Abstract

CLINICAL GUIDELINES FOR MANAGEMENT OF THE MENOPAUSE TRANSITION IN SINGAPORE – CONSENSUS STATEMENTS

Singapore Guidelines on Management of Menopause Transition Workgroup*

AIM

These guidelines aim to provide scientifically grounded recommendations for the management of the Menopause Transition in Singapore and promote multidisciplinary collaboration. These guidelines are intended for healthcare professionals in primary and generalist practice who are caring for women in midlife.

METHODOLOGY

These guidelines were commissioned by the College of Obstetricians and Gynaecologists Singapore and the College of Family Physicians Singapore. A multi-speciality expert panel, composing gynaecologists, family physicians, endocrinologists, psychiatrists, oncologists, nursing and patient advocacy group members was convened in 2025. The expert panel identified several areas of menopause management that require guidance. The panel reviewed the current literature and developed statements.

RESULTS

The consensus resulted in 12 main points with 40 statements that provide guidance on diagnosis, screening and management of women in the menopause transition.

1. Menopause is a Clinical Diagnosis

The diagnosis of menopause in Singaporean women is primarily clinical, relying on patient history rather than routine laboratory testing. It is defined as 12 consecutive months of amenorrhoea (absence of menstruation) and signifies loss of ovarian follicular function. The median age of natural menopause in Singapore is 49 years.

A. **Diagnose menopause clinically in women over the age of 45 with typical symptoms.**
B. **Consider further investigations in women under 45 years presenting with amenorrhoea, irregular cycles, or menopausal symptoms or older women with atypical symptoms.**
C. **In Singapore, the top 5 menopausal symptoms (in order) are: new-onset musculoskeletal symptoms, disturbed sleep, genitourinary symptoms, physical and mental exhaustion and vasomotor symptoms.**

2. Iatrogenic Menopause

Women who undergo medical or surgical treatments (e.g., chemotherapy, radiation, bilateral oophorectomy) that may induce premature ovarian insufficiency (POI) or early menopause require specific pre- and post-treatment counselling to prepare for and manage the abrupt onset of menopausal symptoms and long-term health implications (e.g., bone and cardiovascular health) associated with early estrogen loss.

A. **Offer women, likely to experience Premature Ovarian Insufficiency (POI)/early menopause as a result of medical or surgical treatment the opportunity to discuss fertility both before and after they have their treatment, with a healthcare professional with expertise in fertility.**
B. **Offer women likely to experience POI/ menopause as a result of medical or surgical treatment the opportunity to discuss POI/ menopause both before and after they have their treatment with healthcare professional with expertise in menopause.**

3. Lifestyle Management

Lifestyle optimisation forms the cornerstone of care for all women during the menopause transition and beyond, irrespective of other treatments they may receive. Lifestyle changes reduce symptom severity and mitigate long-term risks of cardiovascular disease and osteoporosis.

A. **Recommend lifestyle modifications (healthy diet, regular exercise, maintaining a healthy weight, smoking cessation, moderating alcohol intake, stress management and sleep optimisation) as the foundation of care for all women.**

4. Menopause Hormone Therapy (MHT)

For the purposes of this guideline, MHT refers to systemic estrogens (oral or transdermal) and/or progestogens (oral or LNG-IUD) and including tibolone. MHT is an effective treatment option when used appropriately.

A. **Choice of MHT will depend on indications, risk factors and individual circumstances including age and personal preferences.**
B. **Women with an intact uterus who receive systemic estrogen should have endometrial protection with adequate progestogen.**
C. **Women without a uterus can be offered estrogen-only systemic MHT. Progestogens are generally not needed in these cases, except in certain specific circumstances**
D. **For most symptomatic women younger than 60 years of age, or within 10 years of the final menstrual period, the benefits of initiating MHT typically outweigh the potential risks.**

5. Indications and Considerations for Initiating MHT (in Women who menopause after age 45)

MHT initiation should be guided by specific clinical needs and a thorough assessment of the benefit-risk ratio.

A. Treatment Indications:

1. **Bothersome vasomotor symptoms**
2. **Prevention and treatment of Post Menopausal Osteoporosis**

B. Consider treatment for:

1. **Menopause-related mood changes**

C. There is insufficient evidence to offer asymptomatic women MHT for the primary or secondary prevention of cardiovascular disease or dementia for women who undergo menopause at the usual age.

There is high level evidence for MHT use for bothersome vasomotor symptoms and prevention and treatment of post menopausal osteoporosis. There is moderate level evidence for MHT use for menopause related mood disorders.

6. Management of Vasomotor Symptoms Related to Menopause

Vasomotor symptoms (VMS) are a common and often debilitating aspect of menopause.

