Recommendations for practice

Topical estrogens in the form of estriol (e.g. Ovestin) may be used following treatment for breast cancer in women who are prescribed Tamoxifen.

Women using aromatase inhibitors should be advised that vaginal estrogen may

impact on the efficacy of their endocrine therapy⁶.

Topical estrogen is not necessarily contraindicated following a gynaecological malignancy. Discuss with treating Gynaecologic Oncologist / Oncologist.

Vaginal dehydroepiandrosterone (DHEA)

Prasterone (e.g. Intrarosa ®)

Available as a daily vaginal pessary containing 6.5mg of Prasterone (biologically identical to human DHEA), used at night time. Patient information available: [Intrarosa - NPS MedicineWise](#) (external website).

Prasterone is metabolised to activate both oestrogen and androgen receptors, resulting in an increase in the number of both superficial and intermediate cells and decrease in the number of parabasal cells in the vaginal mucosa. In addition, the vaginal pH is then decreased towards the normal range, thus facilitating the growth of the normal bacterial flora.

Indications: The treatment of Genito-urinary syndrome of menopause in postmenopausal women experiencing moderate to severe symptoms.

Contraindications: As per systemic MHT, including undiagnosed vaginal bleeding, Breast cancer

As of May 2025, this is only available via private prescription.

Sexual dysfunction

Sexual dysfunction is commonly associated with menopause and cancer.

After menopause, vaginal dryness, lack of arousal, dyspareunia and difficulty with orgasm are common. Women who have had treatment for cancer may have issues with body image, health concerns and fatigue. These factors and others can affect libido and sexual satisfaction.

As part of the routine assessment obtain:

- Sexual history and any relevant issues
- All potential physical, psychological and social factors.

Non-medical interventions

- Non penetrative sexual activity including oral/manual stimulation
- Increased communication between partners
- Sensual massage/warm bath
- Change of sexual routine
- Read appropriate literature e.g. Dr Rosie King's "Good Loving, Great Sex"

Recommendations for practice

- Consider referral to psychological medicine services, such as Breast Cancer Clinical Psychology Services (RPH, FSH, SCGH), WA Psycho-Oncology Service (WAPOS) or a Sex / Relationship Counsellor for further intervention.
- **Note:** The use of testosterone / Viagra for sexual dysfunction following treatment for breast cancer is not supported by the evidence therefore is NOT recommended.

Useful links

Refer to:

- Australasian Menopause Society (AMS): [Information Sheets](#) (external website):
 - [Genito-urinary syndrome of menopause](#) (external website)
 - [Vaginal health after breast cancer: A guide for patients](#) (external website)
- [Enhancing Sexual Health for Cancer Survivors | American Society of Clinical Oncology Educational Book](#) June 2025 (external website)

Resources that may assist:

- [Sexuality and Intimacy | Cancer Council](#) (external website)
- [Impact on Sexuality and Intimacy | Living Well After Cancer | Cancer Council NSW](#) (external website)

Bone loss

Recommendations for practice

Consider bone densitometry (DEXA) in women:

