



Menopause management GP Update, 2026

Frequently Asked Questions, with Dr Simone Gonzo

Q: Can micronized progesterone be prescribed for symptoms beyond endometrial protection?

A: Yes. Micronized progesterone can help with mood changes and sexual dysfunction. It has limited effect on hot flushes and night sweats. It can also be used alongside oestrogen therapy for combined benefits.

Q: Is there a role for testosterone therapy in menopause?

A: Testosterone is generally reserved for specialised cases, such as low libido, fatigue, or brain fog. It is not part of standard menopausal hormone therapy and is usually initiated by endocrinologists or menopausal specialists with a tailored management plan.

Q: Does micronized progesterone increase breast cancer risk?

A: Evidence is mixed. Some studies, including a French study, suggest no increased risk. Clinical decisions should consider multiple sources – RCTs, professional guidelines, and patient-specific factors – and be discussed with the patient.

Q: How can I switch between different hormonal therapies?

A: You can usually stop one therapy and start another directly – no weaning is necessary. The longer half-life of some products usually prevents withdrawal symptoms.

Q: What is ZA and how effective is it for hot flushes?

A: ZA is a newer option approved for vasomotor symptoms. Evidence comes mainly from trials; real-world experience is limited. Cost may be a consideration (~\$80/month).

Q: Can combined oral contraceptives be used for perimenopausal symptoms?

A: Yes. COCPs (e.g., estrogen + progestin) can be used for symptom management and contraception. Symptom relief may be modest compared with menopausal hormone therapy.

Q: How should micronized progesterone be used cyclically in perimenopause (Day 1–12)?

A: Cyclical use reduces endometrial cancer risk while providing sleep benefits. Daily use is also acceptable if patients prefer. Irregular spotting may occur but is usually minimal. Two weeks per month is typically sufficient.

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