Girls stuff

Topics

- Periods
- Menopause & HRT
- Contraception
- Vulva problems

Menorrhagia

- Excessive menstrual loss occurring with regular or irregular cycles
  - Ovulatory
  - Anovulatory
- Usual blood loss 30-40ml per cycle
- Menorrhagia > 80mls

- Ten fold increase in menstruation during reproductive life
  - Reduced family size
  - Less lactation
  - Earlier menarche and later menopause
  - Increased risk negative iron balance with typical diet

Menorrhagia

Aetiology

- Physiological
  - Perceived increased loss - stopped pill
- Congenital (increased endometrial surface area – bicornate uterus)
- Neoplastic - fibroids, endometrial polyps, hyperplasia
- Adenomyosis
- *Traumatic (e.g. IUD)*
- Infective (Chronic PID)

Menorrhagia

- Dysfunctional Uterine Bleeding (hormonal) - exclude pelvic pathology

- Metabolic - consider thyroid dysfunction
- Blood disorders
- Iatrogenic (anticoagulation)

Assessment

- History often inaccurate but remains diagnostic - based on patients assessment of her menstrual loss
  - ask about soaked pad use
  - Flooding and clots
  - days of menstruation / cycle
- Examination
  - Weight / signs of endocrine disturbance
  - Pelvic examination, smear/ swabs indicated?

Investigations

- FBC +/- ferritin
- Thyroid function tests
- Also consider
  - Clotting disorders
  - Swab results
  - Ultrasound
  - Endometrial biopsy

Treatment

- Exclude and treat pathological causes

- **Anovulatory**
  - Consider oral contraceptive pill
  - Cyclical progestogens to induce regular withdraw bleed
  - Acute arrest heavy bleeding with higher dose progestogen

Treatment

- **Ovulatory**
  - NSAIDs (reduces dysmenorrhoea)
  - Antifibrinolytics
  - Oral contraceptive (supresses ovulation/ dysmenorrhoea)
  - IUS
  - Referral for
    - Endometrial Ablation/resection
    - GnRH analogue
    - hysterectomy

Amenorrhoea

- Primary
  - No menstruation by 14 years with growth failure or absence of secondary sexual characteristics or no menstruation by 16 years
- Secondary
  - absence of menses > 6 months / cycles in a previously menstruating woman.

