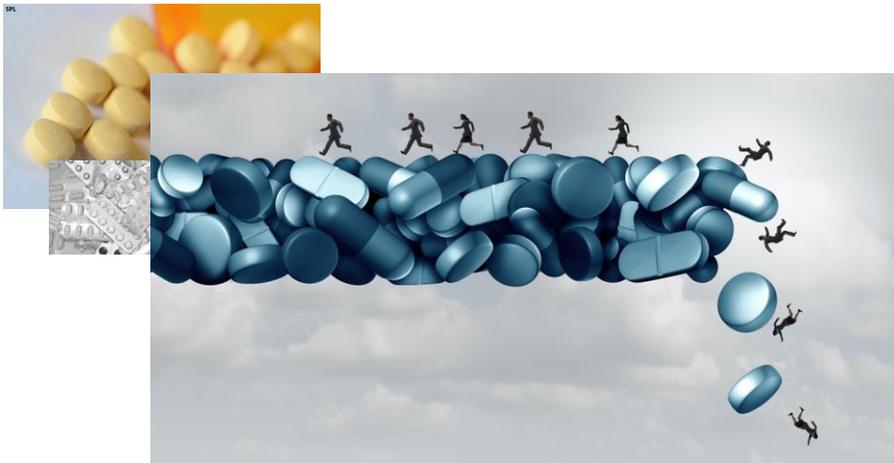


NMP Lunch & Learn Training Session

Key things to know about Menopause and Perimenopause

17th February 2026



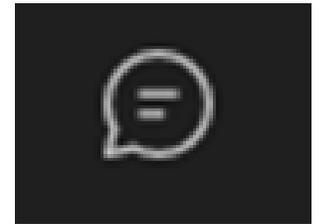
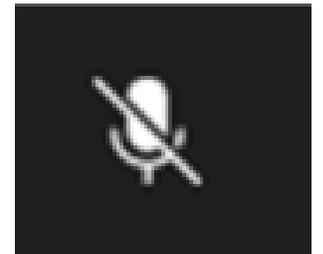
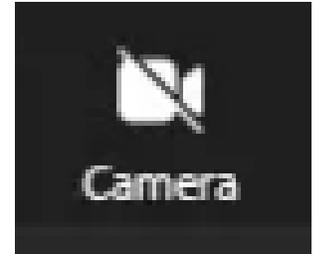
Speaker:

- Dr Cath Munro, GP Kendal, BMS Menopause Specialist
- No declarations of interest

Welcome & Housekeeping

Thank you for joining us today!

- ✓ The session is for 45-minutes (30-minute presentation and 15-minute Q&A session).
- ✓ Please switch off your cameras and put yourselves on mute.
- ✓ Please use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.
- ✓ At the end of the session there will be a short online feedback form (live!).

