



Menopause

Quality standard

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This standard is based on NG23.

This standard should be read in conjunction with QS100, QS73, QS12, QS8, QS149 and QS172.

Quality statements

Statement 1 Women over 45 years presenting with menopausal symptoms are diagnosed with perimenopause or menopause based on their symptoms alone, without confirmatory laboratory tests.

Statement 2 Women under 40 years presenting with menopausal symptoms have their levels of follicle-stimulating hormone measured.

Statement 3 Women with premature ovarian insufficiency are offered hormone replacement therapy or a combined hormonal contraceptive.

Statement 4 Women having treatment for menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Statement 5 Women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the [NICE Pathway on patient experience in adult NHS services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing menopause services include:

- [Osteoporosis. NICE quality standard 149](#)
- [Cardiovascular risk assessment and lipid modification. NICE quality standard 100](#)
- [Fertility problems. NICE quality standard 73](#)
- [Breast cancer. NICE quality standard 12](#)
- [Depression in adults. NICE quality standard 8](#)

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Diagnosing perimenopause and menopause

Quality statement

Women over 45 years presenting with menopausal symptoms are diagnosed with perimenopause or menopause based on their symptoms alone, without confirmatory laboratory tests.

Rationale

In otherwise healthy women over 45, perimenopause and menopause can be diagnosed based on clinical history alone. In this age group, laboratory tests, particularly follicle-stimulating hormone (FSH), do not help with the diagnosis because hormone levels fluctuate during the perimenopause. Knowing these levels will not change management. Other laboratory tests, for example, blood count or thyroid function tests, may still be needed if non-menopausal causes of symptoms are suspected. Reducing the number of unnecessary tests will reduce stress for women, lead to potential cost savings and empower healthcare professionals to make a clinical diagnosis and provide reassuring support and advice based on their clinical experience.

Quality measures

Structure

Evidence of local arrangements to ensure that women over 45 years presenting with menopausal symptoms are diagnosed with perimenopause or menopause based on their symptoms alone, without confirmatory laboratory tests.

Data source: Local data collection.

Process

Proportion of women over 45 years diagnosed with perimenopause and menopause whose diagnosis is based on their symptoms alone, without confirmatory laboratory tests.

Numerator – the number in the denominator whose diagnosis is based on their symptoms alone, without confirmatory laboratory tests.

Denominator – the number of women over 45 years diagnosed with perimenopause or menopause.

Data source: Local data collection.

Outcome

a) Proportion of women over 45 years with menopause who felt reassured by their healthcare professional about their diagnosis.

Data source: Local data collection.

b) Number of laboratory tests to confirm a diagnosis of menopause in women over 45 years.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary and secondary care and community services) ensure that systems are in place for women over 45 years to be diagnosed with perimenopause or menopause based on their menopausal symptoms alone, without confirmatory laboratory tests.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) do not use laboratory tests to confirm a diagnosis of perimenopause or menopause in women over 45 years, but base the diagnosis on menopausal symptoms alone.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which women over 45 years are diagnosed with perimenopause or menopause based on their menopausal symptoms alone, without confirmatory laboratory tests.

Women over 45 who visit their GP or practice nurse with common symptoms of the menopause are not offered unnecessary blood tests, but have their symptoms assessed by the doctor or nurse to see whether they have started the menopause or will start the menopause soon. Common symptoms of the menopause include hot flushes, night sweats, mood changes, and no periods or the occasional period.

Source guidance

Menopause: diagnosis and management. NICE guideline NG23 (2015), recommendation 1.2.1

Definitions of terms used in this quality statement

Menopausal symptoms

Menopausal symptoms include the following:

- no or infrequent periods (taking into account whether the women has a uterus)
- hot flushes
- night sweats
- mood changes
- memory and concentration loss
- vaginal dryness
- lack of interest in sex
- headaches
- joint and muscle stiffness.