Amenorrhoea-aetiology

- Organ/ outflow tract dysfunction

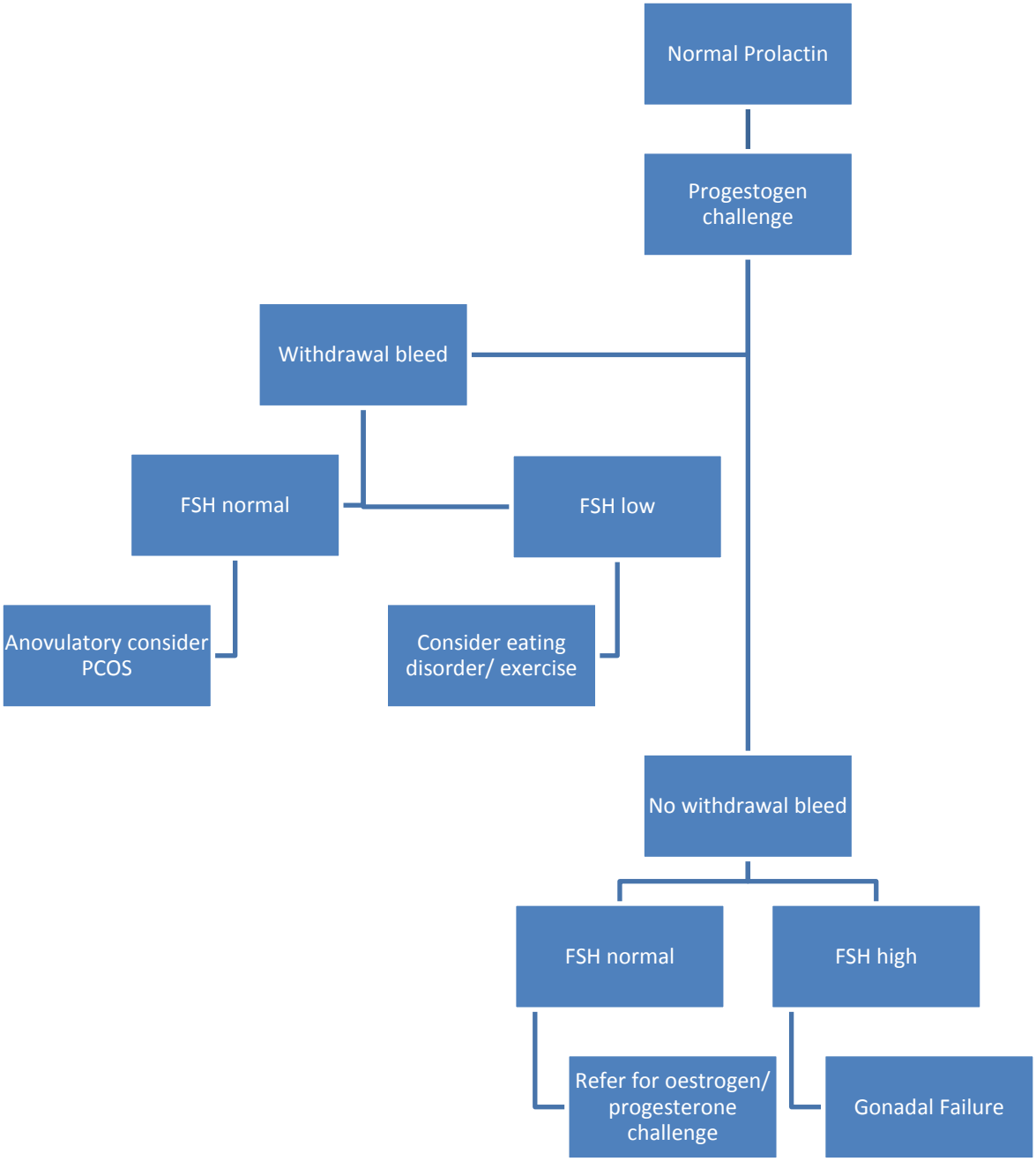
- Gonadal failure
- Pituitary dysfunction
- Hypothalamic
- Thyroid / adrenal