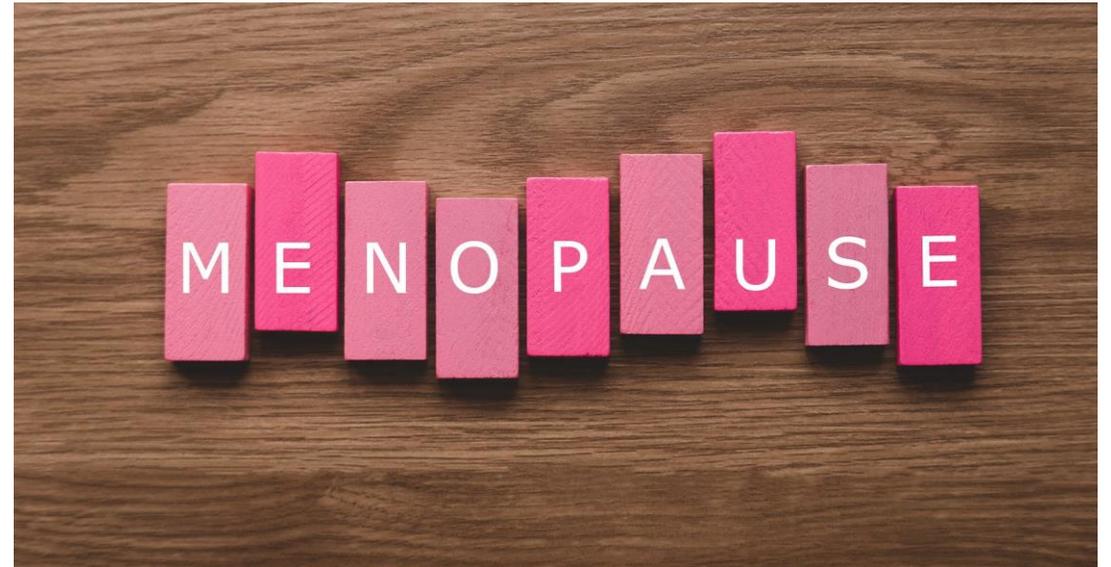


Disclaimer

- If you do access the slides and recordings to the bitesize sessions using the following link: [Independent Prescribing – Lancashire and South Cumbria Training Hub](#), please be aware that the sessions were intended to support Non-Medical Prescribers in their development and understanding of the subject area, however these sessions should not be considered the sole source of your learning. Please ensure that you also refer to your Trust/Employer guidance, up-to-date national guidance e.g. NICE guidance and professional body standards alongside these bitesize sessions.
- The information in the sessions are current and accurate at the time of creation.

Any particular things you want to know?

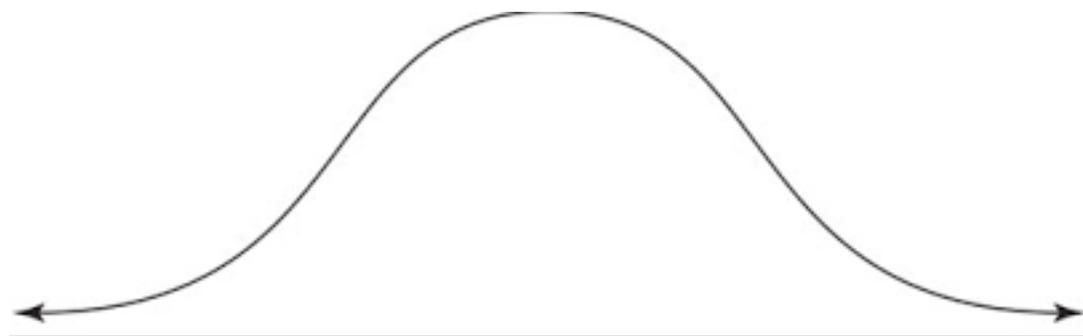
- Put questions in chat now
- We can frame presentation around those if we can



