



# HEALTH CHECK MENOPAUSE CHECKLIST FOR HEALTHCARE PROFESSIONALS

(Healthcare assistants/practice nurses carrying out the health checks)

The NHS 40+ health check is conducted by a healthcare professional, usually a healthcare assistant or practice nurse. If there are issues resulting from the health check, an appointment would be arranged with a GP.

**The check takes 20-30 minutes and usually includes the following:**

- measuring height, weight and waist
- a blood pressure test
- a cholesterol test and test for diabetes (usually HbA1C)

**People are also asked some questions about their health including:**

- whether any close relatives have had any medical conditions
- if they smoke, and how much
- if they drink alcohol, and how much
- how much physical activity they do
- their age, gender and ethnicity is also recorded

This health check appointment presents an ideal opportunity to raise awareness of the menopause transition and symptoms with both patients and HCPs, ensuring that women are receiving the right support, advice and treatment.

**The following information is designed for HCAs (healthcare assistants) and practice nurses, and can be read in conjunction with the patient menopause checklist.**

## BACKGROUND INFORMATION ON THE MENOPAUSE TRANSITION

**Menopause** is where periods have permanently stopped for 1 year (due to loss of ovarian function). The average age is 51 and normally occurs between 45 and 55 years old.

**Perimenopause** is the start of the menopause transition and usually starts around four or five years before the menopause.

**Postmenopause** is the time after the menopause and lasts for the rest of the woman's life.

The menopause itself is therefore a point in time and best thought about as **a transition**.

The long term health consequences of the menopause include **osteoporosis** and **heart disease**. Genitourinary symptoms can progress if not managed.

## WHEN SPEAKING TO YOUR PATIENT

- Make them aware that symptoms of the menopause can start in their forties alongside changes to periods.
- Signpost to information on the menopause transition and symptoms of the menopause.
- Contraception is still required in the perimenopause for most, unless there have been procedures or treatments meaning it's not necessary (such as hysterectomy).

# DIAGNOSING MENOPAUSE

If a woman is not bleeding because of contraception or other surgery including hysterectomy or endometrial ablation, the only way to know if she is in the menopause transition is by symptoms. Blood tests are not recommended in diagnosing the menopause for women over the age of 45 as they are not predictive and hormone levels can fluctuate day to day.

## INFORMATION ON OSTEOPOROSIS

Osteoporosis is a condition that develops when bone mineral density and bone mass decreases, or when the structure and strength of the bone changes. The resulting decrease in bone strength increases the risk of bone fractures. It develops over years which is why it is important to know about it now, so if women are at risk of osteoporosis they may be able to make changes to reduce the risk.

- Ensure that vitamin D is being taken from September to March as per NHS recommendation: <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>
- Give information on calcium and vitamin D containing foods.
- Give information on other ways to reduce the risk of osteoporosis (weight bearing exercise, decrease excess alcohol, stop smoking).
- The patient may have health conditions that increase the risk of osteoporosis. If there are any concerns, an appointment could be given to discuss any concerns and to assess whether a DEXA scan to measure bone density would be appropriate.

## INFORMATION ON HEART DISEASE

Oestrogen has a protective effect on the cardiovascular system. Many women have a lower risk of heart disease before the menopause than they do after it.

As part of the health check, risk of heart disease is assessed.

- Highlight the fact that the risk of heart disease increases through the menopause as a way of impressing the importance of relevant lifestyle changes and risk reducing factors.

## INFORMATION ON GENITOURINARY SYNDROME OF MENOPAUSE

As oestrogen levels drop, women may start to experience vaginal dryness, irritation, pain and discomfort including during sex. Bladder symptoms include increased frequency, urgency, leakage and dysuria. Women may also develop urinary tract infections.

- Check a urine dipstick/sample to exclude infection and haematuria. Ask the patient to book a GP appointment to discuss new urinary symptoms
- If there are vaginal symptoms, signpost to information on treatment which includes vaginal lubrication and moisturisers and vaginal oestrogens which can be prescribed. A vaginal oestrogen does not have the risks of systemic HRT. Ask the patient to book a GP appointment to discuss vaginal symptoms.