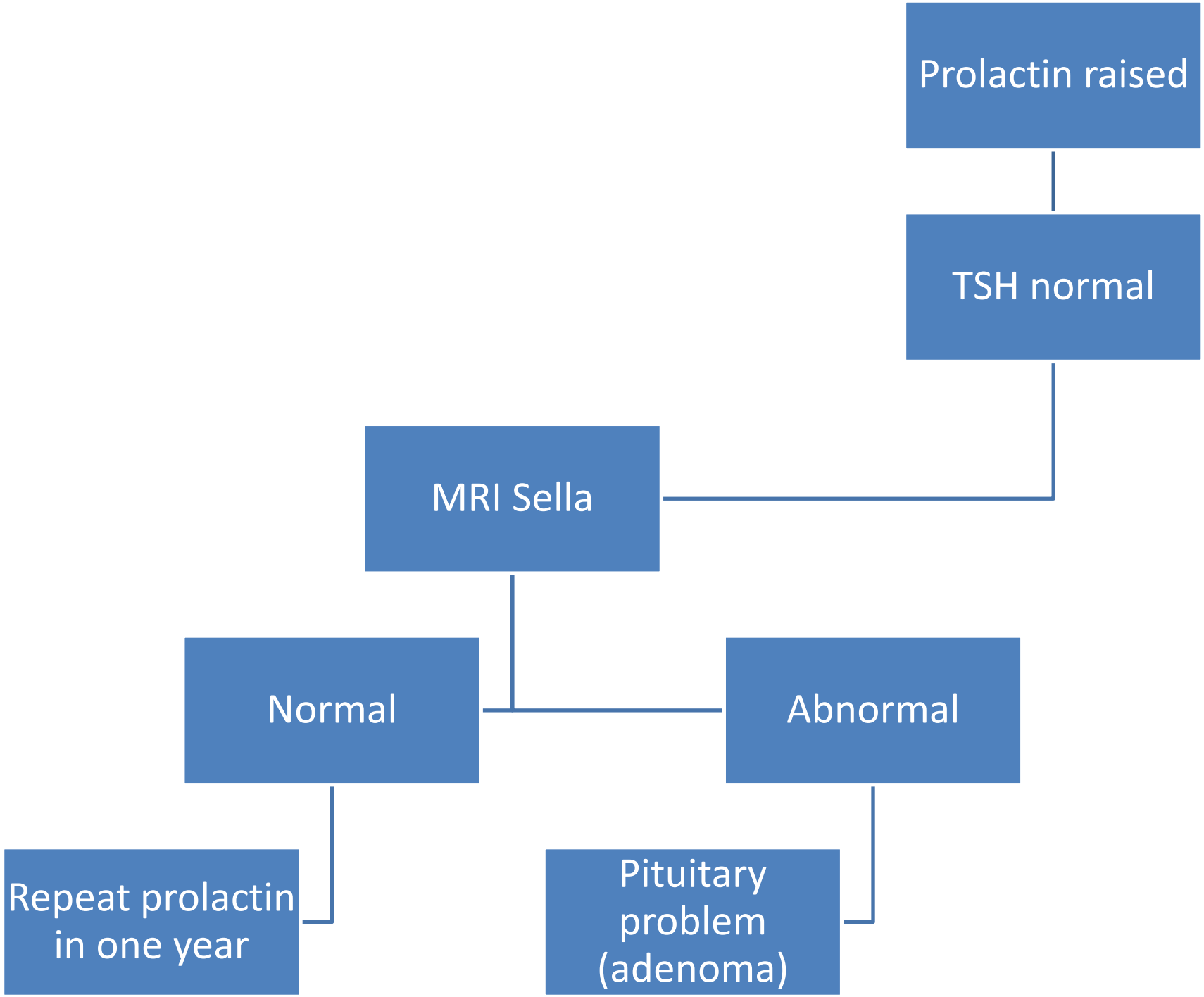
Assessment

- Ask about…
  - pregnancy
  - galactorrhoea
  - weight change and exercise
  - hirsutism
  - flushes
  - h/o pelvic pain

Investigations

- Prolactin levels - x2
- Thyroid function tests
- Serum FSH, LH, testosterone
- Ultrasound of Pelvis
- Consider genetic testing


Normal Prolactin
Progestogen challenge
Withdrawal bleed
FSH normal
FSH low
Anovulatory consider PCOS
Consider eating disorder/ exercise
No withdrawal bleed
FSH normal
FSH high
Refer for oestrogen/ progesterone challenge
Gonadal Failure


Prolactin raised
TSH normal
MRI Sella
Normal
Abnormal
Repeat prolactin in one year
Pituitary problem (adenoma)

Treatment

- Persistently raised prolactin - refer for assessment of pituitary
- Manage thyroid problems
- Normal results - Progesterone challenge
  - Withdrawal bleed – PCOS
  - No withdrawal bleed
    - Raised FSH -ovarian failure
    - Normal FSH - structural problem
    - Low FSH – functional hypothalamic