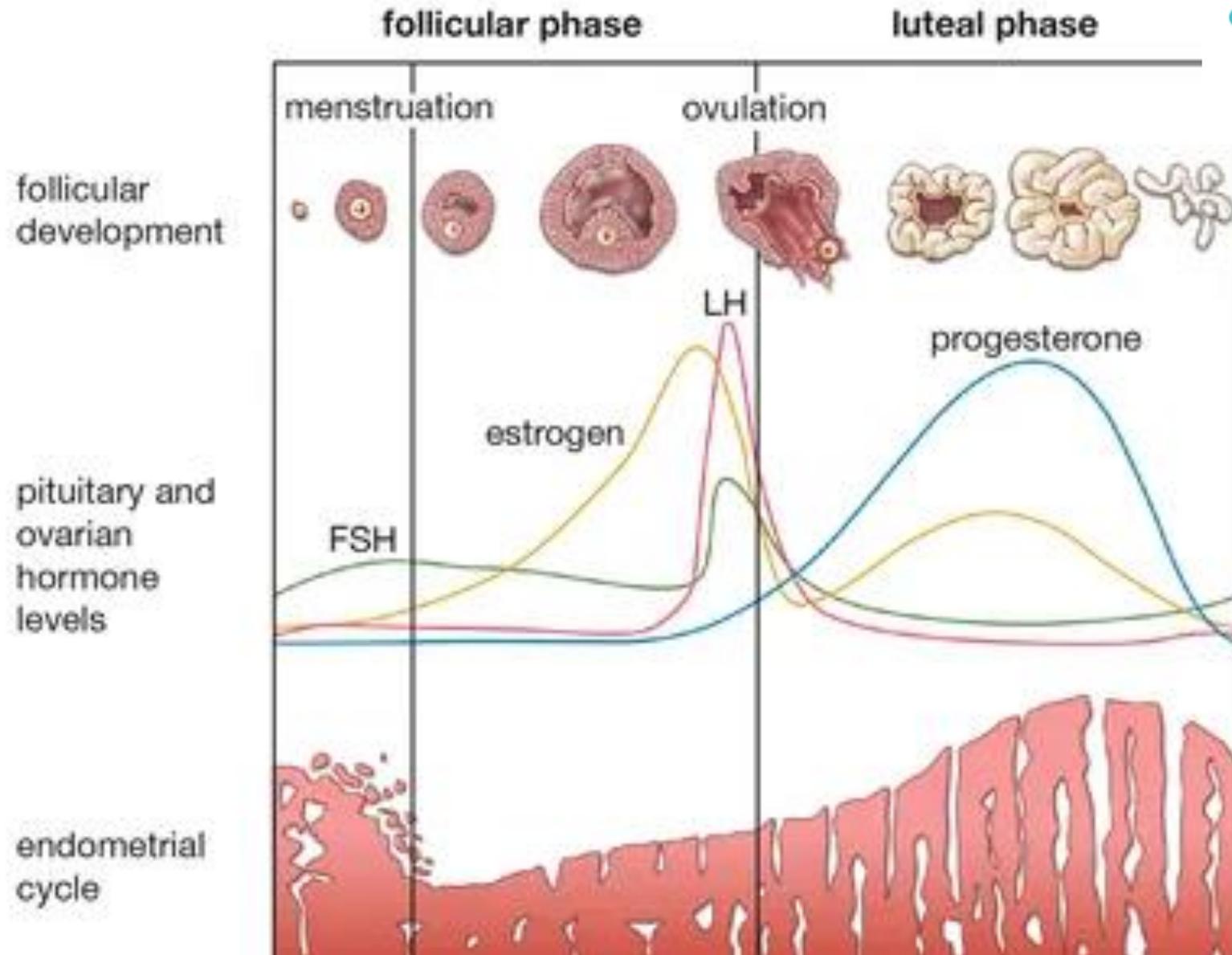
What to expect

- What is menopause and what is happening with hormones in this time?
- Symptoms of menopause and perimenopause
- Approach to the (peri)menopause consultation
- Approaches to supporting women through their journey
- Risks and benefits of HRT (including a bit on POI)
- HRT – what we prescribe
- How to manage bleeding on HRT
- GSM
- Other stuff

Some Facts...



- Menopause = the day which is 12 months after last period
- Perimenopause = the time of change leading up to last period
- Average age of menopause = 51 years
- Perimenopause lasts on average 5-7 years
- Early menopause occurs <45 years
- Premature Ovarian Insufficiency occurs <40 years
- 1:100 women have POI <40 years and 1:1000 women have POI <30 years

