



## Case: Menopause

### Candidate brief

You are an FY1 on your GP rotation.

Please take a focused history from Linda Bowley, a 48-year-old female who has come to see you regarding her recent changes in mood and intolerable 'heat' disturbing her sleep.

10 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>1. The examiner will ask you some questions following the history (3 mins)</li></ol>
15 mins	<ol style="list-style-type: none"><li>2. Please take a full history (7 mins)</li><li>3. Counsel her with an appropriate management plan (4 mins)</li><li>4. Viva with the examiner afterwards (4 mins)</li></ol>

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Reviewers: Dr Amelia Seifalian, FY1, Essex, Bedfordshire and Hertfordshire (EBH) Deanery & Dr Livia Samara, Junior Clinical Fellow in O&G, Wales Deanery



## Patient Brief

(Do not volunteer information unless asked)

**Name:** Linda Bowley

**DOB:** 12/07/1962 (48 years old)

**Job:** Divorce solicitor

**Opening statement:** "I've not been able to sleep recently for the last few months as I'm just getting so hot. My face goes completely red and I feel as if I've got 10 layers on. It's been really disturbing my sleep and so I feel I've been a lot more irritable towards others recently too. It's really affecting my life."

### HPC:

Hot flushes:

- Started 5/6 months ago
- Becoming more and more frequent, now affects me every day
- Affecting work and social life
- Splashing cold water on my face does not help at all

### Associated symptoms

- Recent insomnia over last few weeks
- Loss of libido
- Pain with sexual intercourse, pain comes on as sexual intercourse is initiated and it is felt inside the vagina
- No fever, weight loss or loss of appetite

### Obs Hx

- Two pregnancies in the past, one SVD at term, uncomplicated, and one miscarriage at 18 weeks G2P1+1

### Gynae Hx

**Period: Last menstrual period:** 2 weeks ago

- Always had regular periods every month but over the past year my periods have been very irregular. I now bleed roughly every 40 – 60 days but it's hard to monitor
- **Amount** – Recently lighter
- **1<sup>st</sup> period** – at **14 years old** and mostly regular **up until the last 10 months**

**Smears:** up to date, all normal

**STIs:** Nil

**Contraception:** Currently using condoms, have used COCP in the past

**PMHx** – Appendix removed 5 years ago, nil else significant

**DHx** – **NKDA.** Nil significant



**FHx** – Nil significant

**SHx** - Doesn't smoke, or use recreational drugs; Drinks socially; Lives at home with husband and daughter

**Other information:**

- Other systems review - normal

**Ideas:** Lots of my friends are telling me this is menopause but I hadn't really thought about it at all – I always thought that would happen when I'm much older!

**Concerns:** My symptoms are getting in the way of my work. I've heard HRT might help, should I take it?

**Expectations:** Want to be offered suitable options to manage my situation and allow me to move in with my life.



**Investigations findings** (Provide it after history talking or to enquire candidate about differential diagnosis)

**INVESTIGATIONS:**

BMI – 20kg/m<sup>2</sup>

Speculum Examination – normal examination.

Bimanual Examination - normal examination.



## Examiner Brief

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15 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Counsel her with an appropriate management plan (4 mins)</li> <li>3. Viva with the examiner afterwards (4 mins)</li> </ol>
10 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Viva with the examiner afterwards (3 mins)</li> </ol>

- **Please do not provide any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills

2. Formulation of clinical issues

3. Discussion of management

4. Professional behaviours and patient centred approach

Positive descriptors	Marks
History/Clinical skills (18)	
Appropriate introduction, elicit patient details and invite consultation	2
<b>Hot flushes:</b> Onset, Time course, Exacerbating factors & Severity	2
Time course: How long does it last? How often do you experience it?	2
Associating symptoms: night sweats? Irregular bleeding? Muscular aches and pain? Mood changes? Lack of libido? Vaginal dryness?	2
<b>Menstrual history</b> – age at time of menarche, LMP, regularity of periods and characteristics	2
<b>Gynaecological</b> history – contraception, STIs, cervical screening	2
<b>Obstetric</b> history – Gravity, Parity, outcome of pregnancies	2
Enquire about <b>risk factors (for HRT)</b> : Blood clots, Heart disease & stroke, and Breast Cancer.	2
Past medical (surgical) history; drug history, family history, social history	2
Formulation of clinical issue (5)	
Summary and <b>interpretation</b> of clinical findings <b>accurately</b>	2
Good range of differential diagnoses	1
Viva	2
Discussion of management (4)	
Build patient concerns into plan and justify choice of investigations	2
Demonstrate MDT approach	1
Viva (Management)	1
Professionalism and patient centered approach (3)	
Able to elicit patient ideas, concerns, expectations	1
Use empathic behaviour and language	1
Explain accurately, uses everyday language and check for understanding	1
Professional communication to examiner as colleague	1



**Viva Questions:** (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resource: Menopause: diagnosis and management, NICE guideline [NG23]

1. Differential diagnosis	Menopause/perimenopause Atrophic Vaginitis Pelvic inflammatory disease (PID) <b>Rule out:</b> Endometrial cancer, other pelvic cancers/sinister disease, carcinoid tumour
2. What is the definition of menopause?	Menopause is retrospective diagnosis made after a woman has no periods for 12 months and permanent cessation of menstruation. This usually happens between the ages of 45 and 55. Menopause happens when your ovaries stop producing oestrogen and no longer release eggs.
3. What are the benefits of HRT and what are the risks?	<b>Benefits</b> of HRT: Manages the symptoms of menopause including hot flushes, night sweats, mood swings, vaginal dryness and lack of libido. It also reduced the risks of osteoporosis while taking it.  <b>Risks</b> of HRT: Blood clots, Heart disease & stroke, and Breast Cancer.
4. Do I still need contraception?	If age <50 years old – need contraception for 2 years after LMP If age >50 years old – need contraception for 1 year after LMP  HRT is <b>NOT</b> a contraceptive
5. How can I manage this transition so the symptoms don't affect my work?	<b>Conservative</b> - lifestyle measures, avoid caffeine and alcohol, exercise more often, wear light and loose fitting clothes, and sleep with the window open.  <b>Medical</b> <ul style="list-style-type: none"> <li>● Urogenital symptoms only = local oestrogen</li> <li>● Systemic symptoms- if patient without uterus = oestrogen only</li> <li>● Systemic symptoms- if patient still has uterus: post-menopausal (&gt;12m since LMP) = Continuous combined HRT; post-menopausal infrequent cycle = long cycle HRT; peri-menopausal fairly regular = sequential HRT</li> </ul> Stop immediately if symptoms of DVT/PE/stroke.  If HRT is inappropriate consider: clonidine, SSRIs, progestogen, gabapentin, complementary therapies
6. What is premature menopause (premature ovarian failure)?	Premature menopause (premature ovarian failure) is when menopause takes place <b>before the age of 40</b> . It is diagnosed through the history – collecting information such as age and menstrual history. Diagnosis: 2 blood tests are taken of FSH 4-6 weeks apart. Management: depending on patient's symptoms and need for treatment, HRT or combined hormonal contraceptive is offered. Risks and benefits of each management offered should <b>always</b> be explained.