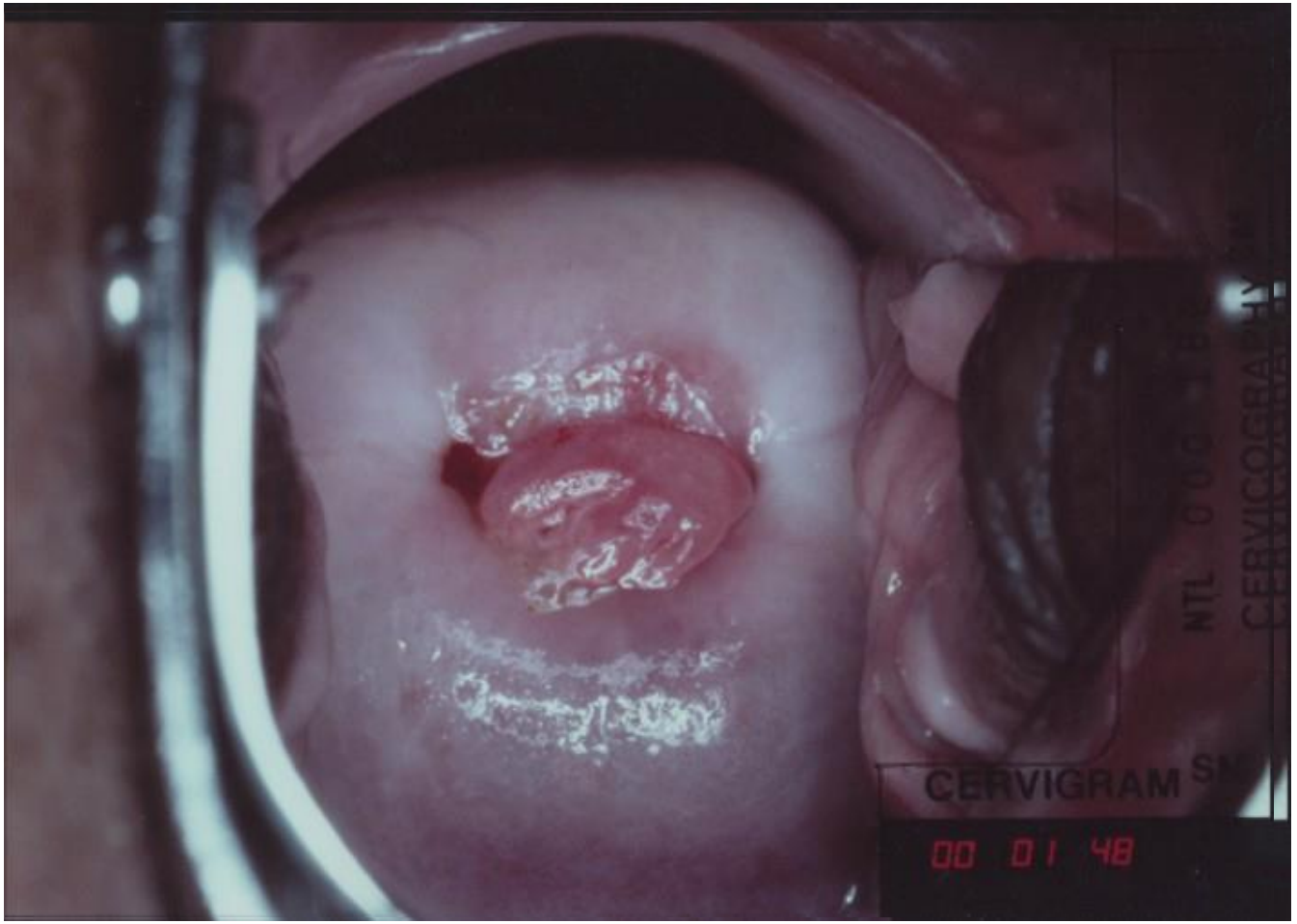
Intermenstrual Bleeding

- Bleeding occurring between normal menstrual times
- take a careful Hx
  - regular mid cycle can occur at ovulation or with CHC
  - ? Associated with SI
- associated with cervical carcinoma or endometrial hyperplasia/ carcinoma

Intermenstrual Bleeding

- **Assessment**
  - Examination of cervix
- **Investigate**
  - with smear if within screening schedule
  - consider swabs for infection
  - Investigate with scan/ pipelle
- **Refer** ? cause found

Cervical Polyp



Menopause

- Definition
  - LMP > 12months ago (retrospective)

- Average age menopause 1900s, 45 years
- Life expectancy 1990s, 45 years

- Average age menopause 2014, 51years
- Life expectancy 2014, 82 years

Pathophysiology of Menopause

- Follicles fail to develop
- FSH and LH levels persistently elevated
- Estrodiol levels low stable level
- Periods stop

Symptoms

Physical

- Flushing
- Fatigue
- Joint pains
- Palpitations
- Formication

Pycholoigical

- Poor concentration
- poor memory
- Low mood / mood swings
- Irritability
- Panic attacks

Sexual Symptoms

- Low libido
- Vaginal irritation/ dryness
- Atrophic changes
- Dyspareunia
- Body image change?

