



AN AUDIT ON THE MENOPAUSE SERVICE PROVISION FOR THE MANAGEMNET OF PREMATURE OVARIAN INSUFFICIENCY

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INTRODUCTION

Menopause services for managing Premature Ovarian Insufficiency (POI) is essential for early diagnosis, prompt referral and initiation of hormone replacement therapy (HRT) to mitigate the associated long term health risks (including cardiovascular and bone health, fertility and cognition) as well as improve patient’s quality of life. This audit aimed to assess the referral patterns, diagnosis and management of women with POI attending menopause clinic, and to evaluate the associated healthcare burden.

METHOD

A single-centre, retrospective audit was conducted at Nottingham University Hospital (NUH) from 2019 to 2023. Data was collected from clinic referral records, patient notes, letters, and investigation results and analysed.



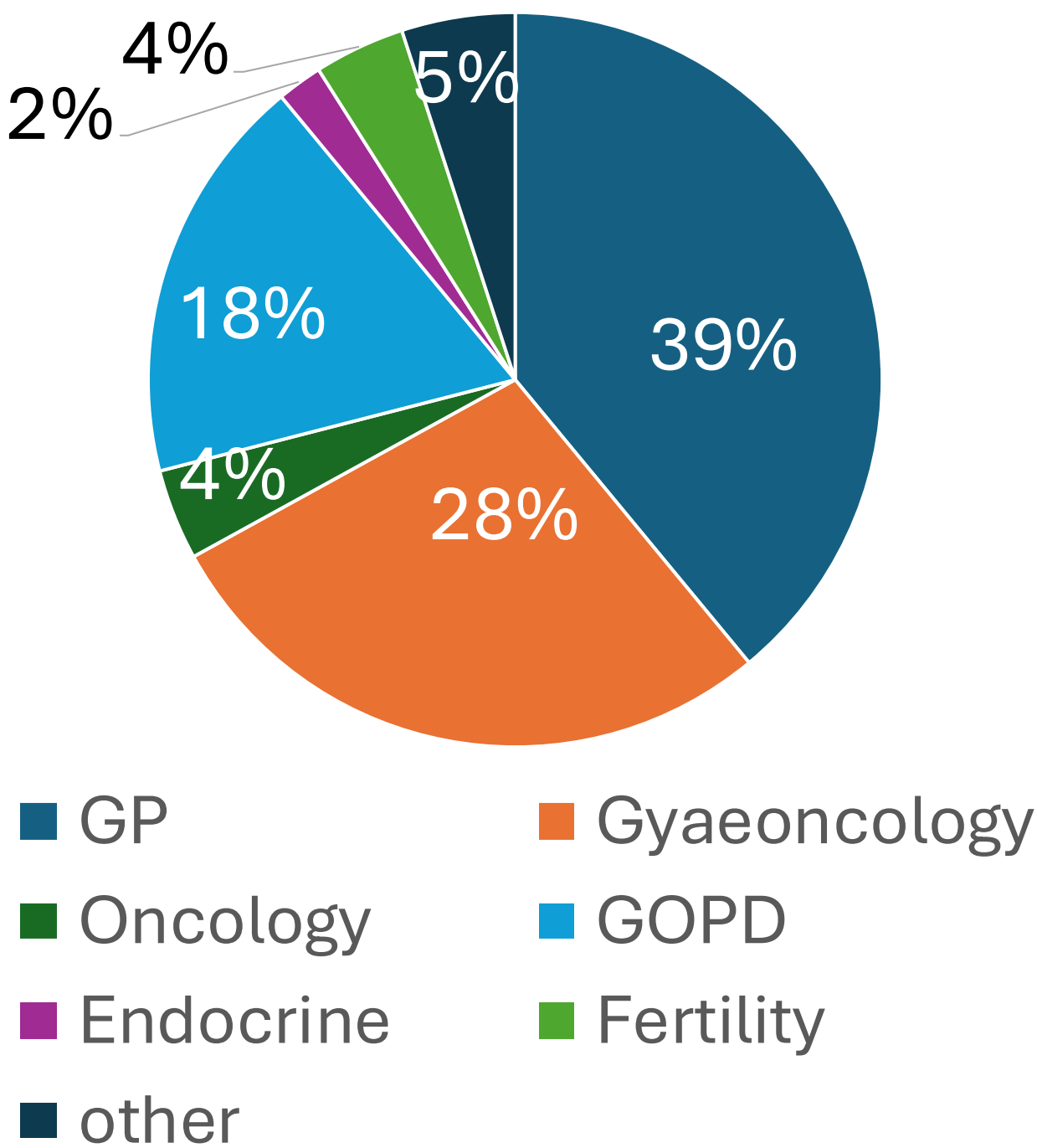
References

(1)National Institute for Health and Care Excellence (NICE). Menopause: diagnosis and management [NG23]. London: NICE; 2015 [updated 2021].
(2)British Menopause Society. BMS practice standards for menopause care. British Menopause Society; 2022.
(3)British Gynaecological Cancer Society, British Menopause Society. BGCS-BMS Guidelines on Management of Menopausal Symptoms after Gynaecological Cancer
(4)(1)Primary ovarian insufficiency: update on clinical and genetic findings. Front Endocrinol (Lausanne). 2024;10:1464803. doi:10.3389/fendo.2024.1464803.