[Adapted from [NICE's guideline on menopause](#), context section and recommendations 1.2.1 and 1.3.2]

Diagnosed

Diagnose the following without laboratory tests in otherwise healthy women aged over 45 years with menopausal symptoms:

- perimenopause based on vasomotor symptoms and irregular periods
- menopause in women who have not had a period for at least 12 months and are not using hormonal contraception
- menopause based on symptoms in women without a uterus.

[[NICE's guideline on menopause](#), recommendation 1.2.1]

Laboratory tests

FSH tests should not be routinely considered when diagnosing menopause in women aged over 45 years with menopausal symptoms.

[Adapted from [NICE's guideline on menopause](#), recommendation 1.2.5]

Do not use the following laboratory and imaging tests to diagnose perimenopause or menopause in women aged over 45 years:

- anti-Müllerian hormone
- inhibin A
- inhibin B
- oestradiol
- antral follicle count
- ovarian volume.

[[NICE's guideline on menopause](#), recommendation 1.2.3]

Quality statement 2: Diagnosing premature ovarian insufficiency

Quality statement

Women under 40 years presenting with menopausal symptoms have their levels of follicle-stimulating hormone (FSH) measured.

Rationale

An early diagnosis of premature ovarian insufficiency can mean these women get treatment and access to specialised services sooner. This is particularly important because this group of women have higher morbidity and mortality during menopause than women over 45 years. Although in women under age 40 menstrual history is often the first indication of premature ovarian insufficiency, persistently elevated FSH levels are needed to confirm the diagnosis in this age group. Changes in menstrual history can also suggest other conditions, for example, pregnancy or polycystic ovarian syndrome, and these should also be considered when making a diagnosis. Women with untreated premature ovarian insufficiency (particularly surgical menopause) are at increased risk of developing osteoporosis and cardiovascular disease.

Quality measures

Structure

Evidence of local arrangements to ensure that women under 40 years presenting with menopausal symptoms have their FSH levels measured.

Data source: Local data collection.

Process

Proportion of women under 40 years presenting with menopausal symptoms who have

their FSH levels measured.

Numerator – the number in the denominator who have their FSH levels measured.

Denominator – the number of women under 40 years presenting with menopausal symptoms.

Data source: Local data collection.

Outcome

a) Proportion of women with premature ovarian insufficiency who had a positive experience of the diagnostic process.

Data source: Local data collection.

b) Average time to diagnosis of premature ovarian insufficiency from first presenting with menopausal symptoms for women under 40 years.

Data source: Local data collection.

c) Incidence of premature ovarian insufficiency.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary and secondary care and community services) ensure that systems are in place for women under 40 presenting with menopausal symptoms to have their FSH levels measured.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) base a diagnosis of premature ovarian insufficiency on symptoms and elevated FSH levels in women under 40 who present with menopausal symptoms.

Commissioners (clinical commissioning groups and NHS England) ensure that they

commission services in which women under 40 presenting with menopausal symptoms have their FSH levels measured.

Women under 40 who visit their GP or practice nurse with common symptoms of the menopause are offered blood tests for hormone levels to find out whether they have premature menopause (also known as premature ovarian insufficiency). The sooner a diagnosis is made, the sooner any treatment of symptoms can start.

Source guidance

Menopause: diagnosis and management. NICE guideline NG23 (2015), recommendation 1.6.2

Definitions of terms used in this quality statement

Premature ovarian insufficiency

Menopause occurring before the age of 40 years, which is also known as premature ovarian failure or premature menopause. It can occur naturally or as a result of medical or surgical treatment.

[NICE's guideline on menopause, terms used in the guideline]

Menopausal symptoms

Symptoms include the following:

- no or infrequent periods (taking into account whether the women has a uterus)
- hot flushes
- night sweats
- mood changes
- memory and concentration loss
- vaginal dryness

- lack of interest in sex
- headaches
- joint and muscle stiffness.

[Adapted from [NICE's guideline on menopause](#), context section and recommendations 1.3.2 and 1.6.2]

Measuring FSH

Two blood samples taken 4 to 6 weeks apart.