A. **Offer MHT as first-line treatment for bothersome vasomotor symptoms for women without contraindications.**
B. **Consider non-hormonal therapies (Selective Serotonin Reuptake Inhibitors (SSRIs)/ Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), Neurokinin-3 Receptor Antagonists) for bothersome vasomotor symptoms when MHT is contraindicated or declined.**
C. **Complementary therapies like black cohosh and phytoestrogens have uncertain efficacy and safety profiles.**
D. **Compounded MHT preparations are not recommended as they are not evidenced-based for efficacy and safety**

7. Management of Osteopenia/Osteoporosis in Postmenopausal Women

Menopause is a significant risk factor for osteoporosis and fragility fractures due to estrogen decline.

A. **All postmenopausal women should be assessed for their risk of osteoporosis. Early menopause is a risk factor.**
B. **Optimise lifestyle management for all patients at risk of osteoporosis or fragility fractures, including calcium and vitamin D intake through diet and supplementation as appropriate**
C. **Consider MHT for the prevention and treatment of osteoporosis in post-menopausal women before 60 years of age or within 10 years after menopause, after weighing the benefit-risk ratio *.**
   ***Refer to the national Singapore ACE (Agency for Care Effectiveness) Clinical Guidelines on Osteoporosis for detailed management protocols.**

8. Management of Genitourinary Syndrome of Menopause (GSM)

Genitourinary symptoms associated with menopause are highly prevalent and include vulvovaginal dryness, dyspareunia, vulvovaginal discomfort and urinary incontinence and/or urgency. These symptoms are often unreported due to patient reticence.

A. Proactively screen for genitourinary symptoms associated with menopause in the history
B. Offer vaginal moisturisers and lubricants for treatment of vulvovaginal dryness, dyspareunia and vulvovaginal discomfort.
C. Recommend vaginal estrogen for treatment of of vulvovaginal dryness, dyspareunia and vulvovaginal discomfort associated with menopause to women without personal history of breast or other hormone-sensitive cancers *.
D. Vaginal estrogen is safe and has minimal systemic absorption
E. Evaluate urinary incontinence and / or urgency as indicated. Vaginal estrogen therapy may be useful once other pathologies eg urinary tract infections have been ruled out

*In individuals with a personal history of breast or other hormone sensitive cancers, not on endocrine therapy or on tamoxifen, if vaginal moisturisers and lubricants fail to give adequate symptoms relief, low dose vaginal estrogens may be used, However, we do advise discussion with managing oncologist for alignment of treatment.

9. Management of Sexual Concerns During Menopause

Sexual concerns are multifactorial and require a holistic (biopsychosocial) assessment.

A. Sexual concerns include vaginal dryness, dyspareunia and reduced libido.
B. Psychosocial, relational, medical issues as well as medication use should be evaluated in women with sexual concerns (a biopsychosocial approach).
C. Consider vaginal estrogen if vaginal atrophy is contributing to dyspareunia.
D. MHT may improve sexual function in symptomatic women.
E. Testosterone is beneficial in women with Hypoactive Sexual Desire Disorder (HSDD). There is currently no licensed preparation of testosterone for women in Singapore.

10. Management of Menopause-Related Mood Symptoms

Mood symptoms like low mood, anxiety, mood swings, and emotional lability are common during the menopausal transition.

A. Mood symptoms during the menopausal transition include low mood, anxiety, mood swings or emotional lability.
B. Assess for mental health disorders and psychosocial factors that may require further evaluation and management, according to the local guidelines*.
C. Consider MHT to alleviate menopause-related mood symptoms.

D. **Psychological therapies should be offered to all patients with mood symptoms. Take into account women's preference and access to therapy.**

*Refer to the Singapore ACE (Agency for Care Effectiveness) Clinical Guidelines on Depression and Anxiety for further management.

11. Management of Premature Ovarian Insufficiency (POI)

POI (menopause before age 40) is a critical condition requiring specific, proactive management due to its significant long-term health risks. Timely hormone therapy significantly reduces the long-term health risks associated with early estrogen loss

A. **Offer hormone therapy until at least average age of menopause unless contraindicated.**
B. **Counsel that timely hormone therapy reduces the associated low bone density, and cardio-metabolic risks, including dementia, of POI.**
C. **Provide fertility counselling and psychosocial support as needed.**
D. **Women at risk of developing POI should be offered the opportunity to discuss fertility preservation options with a fertility specialist.**

12. Special Considerations

Menopause management must be tailored to the individual's overall health profile and background. To improve engagement and adherence, healthcare systems should provide culturally adapted and multilingual patient resources that address diverse perspectives on menopause within Singapore's multi-ethnic society.

A. **Tailor management of menopause for cancer survivors, women with endometriosis, leiomyoma, high cardiometabolic or thrombotic risk and LGBTQ+ individuals.**
B. **Provide culturally adapted multi-lingual patient resources.**

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