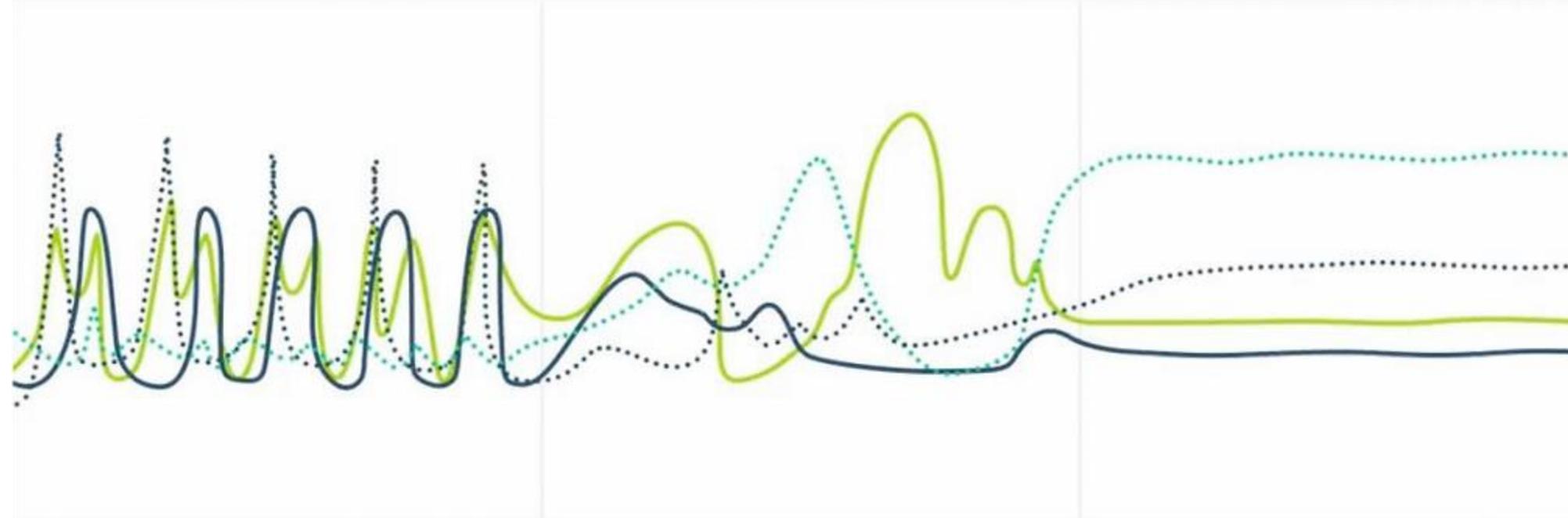




Premenopause

Perimenopause

Postmenopause

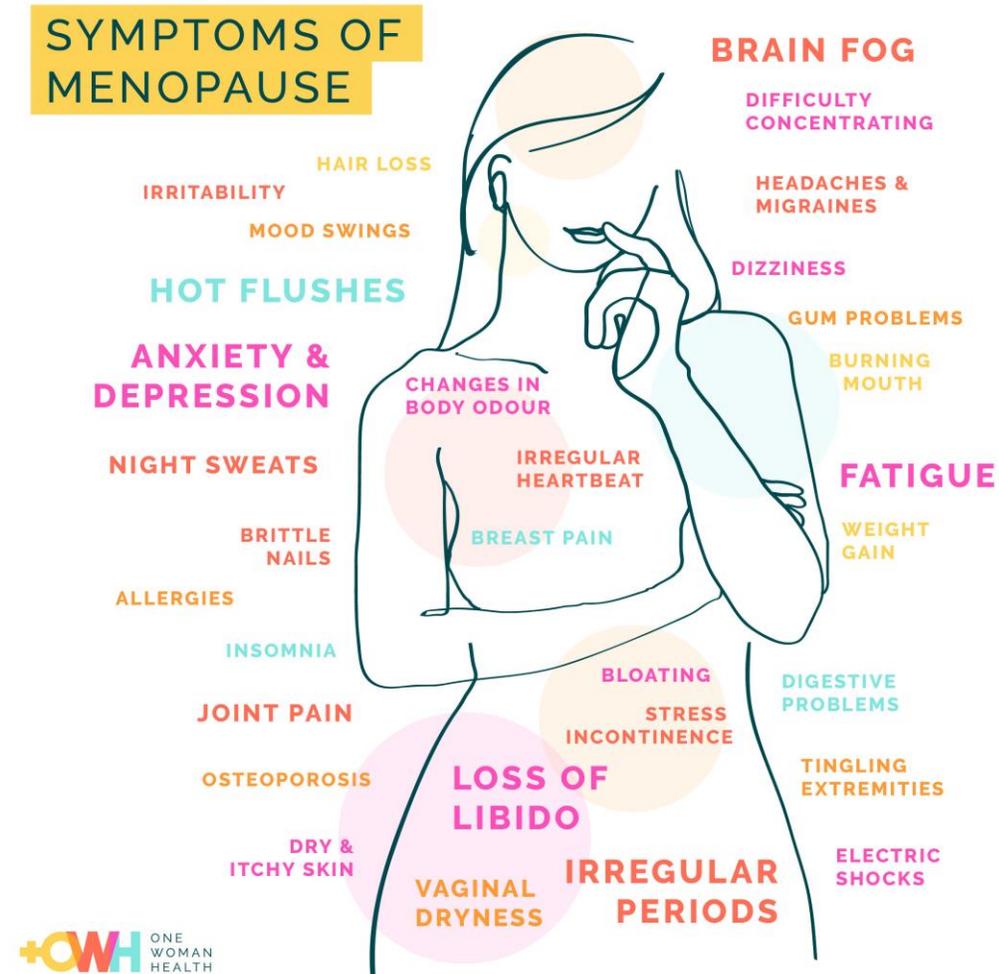


— Estrogen
— Progesterone

..... Follicle-stimulating hormone
..... Luteinizing Hormone



What to look out for...





What could this present as?...

- Changes in periods (shorter/longer/heavier/lighter)
- Aches and pains, including frozen shoulder and trochanteric bursitis
- Recurrence or new onset of migraines or headaches
- Palpitations
- Anxiety/mood changes
- Fatigue or chronic fatigue
- Weight changes

Ask about ...

- Symptoms
- Impacts
- What have they tried already?
- What are their priorities to sort?
- What are they happy to try themselves?
- What do they need from you?





What might we support the patient before, during and after the consultation?

- Recommend period trackers
- Recommend symptom trackers ->

- Listen to symptoms and support with management options
- If you don't have expertise, ask another clinician to see

SYMPTOM	Not at all	A little	Quite a bit	Extremely	Comment
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty thinking					
Memory problems					
Attacks of anxiety panic					
Difficulty in concentrating					
Feeling tired or lacking in energy					
Lack of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pain or tightness in head					
Tinnitus (ringing or buzzing in the ear)					
Headaches					
Muscle and joint pain					
Pins and needles in any part of the body					
Breathing difficulties					
Hot flashes					
Double vision					
Loss of interest in sex					
Urinary symptoms					
Symptoms due to vaginal dryness					
SC009					

Approach to managing menopause

HRT is one piece of a jigsaw puzzle

Need to think about:

- Stress management
- Vitamin D
- Exercise
 - Strength training
 - As well as cardio
- Minimise caffeine and alcohol
- Reduce risks through lifestyle...although support to feel better alongside/before embarking on big other changes



Understanding the risks of breast cancer



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



Understanding risks...