[[NICE's guideline on menopause](#), recommendation 1.6.2]

Quality statement 3: Managing premature ovarian insufficiency

Quality statement

Women with premature ovarian insufficiency are offered hormone replacement therapy (HRT) or a combined hormonal contraceptive.

Rationale

Women with premature ovarian insufficiency should be offered sex steroid replacement with either HRT or a combined hormonal contraceptive unless contraindicated (for example, because of hormone-sensitive cancer). Without treatment, these women can experience the effects of menopause for most of their adult life. This can lead to reduced quality of life and an increased risk of developing osteoporosis and cardiovascular disease, which can lead to early mortality.

Quality measures

Structure

Evidence of local arrangements to ensure that women with premature ovarian insufficiency are offered HRT or a combined hormonal contraceptive.

Data source: Local data collection.

Process

Proportion of women with premature ovarian insufficiency who receive HRT or a combined hormonal contraceptive.

Numerator – the number in the denominator receiving HRT or a combined hormonal contraceptive.

Denominator – the number of women with premature ovarian insufficiency.

Data source: Local data collection.

Outcome

a) Health-related quality of life for women with premature ovarian insufficiency.

Data source: Local data collection.

b) Long-term health effects (for example, osteoporosis or cardiovascular disease) in women with premature ovarian insufficiency.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary and secondary care) ensure that systems are in place for women with premature ovarian insufficiency to be offered HRT or a combined hormonal contraceptive.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) offer HRT or a combined hormonal contraceptive to women with premature ovarian insufficiency unless contraindicated (for example, in women with hormone-sensitive cancer).

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which women with premature ovarian insufficiency are offered HRT or a combined hormonal contraceptive.

Women with early menopause (also known as premature ovarian insufficiency) are offered either HRT or the combined contraceptive pill to help relieve their symptoms if these treatments are suitable for them.

Source guidance

Menopause: diagnosis and management. NICE guideline NG23 (2015), recommendation 1.6.6

Definitions of terms used in this quality statement

Premature ovarian insufficiency

Menopause occurring before the age of 40 years, which is also known as premature ovarian failure or premature menopause. It can occur naturally or as a result of medical or surgical treatment.

[NICE's guideline on menopause, terms used in the guideline]

Quality statement 4: Reviewing treatments for menopausal symptoms

Quality statement

Women having treatment for menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Rationale

A review 3 months after starting a treatment for menopausal symptoms ensures that changes to dosage or formulation can be made if there are persistent side effects such as bloating, nausea and breast discomfort. Once treatment is established, further review is needed to assess new or pre-existing health problems, to carry out basic health checks (for example, measuring weight and blood pressure), and to inform and engage women in national screening programmes. Review should take place at least once a year, but may be needed more often if there are clinical indications for this. For most women, the symptoms of menopause respond well to treatment. However, for some whose symptoms do not improve or side effects are troublesome, review will identify if they need to be referred for help and support from a healthcare professional with specialist training and expertise.

Quality measures

Structure

Evidence of local arrangements to ensure that women having treatment for menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Data source: Local data collection.

Process

a) Proportion of women having treatment for menopausal symptoms who have a review 3 months after starting treatment.

Numerator – the number in the denominator who have a review 3 months after starting treatment.

Denominator – the number of women having treatment for menopausal symptoms.

Data source: Local data collection.

b) Proportion of women receiving treatment for menopausal symptoms who have an annual review within 12 months of the 3-month review or last annual review.

Numerator – the number in the denominator who have an annual review within 12 months of the 3-month review or last annual review.

Denominator – the number of women receiving treatment for menopausal symptoms.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care) ensure that women having treatment for menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Healthcare professionals (such as GPs and practice nurses) ensure that they offer women a review 3 months after starting each treatment for menopausal symptoms, and then at least annually.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which women having treatment for menopausal symptoms have a review 3 months after starting each treatment and then at least annually.

