Recognition & Assessment

Patients

- **Menopause** is when your period stops permanently. It most often occurs in your 40s to 50s but can happen earlier or later. Perimenopause begins when you start to have symptoms and/or irregular cycles and ends one year after you stop experiencing a period.
- **Common symptoms you may experience in perimenopause and menopause:**
    - Vasomotor: hot flashes/flushes, night sweats
    - Genitourinary: vaginal dryness or pain, pain during sex, low sexual desire, heavy or irregular periods
    - Mood changes: depression, anxiety
    - Sleep problems or insomnia
    - Other: aches and pains, bladder control problems, brain fog or cognition problems, dry eyes hair and skin, weight gain, or palpitations
- **Talk to your primary care team about what to expect during the transition and plan with them on what to do if you experience bothersome symptoms.** Symptoms vary in severity and length for each person.
    - Some symptoms can be mistakenly attributed to menopause - **if you are experiencing symptoms but continue to menstruate regularly, you are likely not undergoing menopause.** Talk to your primary care team about your symptoms.
- Seek further evaluation from your healthcare team if you have **heavy or prolonged bleeding or bleeding after menopause**.
- Ask your primary care team about **reputable resources for information** about perimenopause and menopause.
    - My Menoplan
    - North American Menopause Society

Primary Care Systems & Providers (including OB/GYN, Midwife, Family Med, etc.)

- **Beginning at age 40, discuss perimenopause and menopause at annual visits**
  - **Most people in perimenopause and menopause experience some symptoms**, most commonly vasomotor (e.g., hot flushes/flashes, sweats) or genitourinary (e.g., vaginal atrophy, bladder control, sexual changes); proactively ask about symptoms rather than waiting for raised concerns.
  - Consider that it may be more difficult to identify perimenopause or menopause for those prescribed hormonal treatments for other reasons (e.g., heavy menstrual bleeding)
  - There are many varying views on perimenopause and menopause. Some people may be willing to discuss their experience with their healthcare team – some may not. Always approach discussion in a neutral way, grounded in the science of what happens to your body during perimenopause and menopause.
- **Provide anticipatory guidance on what to expect** around symptom variability, physical and mental health changes, and available evidence-based therapies for bothersome symptoms
  - Symptoms can range from mild to severe, and last for months to many years. It is important to discuss bothersome symptoms with a provider.
  - General symptom categories:
    - Somatic: joint pain, headaches, fatigue
    - Vasomotor: hot flushes/flashes, night sweats (including leading to sleep disruption)
    - Psychological/Behavioral: mood changes (e.g., anxiety, depression), cognition
    - Genitourinary: vaginal atrophy, bladder control, pain with sex, etc.)
  - Many people experience changes in weight during perimenopause and menopause. Provide guidance on lifestyle changes (e.g., nutrition, exercise) to support weight and symptom management
    - Consider referral to Registered Dietician for support with nutrition
  - Available treatments:
    - Menopausal hormone therapy is an effective treatment for bothersome symptoms, and can protect heart, metabolic, and bone health through aging
    - Non-hormonal treatments for specific symptoms (e.g., SSRIs for mental health concerns) may be helpful.

        - Some people find support in complementary and alternative medicines – provide information on evidence-based use of these therapies.
        - Ask about home remedies or cultural traditional practices used. Incorporate into the treatment plan.
- **Assess and document the following**:
    - Menstrual cycle changes, irregularity, and final menstrual period
    - Somatic, vasomotor, psychological/behavioral, and genitourinary symptoms prevalence and severity.
    - Cardiometabolic risk (e.g., ASVCD risk calculator PREVENT)
    - Overall impact on quality of life
- Ensure **screening with validated tools for behavioral health concerns** (e.g., PHQ-9, GAD-2/7) and referral to behavioral health care as indicated
- Use **validated symptom assessment tools** where able (e.g., MRS)???
- For those 45+, **diagnosis should primarily be made through patient history and symptom assessment**
    - Routine diagnostic testing is not necessary to confirm diagnosis (e.g., AMH, FSH, inhibin A & B, estradiol, antral follicular count, ovarian volume)
    - Pursue targeted evaluation when:
        - Bleeding is heavy, prolonged, and/or atypical
        - Pregnancy is possible
        - Thyroid disease suspected
    - FSH should not be utilized to identify menopause in those using combined estrogen and progestogen contraception or high-dose progestogen. Consider use only when:
    - Consider referencing STRAw+10 criteria for reproductive staging. If there is ambiguity, consider referral to OBGYN/Reproductive Endocrinology
- **Special considerations**
    - For those undergoing **oophorectomy**
        - Ensure pre/post-procedure counseling on what to expect from menopause, early symptom surveillance, and proactive management planning (symptoms may begin abruptly after oophorectomy)
    - For those with possible **Primary Ovarian Insufficiency (POI):**
        - refer to specialist for suspected POI
        - utilize trauma-informed care principles
    - For those receiving **gender-affirming hormone therapy**
        - Follow principles of high quality care for individuals who identify as LGBTQIA+: **Bree Collaborative LGBTQ+ Report and Guidelines** (reaffirmed 2025)

        - Do not assume anything about gender identity based on symptom profile
        - Recognize that menstrual cues and hormone levels will differ
        - Use symptom- and function-based assessment and monitoring to determine stage of perimenopause and menopause

Behavioral Health System & Providers

- Recognize menopause as a contributor to behavioral health. The menopause transition can impact sleep, mood, cognition, and overall quality of life.
- **Incorporate a brief menopause-informed assessment for all appropriate patients 40+.** The following are most common symptom categories:
    - Somatic: joint pain, headaches, fatigue
    - Vasomotor: hot flushes/flashes, night sweats (including leading to sleep disruption)
    - Psychological/Behavioral: mood changes (e.g., anxiety, depression), cognition
    - Genitourinary: vaginal atrophy, bladder control, pain with sex, etc.)
- **Coordinate with primary care**
    - In setting where behavioral health and primary care are integrated: communicate regularly with the other members of the primary care team regarding monitoring and treatment of behavioral health symptoms
    - In setting without integrated behavioral health and primary care: establish referral network for medical evaluation when symptoms suggest menopause
- **Special considerations**
    - For those who may be or are experiencing primary ovarian insufficiency or early menopause:
        - Early menopause or POI can be distressing; offer psychological support and referral pathway to community-based organizations or programs offering peer support
    - For those receiving gender affirming care:
        - Do not assume anything about gender identity based on symptom profile
        - Support answering hormone-related questions with their gender-affirming hormone therapy (GAHT) prescriber if applicable

Health Plans

- Indicate menopause-certified providers in an accessible provider directory.
- Promote evidence-based menopause support resources for all members beginning at age 40+
    - Encourage members to discuss perimenopause and menopause with their primary care team or provider
- Continue to support behavioral health integration and co-location with primary care.

Department of Health

- Incorporate menopause-related symptom burden and care access into relevant population health needs assessments and health system improvement initiatives
- Disseminate practical evidence-based resources to support primary care preparedness to recognize and management menopause