- **Breast Cancer:**

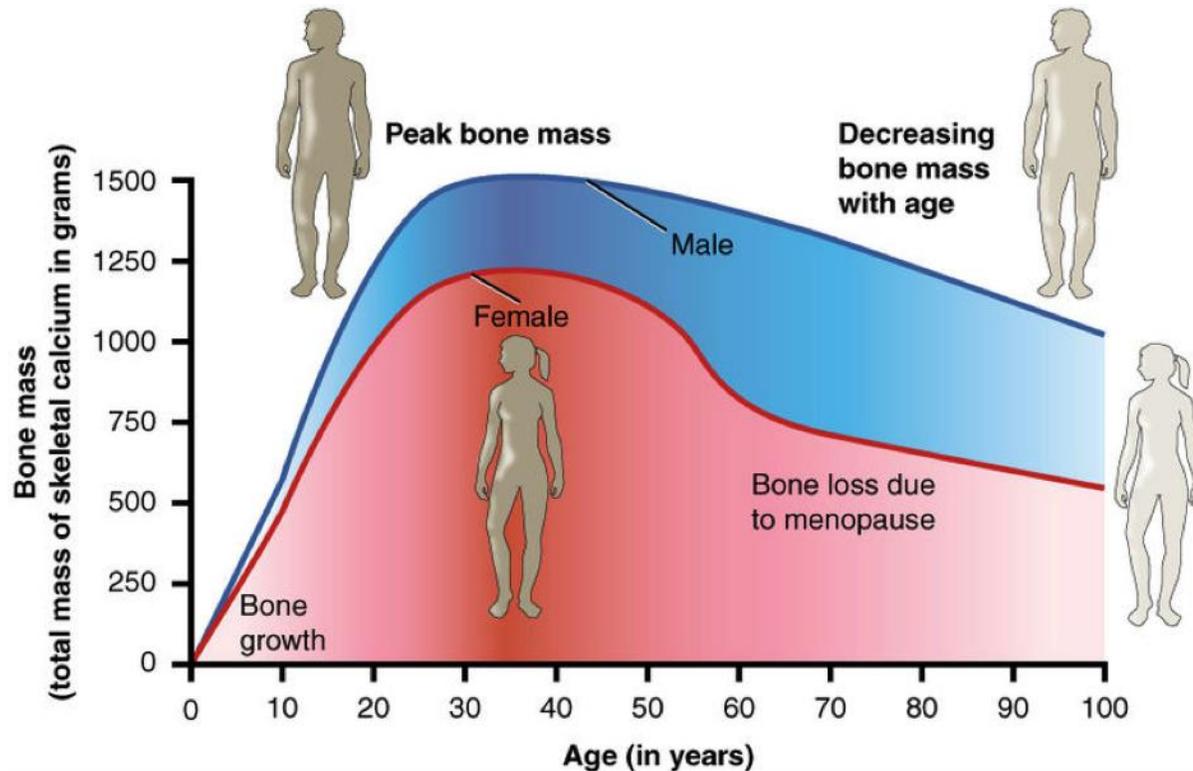
HRT does NOT change a normal breast cell into a cancerous one

HRT CAN increase the growth of existing cancer cells

Breast cancer risk is *dependent on the type of progesterone*

IF develop breast cancer, it may be caught earlier and is *not associated with increased mortality*

Bear in mind...the risk of reducing bone density



1:2 women will have an osteoporotic fracture in their lifetime

1:5 men will have an osteoporotic fracture in their lifetime

Optimise bone density
Strength
Ca and Vit D
HRT

A word on POI

- If menopause <40 years, increased risk of:
 - Cardiovascular disease in later life
 - Dementia
 - Osteoporosis
 - Recurrent UTI
- Oestrogen replacement until the age of 51 years so as to minimise these risks

Benefits of HRT

- Symptom control *
- Maintains bone density – first line option under 60 years for osteoporosis
- Reduces risk of cardiovascular disease if started within 10 years of menopause and/or under 60 years
- Improved brain health
- Reduces risk of bowel cancer

HRT ...the options

- **Oestrogen** – oral or transdermal
- If have a uterus, **also need progesterone**
- May also need progesterone if:
 - hysterectomy for endometriosis
 - Subtotal hysterectomy if fail progesterone challenge
 - Experience symptom benefit on progesterone
- **Vaginal Oestrogen:**
 - reduces risk UTI
 - improves continence when combined with caffeine reduction and pelvic floor exercises
 - Improves vulvovaginal health++
- **Testosterone** – for HSDD
 - May also benefit other symptoms (energy, brain clarity, mood, aches and pains) but limited research to support this
 - In my experience, 60-70% experience benefit



HRT



Lancashire &
South Cumbria
PRIMARY CARE TRAINING HUB

- Transdermal Oestrogen in patches, gels and sprays
- Progesterone can be:
 - Combined in patch as Femseven or Evorel Conti
 - Separate oral micronized progesterone
 - Slynd
 - Mirena coil

REMEMBER IF AGED UNDER 55 YEARS,
CONTRACEPTION NEEDED



Estradiol dose regimens

Table 2: Prescribed estrogen dose for ultra-low, low, standard, moderate and high dose regimens

	Ultra-low dose	Low Dose	Standard dose	Moderate dose	High dose
Oestrogel	½ pump	1 pump	2 pumps	3 pumps	4 pumps
Sandrena	0.25 mg	0.5 mg	1 mg	1.5-2 mg	3 mg*
Lenzetto spray	1 spray	2 sprays	3 sprays	4-5 sprays*	6 sprays*
Patch	12.5 µg	25 µg	50 µg	75 µg	100 µg
Oral estradiol	0.5 mg	1 mg	2 mg	3 mg^	4 mg^

