

Pharmacist quick reference guide:

Menopause



Up to **1 in 4 women** experience severe and debilitating symptoms associated with menopause.¹

Under treatment of menopausal symptoms is common.²

Menopausal hormonal therapy (MHT) is the **most effective** way to improve menopausal symptoms.^{3,4}

Menopause is a life stage, not a disease.² It typically occurs between the ages of 45–55.^{1,4}

Menopause transition includes three stages: perimenopause, menopause (the final menstrual period) and post menopause.¹

Recognise symptoms of menopausal transition

Menopause and perimenopause symptoms may present before the cause is recognised.

Irregular menstrual cycles and **vasomotor symptoms** (e.g. hot flashes) are the most common indicators of the menopausal transition. Other symptoms include **sleep disturbance**, **mood changes**, **cognitive symptoms** (“brain fog”), **headaches** and **urogenital symptoms** (vaginal dryness, discomfort, pain with intercourse).¹

Early recognition of symptoms and appropriate referral supports access to effective management.

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[Perimenopause and menopause symptom checklist](#)

Ask simple, open questions where clinically indicated.



Use brief, symptom-led questions to open the conversation. Ensure privacy for discussions.

“Would you be comfortable discussing whether hormonal changes could be contributing to your symptoms?”

Example questions include:

“Have you noticed any hot flashes or changes to your periods (irregular, lighter, heavier or less frequent)?”

“Have you noticed any changes in sleep or mood, vaginal dryness or urinary symptoms?”

“Have these symptoms become more noticeable or disruptive recently?”

These prompts can be used opportunistically and do not require a formal consultation. Refer to GP, where indicated.

Communicate in an inclusive way

- Ask questions and avoid assumptions about age, culture, gender, sexual orientation or reproductive goals.
- Where available, offer translated or culturally safe [First Nations resources](#). Using terminology such as ‘the change’ may be preferred.
- Recognise that menopause may be experienced differently by some trans, gender diverse and intersex people and may require additional sensitivity or referral.⁵

Listen and validate

- Listen to the symptoms and concerns raised.
- Acknowledge the person’s experience and reassure that menopausal symptoms are common and treatable.
- Support next steps, including self-care advice, medicine counselling, or referral to a GP when appropriate.

Provide individualised evidence-based information

Myth: “You need hormone blood tests to diagnose menopause.”

Fact: Menopause is diagnosed clinically based on age, menstrual history and symptoms and blood tests are usually not required.⁶

Myth: “Testosterone has been proven to help with energy, mood and muscle tone.”

Fact: Testosterone is only indicated for hypoactive sexual desire dysfunction (HSDD) in postmenopausal women.^{7,8}

Myth: “Compounded bioidentical hormones are safer and more effective than MHT.”

Fact: Compounded “bioidentical” products are unregulated, lack evidence for efficacy and may contain variable doses.^{4,10,11}

Myth: “Natural is better.”

Fact: Most complementary medicines and therapies have insufficient evidence to support their use and they may also interact with other medicines.^{4,9}

Quality
Use of
Medicines
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Managing medicines shortages

- Reassure the person that suitable alternatives usually exist, but selection depends on individual clinical factors.^{4,8}
- Check current [TGA shortage alerts](#) and identify whether the product, strength or formulation is affected.
- Advise against “stretching” supply (e.g. cutting patches, reducing gel amounts, skipping doses) as this can cause inconsistent dosing, reduced efficacy and symptom recurrence.
- Contact the prescriber with patient-specific information (risk factors, symptom control, formulation history, preferences) to support safe selection of an appropriate alternative.

AMS – Guide to MHT doses
[Information sheet](#)

Provide symptom-focused advice

Use a symptom-led approach and link common presentations to evidence-based options.

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[Menopause resources](#)

Symptom or concern	First-line advice	Key counselling points
Vasomotor symptoms (i.e. hot flushes, night sweats)	Menopausal hormone therapy (MHT) is the most effective treatment. ^{3,10}	<ul style="list-style-type: none">• Transdermal estrogen (patch, gel) is preferred if the person has risk factors for blood clots or stroke.⁸• Improvement usually occurs within 2–4 weeks, with maximum benefit by 6–12 weeks.⁸
Urogenital symptoms (i.e. vaginal dryness, discomfort, recurrent UTIs)	Vaginal lubricants and/or non-hormonal moisturisers ± vaginal estrogen. ¹⁰	<ul style="list-style-type: none">• Vaginal estrogen can be used even if the person is already using systemic MHT.¹⁰• Benefits typically develop over several months.• Explain correct application and ongoing use.
Sleep disturbance, low mood, “brain fog”	Consider menopause as a contributing factor before suggesting general treatments.	<ul style="list-style-type: none">• Symptoms may improve when vasomotor symptoms are controlled.• Reassure that these symptoms are common and treatable.• Refer if symptoms are severe, persistent or worsening.