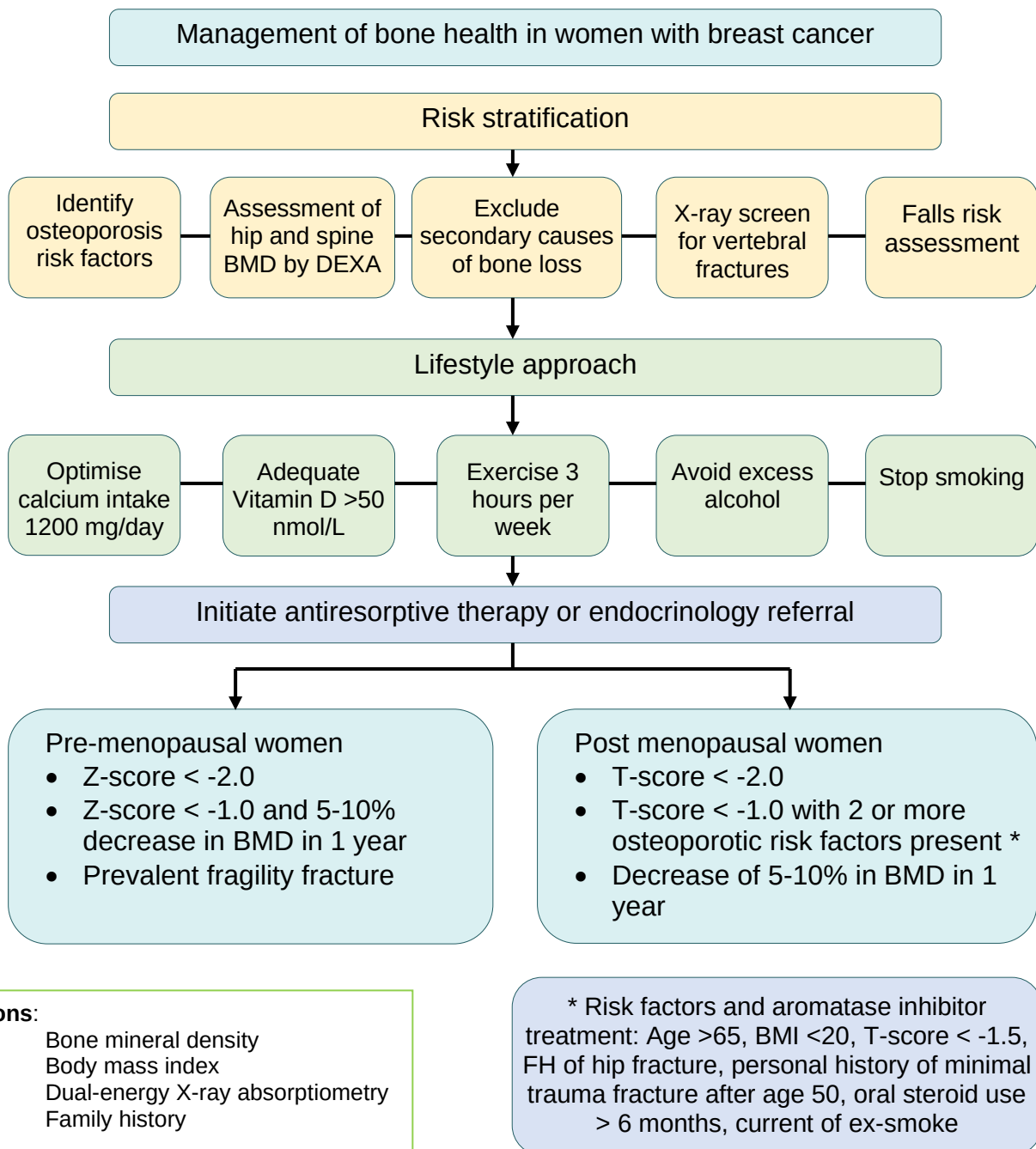
- Following treatment for cancer with chemotherapy, ovarian suppression (or removal), Tamoxifen or Aromatase inhibitors
- With a personal or family history of osteoporosis
- With other risk factors for osteoporosis, such as, low BMI, smokers, malabsorption syndromes and corticosteroid or GnRH agonist use.

Provide the woman with information regarding:

- Calcium intake
 - Recommended daily intake of 1200mg / day. For further information see also [Healthy Bones Australia](#) (external website)
 - May require supplements if unable to have adequate dietary intake of calcium
- Adequate Vitamin D
 - Ensure adequate safe sunlight
 - May require supplementation
 - For further information, see [WNHS Adult Medication Monograph: Colecalciferol \(Cholecalciferol\)](#)

- Weight bearing exercises
 - Regular walking
 - Resistance / weights training
- Avoid smoking and excessive alcohol.
- For management of bone loss after breast cancer specifically refer to the algorithm below and fact sheet: [Breast Cancer and Bone Health - Healthy Bones Australia](#) (external website).

Bone loss flowchart for management of bone health with breast cancer⁷



Acknowledgment: Milat, F. & Vincent, A. (2015). Management of bone disease in women after breast cancer, *Climacteric*, 18:sup2, 47-55.

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Related WNHS guidelines

- [KEMH Perioperative Services](#): Stellate Ganglion Block for menopausal symptoms
- WNHS [Pharmacy Obstetrics and Gynaecology Medication Guidelines](#)

Resources

- The Women's Health Research Program in the Monash University School of Public Health and Preventative Medicine. [A Practitioner's Toolkit for Managing Menopause](#). 2023.
- [WNHS Pharmacy](#) Individual Patient Application (IPA) form

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Version history

Version number	Date	Summary
1	April 2018	First version. History: In April 2018 amalgamated 6 individual guidelines relating to menopause and menopausal symptoms after cancer (from section B – Gynaecology dated from June 2007) into one document:

		1. Menopause: Assessment Algorithm 2. Hormonal Treatment 3. Review of Treatment 4. Symptom Management 5. Menopause Symptoms After Cancer (Breast): Management 6. MSAC Medication Options
1.1	Sept 2018	Hyperlinks fixed and minor wording change- Replens
2	Oct 2021	• Reviewed newer evidence. Condensed content about non-hormonal medications, instead links to consumer information • Menopausal hormone therapy (MHT) replaces term 'HRT' • Menopause symptom management flowchart updated- with non-pharmacological options • Added synthetic hormone receptor modulator • Menopause- Review time period changed to 8-12 weeks • Broader scope to be inclusive of several cancers • Links to more information added for MHT breast cancer risk
3	Jun 2025	• Menopause chapter- Content condensed, algorithms removed and now links to Monash University reference for menopause management; Added links to fact sheets and links for menopause management in the workplace • Menopausal symptoms after cancer chapter- ➤ Reviewed and condensed content, updated with current literature ➤ Added new table for treatment recommendations for nonhormone therapies for vasomotor symptoms ➤ Additional information links added for fezolinetant ➤ Vaginal lubricants- Ensure products are pH neutral. Products may be oil, water or silicone based. ➤ Resources and useful links updated ➤ Added section for vaginal dehydroepiandrosterone (DHEA)

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