

# NSW Menopause Services

## Supporting severe and/or complex menopause

### Clinical priorities

Menopause is a normal reproductive stage. Many women experience menopause related changes such as vasomotor symptoms (hot flushes and night sweats), muscle and joint pains, sleep disturbance, bladder, vaginal and vulval problems, sexual dysfunction, diminished memory and cognitive function, mood changes and anxiety. Primary care providers manage most menopause symptoms. More severe or complex menopause may require specialised care.

NSW has defined severe menopause as symptoms that are disabling and impact quality of life, employment and personal relationships despite treatment in primary care. Management is defined as complex when menopause occurs:

- early, known as premature ovarian insufficiency
- secondary to medical treatments, such as chemotherapy, radiotherapy or surgery
- in women who have a complex medical history.

Among women younger than 55 years who are post-menopausal, **a quarter experienced moderate to severe bothersome hot flushes and night sweats.**<sup>1</sup>



#### Awareness and access to care

**4 in 10 women** with bothersome symptoms **are not accessing care with a general practitioner (GP).**<sup>2</sup>



#### Early menopause

**1 in 10 women experience early menopause**, occurring (before age 45) and 1 in 25 experience premature ovarian insufficiency (before age 40).<sup>3</sup>



#### Secondary complications

**Increased risk of cardiovascular disease, stroke, osteoporosis and poor mental health** following menopause.

### Key areas to improve support for people with severe and/or complex menopause.



#### Awareness and capability building in primary care

Care providers are skilled and supported to manage severe and/or complex menopause.



#### Holistic assessment

Comprehensive history incorporates physical and psychosocial elements.



#### Clear referral pathways to dedicated menopause services

Identifiable pathways for referrals to menopause services enable timely triage and care coordination.



#### Moving to team-based care

With the patient as partner, coordinated treatment is planned with a multidisciplinary team.



## Awareness and capability building in primary care

- Raising awareness, supporting and building capacity in primary and community care providers is essential. Healthcare providers have varying levels of experience and expertise in managing menopausal symptoms.
- Primary care is central to the model of care. They will conduct comprehensive assessments using patient-reported outcome measures (PROMs) to guide what matters to the patient.
- GP shared care and case conferencing models deliver care and provide opportunities for capability building.



## Clear referral pathways to dedicated menopause services

- Clear and identifiable pathways need to be established for referrals from GPs, primary care and other medical specialists to menopause clinical specialist services, regardless of geographical location.
- Efficient referral pathways ensure timely access to specialised menopause care for complications associated with menopause management.
- Upon referral, timely triage and care coordination will occur to support the severity and complexity of symptoms.
- Virtual care provides access to care closer to home and flexibility for the person receiving care.



## Holistic assessment

- Factors including socioeconomic status, culture, education, stress and social support may influence an individual's experience of menopause and severity of symptoms.
- A collaborative patient-centred approach between the patient and the care team will tailor an individualised treatment plan. PROMs will help guide what matters most for the patient.
- A person's health and wellbeing will be considered beyond just hormonal, reproductive and physiological health.



## Moving to team-based care

- An alternative workforce model is for a skilled nurse or allied health practitioner to act as a care coordinator. The coordinator will support triage and multidisciplinary team involvement. They can ensure the person has access to specialist care, as required.
- A multidisciplinary team delivers comprehensive, patient-centred care. Care will address physical, social and psychological needs. The team may include specialist medical, nursing and allied health practitioners.
- This can reduce secondary complications that may arise from this transition.<sup>4,5,6</sup>

## References

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2. Jean Hailes for Women's Health. [The impact of symptoms attributed to menopause by Australian women](#). Australia: 2023 [cited 13 Dec 2023].
3. European Society of Human Reproduction and Embryology. Guideline on the management of premature ovarian insufficiency. *Hum Reprod*. 2016;31(5):926-37.
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