

GYNAECOLOGY & OBSTETRICS UPDATE

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Please write to me
with any questions or
suggested topics to be
discussed on
the
Gynaecology
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Update

GYNAECOLOGY & OBSTETRICS UPDATE: THE FEEDBACK

I am very pleased with the tremendous feedback I have received after the circulation of the first issue of this newsletter. I am very proud of its authorship as I am equally proud of my numerous published papers in Obstetrics and Gynaecology. There is a consensus to keep the newsletter as **one page**, include basic as well as recent knowledge and to be published **monthly** (I will try my best!) . **However I would like to emphasize that the aim of this newsletter is to share basic and recently published data rather than establishing local protocols.**

DIAGNOSIS OF MENOPAUSE AND CLIMACTERIC

Menopause is the cessation of menstruation. It is recognized to have occurred after 12 consecutive months of amenorrhoea. The transitional time leading to the menopause during which ovarian function is gradually declining is known as the "climacteric". Symptoms of hot flushes, night sweats, insomnia, mood changes, anxiety, irritability and loss of memory can occur due the decline of estradiol level during the climacteric but before the menopause. Therefore what are known as the menopausal symptoms may therefore become apparent for some years before the last period (i.e. menopause) due to the decline of ovarian failure during the climacteric.

Hormone Levels

The decline of oestrogen production is associated with a reciprocal rise in FSH and LH. In the climacteric, spells of elevated FSH and LH levels can be followed by normal levels with subsequent ovulation and possible conception. One-off elevated FSH and LH levels **SHOULD NOT** be used to give advice about the menopausal status and contraception. **Two elevated FSH levels and reduced estradiol levels 6 weeks apart are more accurate to confirm the menopausal status.**

Symptoms

In women above the age of 45, the onset of acute symptoms is often sufficient for the diagnosis of the climacteric. Take into consideration risk factors for early menopause (when decline of ovarian function can occur years before the average age of menopause of 51): Chromosomal & autoimmune disorders, familial, chemotherapy, radiotherapy, early hysterectomy (even with ovarian conservation as menopause occurs on average 4 years earlier than normal). **HRT may be required to control what are known as menopausal symptoms during the climacteric even in absence of persistence elevated FSH levels and in presence of menstrual periods.**

Whitehead et al.: An Atlas of The Menopause, 1993.