Assessment of Menopause

- Symptom assessment
  - Menopause rating scales
  - “How much is it affecting your life at home and at work?”
- Menstrual History
- Health assessment
  - cardiovascular health and bone health
- Diet and lifestyle
- Sexual health and contraception

Investigations

- Is it the menopause?
  - FSH
- Guided by general findings and next step
  - FBC
  - Thyroid Function
  - LFTs
  - Lipids
  - Thrombophilia?

Premature menopause

- Usually considered as menopause < 40years
  - affects about 1% women

- Accounts for around ¼ presentations of secondary amenorrhoea
- as many as 1/3 presentations of primary amenorrhoea (Primary Ovarian Failure)

Diagnosis/ Definition

Premature Ovarian Failure

- Amenorrhoea
- Raised LH/ FSH
- Reduced Oestradiol

Aetiology of Premature Menopause

- Idiopathic (most common)
- Primary
  - Chromosomal
  - Enyzme deficiencies (galactosaemia)
  - Autoimmune disease
- Secondary
  - Chemotherapy / radiotherapy
  - Infection
  - Surgical

Assessment

History

- Pregnancy/ Ectopic
- FH
- PMH autoimmune disease
- Weight Change

Investigations

- Hormone levels
  - FSH + Estradiol (6w)
  - LH
  - Prolactin
  - Testosterone
  - TFT
  - TIMING OF TESTS
- Pelvic USS
- BMD

Treatment Aims

Immediate Issues

- Infertility
- Menopausal Symptoms

Long term Health

- Osteoporosis risk increased
- Increased risk cardiovascular disease
- Dementia risk increased
- Sexual Function and vaginal symptoms

Management

- Hormone Replacement Therapy
  - Recommended that women take HRT up to the age of “natural” menopause
- Combined Oral Contraceptive
- Lifestyle Issues
- Counselling

Other resources for help

- **The Daisy Network** – A patient run support group based in UK www.daisynetwork.org.uk
- **International Premature Ovarian Failure Association** www.pofsupport.org
- **Human Fertility and Embryology Association** – Information about IVF and clinics www.hfea.gov.uk
- **National Gamete Donation Trust** – Information about donor eggs www.ngdt.co.uk

HRT

Before starting

- Assess symptoms and severity
  - affect on QoL/ manage expectations
- Assess CVD risk
- Assess Osteoporosis risk
- Check menstrual history/ pattern
- FH/ PMH
  - thromboembolic disease
  - increased cancer risk

HRT information and advice

- Other available treatments
  - Non pharmacological
  - SSRIs/ clonidine
  - alternative treatments for bone health
  - Topical oestrogens / moisturisers for vaginal dryness
- Breast Screening
- Cervical Screening
- Advice on contraception
- Lifestyle modifications
- REVIEW in 3 months

HRT information and advice (NICE)

- Risks and Benefits for ANY HRT (per 1000 women 50-59 over 7.5y)
  - 1 fewer incidence CHD
  - 2 more incidence stroke
  - 1 more incidence VTE
  - 7 more incidence breast cancer
  - 16 fewer incidence fragility fracture

Contraindications to HRT

- Breast Cancer
- Undiagnosed vaginal bleeding
- Untreated endometrial hyperplasia
- VTE unless on anticoagulation
- Recent thromboembolic disease/ MI
- Untreated hypertension
- Active liver disease
- Pregnancy

HRT

Route of Administration

- Oral/ transdermal
- Topical
  - Low dose oestrogen
  - Tablet/ cream/ ring
- IUS
  - Delivery for progestogen component
  - Within perimenopause, provides contraception

HRT choice

- Natural Oestrogens
  - Conjugated oestrogen, estrone, estriol
- Synthetic Oestrogens
  - Ethinylestradiol
- Progesterogens
  - Medroxyprogesterone, dydrogesterone, drospirenone less androgenic than norethisterone and levonorgestrel
- Tibolone
  - Synthetic compound with oestrogenic, progestogenic and androgenic activity (only for >1 year after menopause)

Which HRT regime?