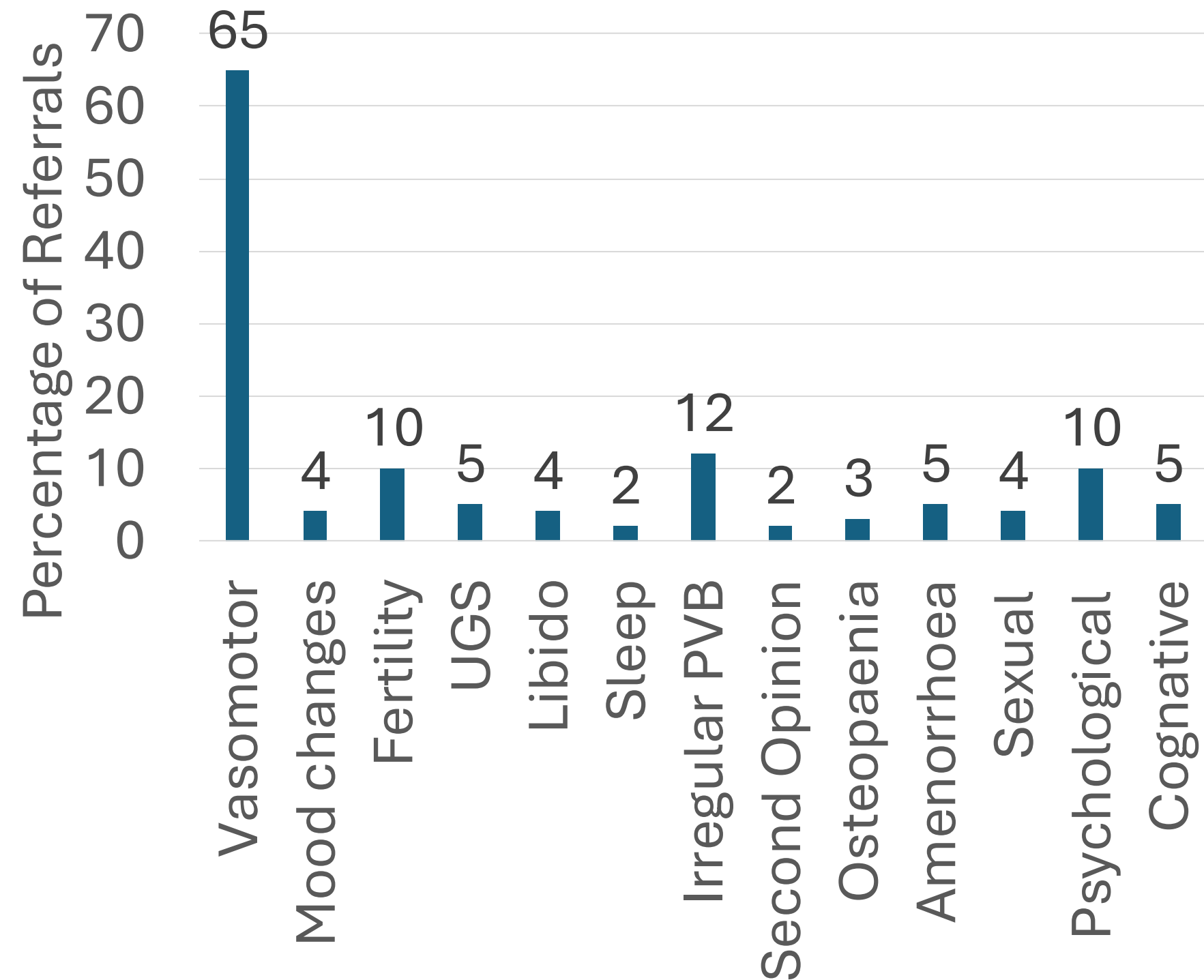
RESULTS

Standard	Results From Audit
Diagnosis of POI based on clinical features and biochemical markers (FSH) 100%	56% achieved. Majority had surgical menopause or cancer treatment.
Provision of hormone replacement therapy (100%)	100% achieved COCP, Patches, alternative treatment etc depending on cause POI and outcome from cancer diagnosis.
Provision of Vitamin D and Calcium (100%)	100% achieved.
DEXA Scan on diagnosis (100%)	83% achieved 1 patient under 19 years and others seen prior to surgical cancer treatment.

