

16 November 2023

PLEASE NOTE THE FOLLOWING:

Please note correct title is Professor Jonathan Benger

Please also note the link to the draft guideline in this morning's press release was incorrect. This has now been refreshed and the current final draft guideline can be accessed at this link

[Menopause guideline for consultation_final UPDATED LINK - embargoed until 00.01 17 November 2023.pdf](#)

We apologise for the inconvenience.

NICE recommends more treatment choices for menopause symptoms in updated draft guideline for consultation

Cognitive behavioural therapy (CBT) can help reduce menopause symptoms including hot flushes and night sweats, depressive symptoms and problems sleeping NICE has said in its draft updated guideline on menopause published today (17 November 2023).

New evidence for the effects of cognitive behavioural therapy on hot flushes and night sweats was found to reduce the frequency and severity of symptoms as well as the extent to which they bothered women, trans men and non-binary people registered female at birth, and should be considered alongside or as an alternative to HRT, the draft guidance said.

CBT was also found to help sleep problems related to menopause, including, how long it takes to fall asleep and how long before waking.

The draft guideline lays out clearly the risks and benefits of taking HRT, when started at various ages and taken for various durations along with any residual risk that continues once HRT is stopped. This evidence has become clearer since NICE's last guideline on menopause in 2015. This information can be used to assist with conversations with clinicians when deciding whether to start HRT. Detailed tables lay out the evidence for effects on cardiovascular disease, stroke and dementia risks as well as cancers of the breast, ovary and womb.

When discussing treatment options for menopause symptoms the draft guideline recommends healthcare professionals use the tables to tailor information about the benefits and risks of HRT to the person's age and individual circumstances. The draft guideline highlights that, while it is important that women, trans men and non-binary people registered female at birth are made

aware of some increased risks associated with HRT, it is also important they are made aware it is unlikely to increase or decrease their overall life expectancy.

While there is some evidence around taking HRT and breast cancer risk in women, trans men and non-binary people registered female at birth in early menopause (ages 40 to 44), there is a lack of evidence about the effects of taking or not taking HRT on overall health outcomes in this age group. The committee therefore made a recommendation for more research to address this.

Professor Jonathan Benger, chief medical officer at NICE said: “The impact of menopause symptoms on quality of life can vary hugely. It is important that healthcare practitioners take a personalised approach when discussing treatments, using evidence-based information tailored to individuals’ circumstances.

“Today’s draft guideline recommends more treatment options for managing menopause symptoms as well as enabling a wider understanding of the risks and benefits of HRT so anyone going through menopause can choose the best care to suit them.”

Professor Gillian Baird, menopause guideline committee chair said: “This update includes important evidence based-information to help both women and healthcare practitioners during their discussions about the best treatment to manage their symptoms. This gives women more choice and enables them to make informed decisions for their personal circumstances.”

Minister for the Women’s Health Strategy, Maria Caulfield said: “The menopause is a key pillar of our Women’s Health Strategy – and from our work in this area we have already seen over 400,000 women benefit from cheaper HRT prescriptions and receive better access to specialised care through the roll-out of women’s health hubs.

“NICE’s updated guidance shows why research is so important in women’s health – so we can make sure women are offered the support that is right for them.

“That’s why between April 2022 and July this year we have invested £53 million into programmes to support women’s health, including research on male violence against women and girls.”

The updated draft guideline also includes new recommendations on the management of genitourinary symptoms such as dryness, painful sex and vaginal discomfort or irritation. A choice of vaginal oestrogen such as cream, gel, tablet, pessary or ring should be offered to women, trans men and non-binary people registered female at birth, including those on systemic HRT, and treatment should be continued for as long as it’s needed to relieve symptoms.

NICE welcomes constructive challenge and a broad range of views and the draft menopause guideline is live for public consultation from 17 November 2023 to 5 January 2024.

References

1. Link to draft guideline [Menopause guideline for consultation - Embargoed until 00.01 17 November 2023.pdf](#)

About the guidance

1. Putting recommendations into practice can take time. How long will vary from guideline to guideline, and will depend on how much change in practice or services is needed. Implementing change is most effective when aligned with local priorities. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.
2. For more information about the different types of vaginal oestrogen and how to use them [How and when to use vaginal oestrogen - NHS \(www.nhs.uk\)](#)
3. This guideline covers women, trans men and non-binary people registered female at birth who are who are not currently using gender-affirming hormone therapy.
4. There is a lack of evidence for whether gender-affirming hormone therapy taken in the past affects menopause treatment, and as such the independent committee has made a recommendation for research in this area. However, if trans men and non-binary people registered female at birth who have taken cross-sex hormones as gender-affirming therapy in the past are experiencing hot flushes and night sweats, difficulties with sleep or depressive symptoms associated with the menopause then it should be ensured they can discuss their symptoms with a healthcare professional that has expertise in menopause. CBT should also be considered as a treatment option.