- Women without a uterus
  - Oestrogen only
- Women with uterus
  - combined oestrogen with progestogen
  - cyclical or continuous
    - continuous not suitable in perimenopause or within 12 months of LMP

HRT

- Dose?
  - Lowest possible dose for symptom control
  - Often age dependent
- Review
  - after 3m then annually
- Duration of treatment
  - Vasomotor symptoms median duration 7years
  - consider 2-5 years then reduce/ stop and reassess

Contraception

- Barrier methods
  - Condoms
  - Diaphragms/ Caps with spermicide
- Short acting
  - Pill POP/ CHC
  - vaginal rings
  - Patches
- Long acting
  - Implant
  - Injection
  - IUD/ IUS
  - (sterilisation)

Method of contraception	Percentage of women experiencing unintended pregnancy With typical/normal use	Percentage of women experiencing unintended pregnancy With perfect use
None	85	85
Natural methods	24 (25)	0.4-5 (1-9)
Withdrawal	22 (27)	4
Spermicide	28	18
Female condom	21	5
Male condom	18 (15)	2
Diaphragm	12 (16)	6
Cap (parous women)	(32)	(20)
Cap (nulliparous women)	(16)	(9)
Tablets - combined and progestogen-only contraceptive pills	9 (8)	0.3
Contraceptive patch	9 (8)	0.3
Vaginal ring	9 (0.96)	0.3 (0.64)
Injectable progestogen	6 (3)	0.2 (0.3)
Etonogestrel implant	0.05	0.05
Copper intrauterine contraceptive device	0.8	0.6
Levonorgestrel-releasing intrauterine system (LNG-IUS)	0.2 (0.1)	0.2 (0.1)
Female sterilisation	0.5	0.5
Male sterilisation	0.15	0.1 (0.05)

Choosing contraception

- Fits in with life
- Menstrual history
- Medical History/ examination
  - BMI
  - Smoking
  - Blood pressure
  - Breast cancer/ FH
  - VTE/ FH
  - Migraine/ aura
- Health promotion
  - Infection screening/ smear/ breast awareness

Pills

CHC (Also Patch/ Vaginal Ring)

- Taken 21/28 days
- Regular withdrawal bleed/ control cycle
- If low risk up to 50y
- 12h window
- >35y/ increase risk VTE, breast cancer, BMI>35 increase VTE

POP

- Taken continuously 28d
- Periods less predictable
- take up to 55y
- 3h or 12 h window
- Suitable when breast feeding

Pills

- Efficacy user dependent
- Pill teach
- Missed pill rules
- When to use emergency contraception

Progesterone Only (LARC)

Injectable

- 12w
- Periods unpredictable
- Delay return of fertility
- Effect on bone density in younger users

Implant

- Effective for 3y
- Periods unpredictable
- Finding clinic to inset and remove

Intrauterine device (LARC)