* Off-license use
mg = milligrams

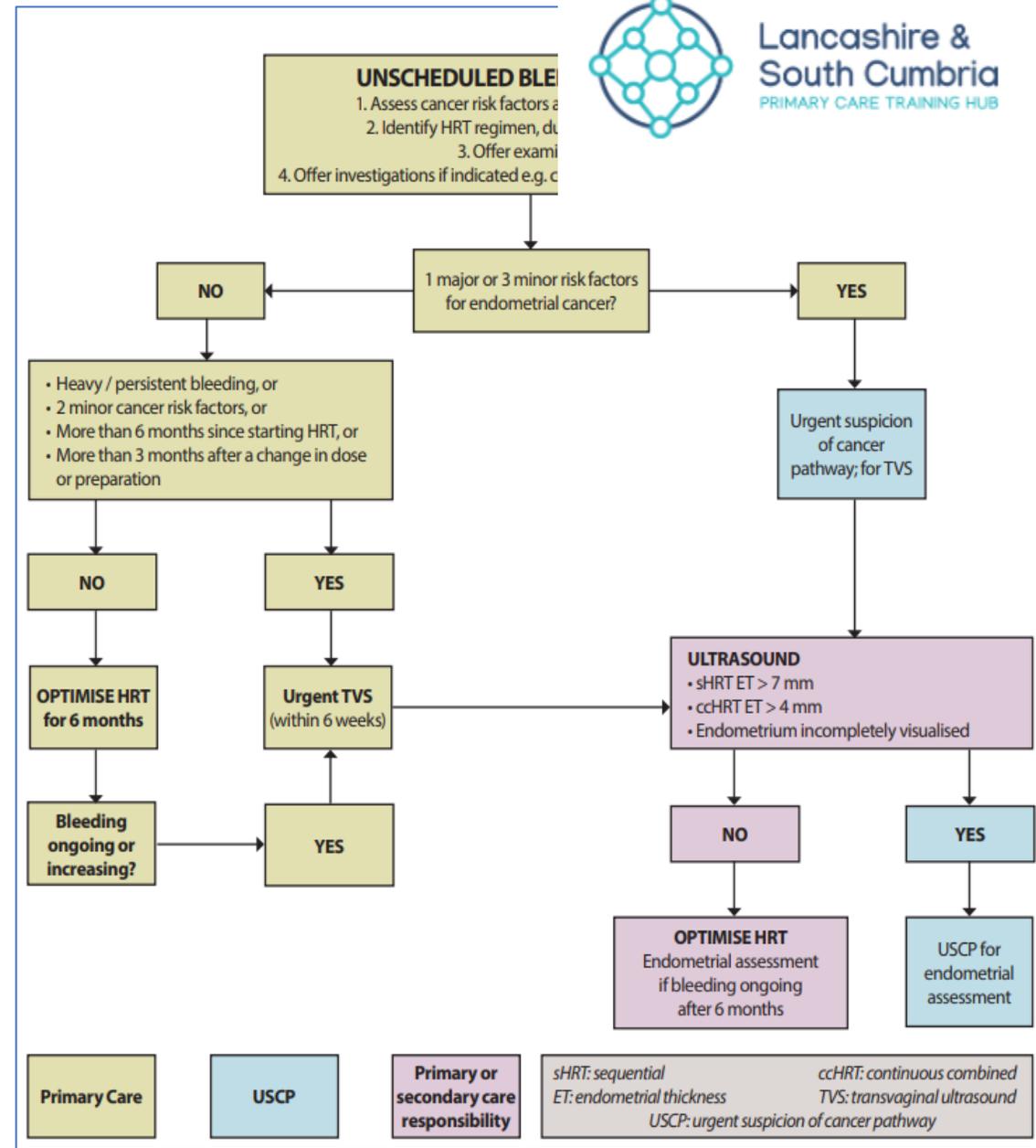
^ Off-license use – rarely required to achieve symptom control
µg = micrograms