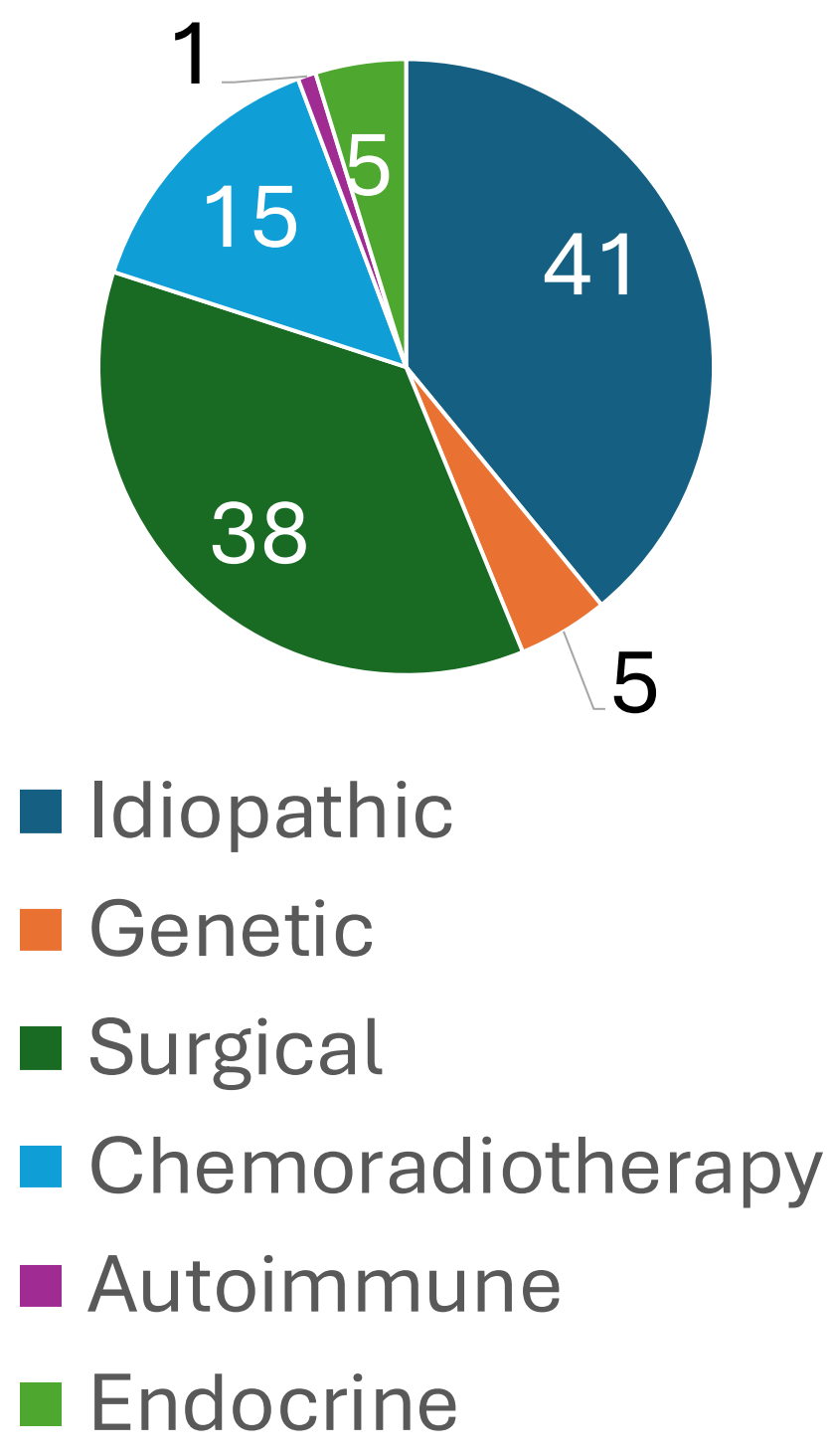
SOURCES OF REFERRAL TO MENOPAUSE CLINIC



INDICATION FOR POI MENOPAUSE CLINIC REFERRAL



CAUSE OF POI (NUMBER OF WOMEN)



DISCUSSION

The results reflects the primary reason for referral being vasomotor symptoms. This mirrors the British Menopause Society (BMS) understanding that vasomotor symptoms will be experienced by the majority of women and are likely to be distressing therefore prompting referral.

The high proportion of women referred secondary to oncological treatment (compared to national data) is likely to be skewed by the cancer centre status of NUH.

On average, women had 2 appointments within the menopause clinic. For their first appointment, the average referral to appointment interval was 3 months (range 1 - 13). 57% of women were discharged after the initial appointment, 26% were placed under ‘Patient Initiated Follow Up’ and 17% required active follow up.

CONCLUSION

All women in this cohort received standard care according to menopause guidelines. Local referral patterns and POI rates were skewed by the hospital's Cancer Centre status.

Enhancing clinic review schedules and prescribing practices could improve patient quality of life and reduce the risk of long consequences .