Women having treatment to help with symptoms of the menopause have a review 3 months after starting each treatment, and then have a review at least once a year. The aim of a review is to check that the treatment is working and that side effects are not a problem.

Source guidance

Menopause: diagnosis and management. NICE guideline NG23 (2015), recommendation 1.4.19

Definitions of terms used in this quality statement

Menopausal symptoms

Symptoms include the following:

- hot flushes
- night sweats
- mood changes
- memory and concentration loss
- vaginal dryness
- lack of interest in sex
- headaches
- joint and muscle stiffness.

[Adapted from NICE's guideline on menopause, context section and recommendation 1.3.2]

Quality statement 5: Information for women having treatment likely to cause menopause

Quality statement

Women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Rationale

Some medical or surgical treatments can affect fertility and induce menopause. Women should be given information so that they know about these long-term consequences of treatment. Women who go through menopause as a result of medical or surgical treatment may be younger than women having natural menopause, and so are less likely to know about menopausal symptoms. Awareness of symptoms ensures that women access treatment and services as soon as they need them. This is important because these women are at higher risk of psychological and physical morbidity.

Quality measures

Structure

Evidence of local arrangements to ensure that women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Data source: Local data collection.

Process

Proportion of women having medical or surgical treatment that is likely to cause the

menopause who are given information about menopause and fertility before they have their treatment.

Numerator – the number in the denominator who are given information about menopause and fertility before they have their treatment.

Denominator – the number of women who have medical or surgical treatment that is likely to cause the menopause.

Data source: Local data collection.

Outcome

Women having medical or surgical treatment that is likely to cause the menopause are aware of the symptoms of menopause.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (secondary care) ensure that systems are in place for women who are likely to go through menopause as a result of medical or surgical treatment to be given information about menopause and fertility before they have their treatment.

Healthcare professionals (such as secondary care consultants) ensure that before treatment they give information about menopause and fertility to women who are likely to go through menopause as a result of medical or surgical treatment.

Commissioners (clinical commissioning groups) ensure that they commission services in which women who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Women having treatment or surgery that is likely to cause the menopause are given information about menopause and effects on fertility before they have their treatment. This is so that they have all the information they need before deciding to go ahead with

the treatment. Treatments that are likely to cause the menopause include chemotherapy and radiotherapy to treat cancer, and surgery that involves the ovaries.

Source guidance

Menopause: diagnosis and management. NICE guideline NG23 (2015), recommendation 1.3.6

Definitions of terms used in this quality statement

Medical or surgical treatment

Treatments that are likely to cause menopause include:

- radiotherapy and chemotherapy for cancer
- gynaecological surgery that involves the ovaries.

[Adapted from NICE's guideline on menopause, recommendation 1.3.6]

Information

Information should include:

- risk of impaired or loss of fertility
- risk of early menopause
- common menopausal symptoms
- longer-term health implications of menopause
- contraceptive advice.

[Adapted from NICE's guideline on menopause, recommendations 1.3.1 and 1.3.5, and full guideline on menopause]

Equality and diversity considerations

All information should be culturally appropriate and accessible to women with additional needs, such as physical, sensory or learning disabilities, and to women who do not speak or read English. Interpreters and advocates should be provided if needed.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on menopause](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- women understand what menopause is and what to expect, so that they can take control of their health and wellbeing
- women's experience of care
- frequency and/or intensity of short-term menopausal symptoms
- health-related quality of life
- long-term health effects that may occur at the time of, or after, the menopause (for example, cardiovascular disease and bone health).

It is also expected to support delivery of the [NHS outcomes framework](#).

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [costing report and costing template for the source guidance](#) to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Menopause Society](#)
- [Primary Care Women's Health Forum](#)
- [Royal College of Obstetricians and Gynaecologists](#)
- [Faculty of Sexual and Reproductive Healthcare](#)
- [Royal College of Nursing \(RCN\)](#)
- [Royal College of General Practitioners \(RCGP\)](#)