**All combined patches contain 50mcg estradiol*



- MAJOR risk factors for endometrial cancer**
- BMI \geq 40
 - Genetic predisposition (Lynch / Cowden syndrome)
 - Estrogen-only HRT for > 6 months in women with a uterus
 - Tricycling HRT (quarterly progestogen) for > 12 months
 - Prolonged sHRT regimen: use for more than 5 years when started in women aged \geq 45
 - 12 months or more of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen

- MINOR risk factors for endometrial cancer**
- BMI 30-39
 - Unopposed estrogen > 3 months but < 6 months
 - Tricycling HRT (quarterly progestogen) for > 6 but < 12 months
 - > 6 months but < 12 months of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen
 - Where the progestogen dose is not in proportion to the estrogen dose for > 12 months (including expired 52 mg LNG-IUD)
 - Anovulatory cycles, such as in Polycystic ovarian syndrome
 - Diabetes



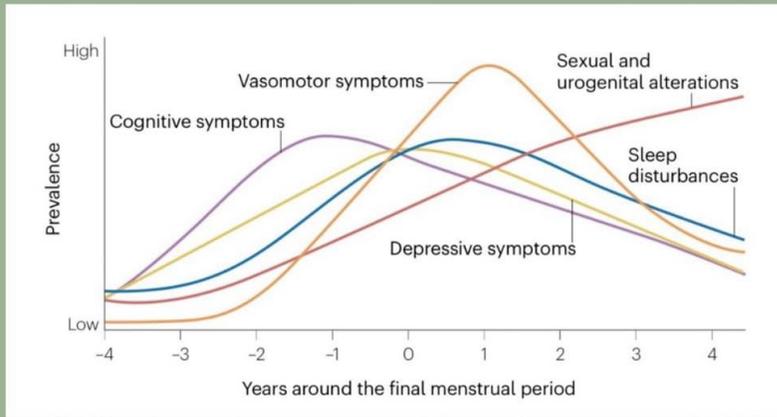
But what if?...

- Past history VTEtransdermal oestrogen
- Migraine with auratransdermal oestrogen
- Family history of breast cancer (not BRCA)...HRT does not change risk above personal risk so 'your risk is your risk'
- BRCA ...if has had risk reducing surgery, HRT to age 51
- Epilepsyenzyme inducing drugs may affect efficacy and oestrogen may affect lamotrigine levels – approach with caution
- Meningioma ...use lowest risk progesterone (micronized P or mirena) BUT liaise with neurology team

But bear in mind...

- Women need to be listened to
- Risks and benefits need to be explained
- Women may wish to make a decision that you don't agree with...don't close doors ...offer choice (which might be offering referral to menopause specialist)

Menopause as a biological and psychological transition



*But will this last for
ever?!*

Prevent the consequences of GSM

- Vaginal oestrogen is safe for ***almost*** every woman
 - Helps reduce the risk of urinary tract infections
 - Improves vaginal health and reduces pain on intercourse
 - Reduces urinary and faecal incontinence when combined with PFE
 - Helps support a comfy vulva
- Don't let women put their symptoms down to age...give them vaginal oestrogen
 - *the only possible exception is women with breast cancer WHO ARE TAKING Aromatase Inhibitors ...but even this is in question



Summary

- Listen to what women are telling you and be supportive
- If you can't help, ask someone who can
- Note that we are yet to have a functional pathway for referral to menopause specialist in our area so use the expertise in your practice/PCN

Useful resources

- For clinicians:
 - British Menopause Society (BMS)
 - Lots of supportive materials including unscheduled bleeding guidance
 - UKMEC guidance for contraception and risks
- For patients:
 - Women's Health Concern
 - Balance Menopause
 - Menopause Care Ltd

Contact: Catherine.munro7@nhs.net



QUESTIONS

Thank you for listening

Please complete our short online poll!



Next session: 17th March 2026

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Question and Answer



Web [Lancashire and South Cumbria Training Hub – Supporting Quality Education and Development in Primary Care](#) | **Facebook** [@LSCTHUB](#)