IUS

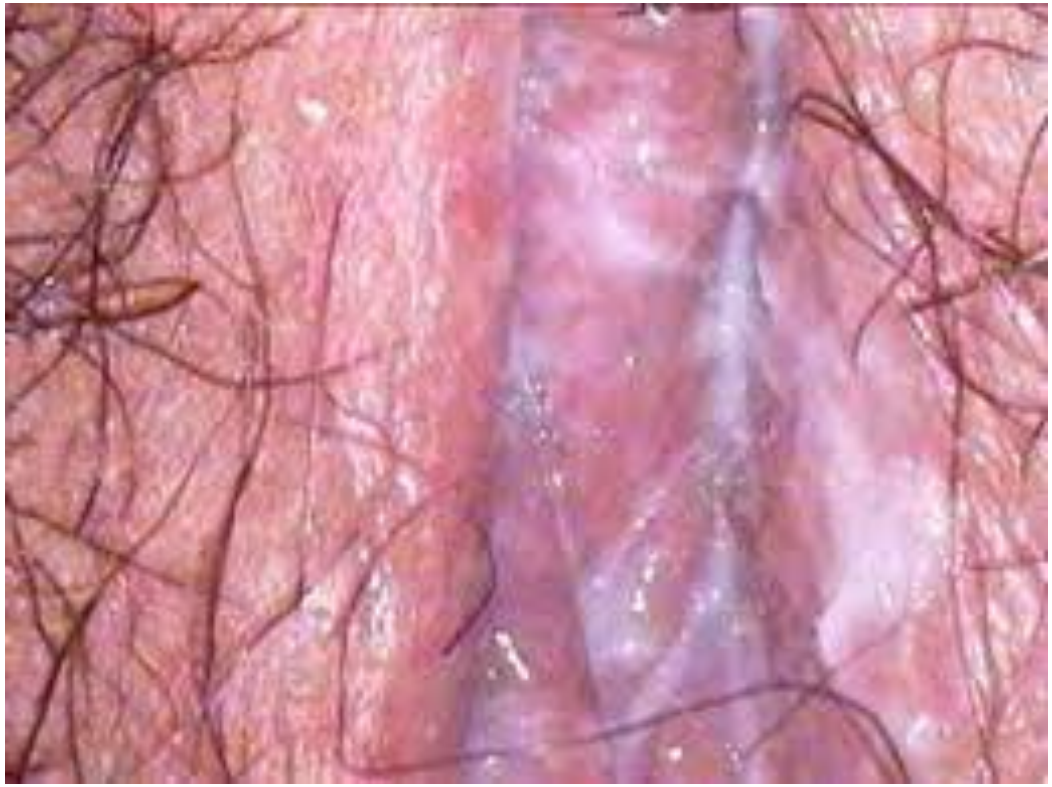
- Works for up to 5y
- Immediately reversible
- Shorter lighter periods
  - Spotting early on common
  - Some hormonal SE
  - discharge

Cu- IUD

- Effective for 5-10y
- Hormone free
- periods may become heavier
- Can be used as effective emergency contraception

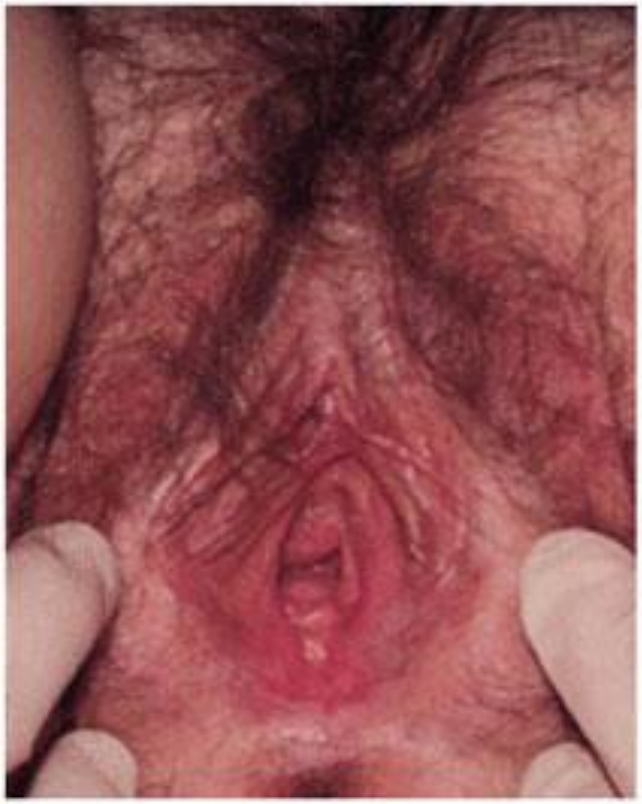
Other contraception?!