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[Application guides for MHT](#)

Discuss benefits and risks in plain language

When counselling about MHT, use simple, balanced messaging.

- **For most healthy people younger than 60 years, the benefits of systemic MHT outweigh the risks.⁴**
- Benefits include relief of hot flushes and night sweats, improvement in sleep and bone health.⁴
- Risks depend on the individual, the type of hormone, dose and route.⁴

Confirm endometrial protection

If a person has a uterus and is using estrogen, confirm they also have endometrial protection⁸:

- a progestogen, or
- a progestogen-containing IUD.

QUM Alliance – Decision aid

[Managing menopause: choosing what works for you](#)

QUM Alliance – Clinical guide

[Menopause: managing hot flushes and urogenital symptoms](#)

Common MHT adverse effects

Explain that side effects are often mild and transient, particularly in the first few months.

Side effects may include^{4,8}:

- breast tenderness or enlargement
- change in libido
- nausea
- restless legs
- headache
- irregular or breakthrough bleeding
- mood changes

Involve the multidisciplinary team

Support regular review and follow-up

Pharmacists play a key role in supporting shared care.

- Reinforce that review and dose adjustment may be needed.
- Encourage GP follow-up where appropriate.
- Share relevant observations (symptoms, tolerability, adherence, supply issues).

MHT should be reviewed:

- 4–6 weeks after starting or changing therapy
- again at 3 months, then periodically as needed.⁸

Encourage use of a simple symptom checklist to track benefit and tolerability.

GP referral

Non-urgent review:

- the person is considering starting MHT
- possible early menopause (<45 years).⁴

Troublesome adverse effects or need for dose, route or medicine change.

Urgent review⁸:

- bleeding > 6 months after starting continuous combined MHT
- heavy or prolonged bleeding on cyclical MHT
- new or unexplained vaginal bleeding, breast changes, or symptoms suggestive of a blood clot.



References

1. NSW Health Menopause Care Clinician Toolkit. What is menopause? Agency for Clinical Innovation; 2024. At: www.aci.health.nsw.gov.au/projects/menopause/foundations/what-is
2. Australasian Menopause Society. What is menopausal hormone therapy (MHT) and is it safe?. 2026. At: www.hub.menopause.org.au/Play?pld=abcf021-8dd0-49d2-aa7d-91e783ef8b4c
3. World Health Organization. Menopause. 2024. At: www.who.int/news-room/fact-sheets/detail/menopause
4. Therapeutic guidelines. Menopause. Therapeutic guidelines [updated April 2026]. At: www.app.tg.org.au/
5. Kelley CE, Ariel D. A review of menopause in transgender and gender diverse individuals. *Curr Opin Obstet Gynecol* 2025;37(2):83–96.
6. Australasian Menopause Society. 9 myths and misunderstandings about menopausal hormone therapy (MHT). 2026. At: www.hub.menopause.org.au/Play?pld=d57fac5e-bcb1-4648-bf65-b8619caf7862#pdfGallery
7. Jayasena CN, Alkaabi FM, Liebers CS, Handley T, Franks S, Dhillon WS. A systematic review of randomized controlled trials investigating the efficacy and safety of testosterone therapy for female sexual dysfunction in postmenopausal women. *Clin Endocrinol (Oxf)* 2019;90(3):391–414.
8. Australian medicines handbook. Menopausal hormone therapy. 2026. At: www.amhonline.amh.net.au/chapters/obstetric-gynaecological-drugs/drugs-menopausal-symptoms/menopausal-hormone-therapy?menu=vertical
9. Australasian Menopause Society. Complementary medicines and therapies. 2026. At: www.menopause.org.au/health-info/fact-sheets/complementary-medicines-and-therapies
10. Australian medicines handbook. Menopausal symptoms. 2026. At: www.amhonline.amh.net.au/chapters/obstetric-gynaecological-drugs/drugs-menopausal-symptoms/menopausal-symptoms
11. Australasian Menopause Society. Bioidentical custom-compounded hormone therapy. 2026. At: www.menopause.org.au/hp/information-sheets/bioidentical-hormones-for-menopausal-symptoms