

# Updated menopause toolkit offers improved assessment and treatment

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Care for women with menopausal health issues should improve globally

following the release of an updated Monash University-led toolkit that guides health professionals around the world in assessing and treating them.

Endorsed by the International, Australasian and British Menopause Societies, the Endocrine Society of Australia and Jean Hailes for Women's Health, the 2023 Practitioner's Toolkit for Managing the Menopause is designed to be used anywhere in the world.

Published in [Climacteric](#), the Toolkit has been updated and enhanced from [the original 2014 Toolkit](#) for practitioners with new advice and therapies based on a systematic review of the latest [menopause](#) research and best practice.

As well as outlining the latest general treatment guidelines, it offers bone health guidance as part of a menopause health assessment. For example, clear guidelines about when menopause hormone therapies (MHT) might be needed to prevent bone loss and osteoporosis in asymptomatic women were lacking in 2014.

The update also incorporates new medications including fezolinetant (hot flushes), ospemifene (painful sex), and vaginal DHEA (vaginal dryness), with some soon to be available in Australia.

First author and Monash University Women's Health Research Program head Professor Susan Davis, who also led development of the 2014 [Toolkit](#), said the update included some new therapies but did not support MHT for [cognitive symptoms](#) or clinical depression.

"For cognitive symptoms, [clinical trials](#) have not shown a benefit of MHT for cognitive function," Professor Davis said. "The most robust studies have shown it to be no better than placebo."

"Regarding depression, menopause may cause symptoms such as low mood, anxiety, irritability, and mood swings, but clinical depression needs to be assessed and managed in its own right. Menopause might exacerbate underlying depression but should not be assumed to be the cause of [clinical depression](#)."

Professor Davis said the advice was now much clearer around preventing bone loss and fracture.

"To our knowledge this is the only document that provides guidance for using hormone therapy to prevent fracture," she said. "Other recommendations have been vague such as 'can be used to prevent [bone loss](#)/fracture' or 'use to treat osteopenia.'"

Senior author Dr. Rakib Islam, from the Monash University School of Public Health and Preventive Medicine Women's Health Research Program, said the updates would make a difference for many.

"The 2023 Practitioner's Toolkit is the most up-to-date evidence-based practical guidance for [health care providers](#) to menopause care globally," he said.

Professor Davis said it was important for women to see their GP if they experienced troubling physical or mental health symptoms, and the update aimed to ensure GPs were well equipped.

"We have updated this as part of an NHMRC Grant to upskill GPs and to embed the care algorithms into GP practice software in the [MenoPROMPT](#) study program, which aims to improve care for women who need it," she said. "This is a very important feature of this update."

The paper's authors said the recommendations needed to be applied in the context of local availability and the cost of investigations and drug

therapies. "Most importantly, the Toolkit provides the full spectrum of available options and therefore can be used to support shared decision making, and patient-informed care," they wrote.

**More information:** The 2023 Practitioner's Toolkit for Managing Menopause, *Climacteric* (2023). DOI: [10.1080/13697137.2023.2258783](https://doi.org/10.1080/13697137.2023.2258783). [www.tandfonline.com/doi/full/10.1080/13697137.2023.2258783](https://www.tandfonline.com/doi/full/10.1080/13697137.2023.2258783)

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