Candida



Post menopausal Vaginal Atrophy

Atrophy: The Clinical Picture

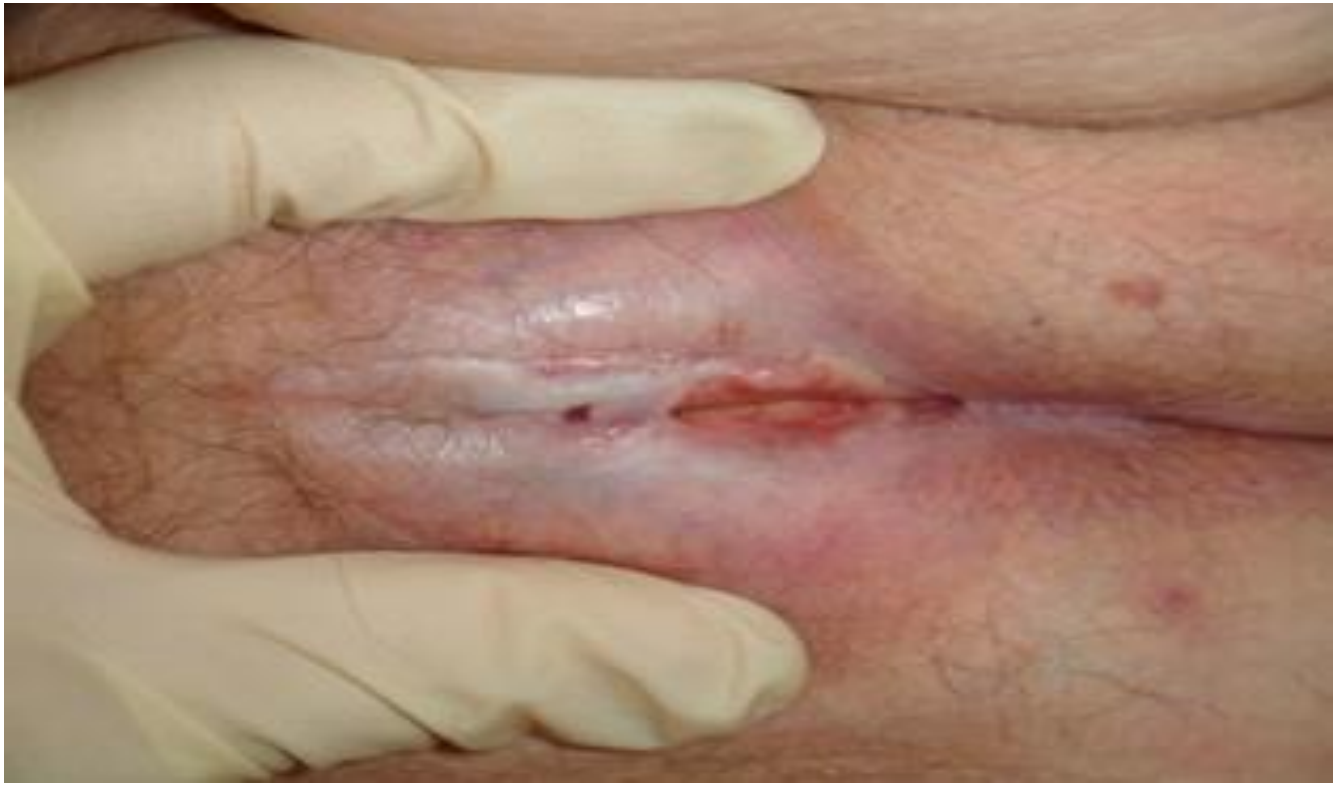


- 2 years since natural menopause
- Loss of labial and vulvar fullness
- Pallor of urethral and vaginal epithelium
- Narrow introitus
- Minimal vaginal moisture
- Loss of urethral meatal turgor

Bachman GS, Nevadunsky NS.
Available at http://www.aafp.org/afp/20000315/3090.html

Medscape

Lichen Sclerosus



Lichen simplex

Lichen Planus