



Menopause management GP Update, 2026

A practical summary of current evidence to support GPs managing menopause symptoms.

Key changes at a glance

- Menopausal hormone therapy (MHT) remains the most effective treatment for vasomotor symptoms such as hot flushes and night sweats, and for urogenital atrophy.
- Treatment decisions should be symptom-driven, rather than based solely on the diagnosis of menopause.
- Individual risk assessment is essential, including medical history, contraindications, dose, duration, and whether progestogen is required.
- Evidence suggests up to seven years of MHT does not increase overall cancer, cardiovascular, or all-cause mortality, with follow-up data extending to 18 years.
- Mood symptoms alone are not a primary indication for MHT, although treatment may improve mood in some patients.
- Vaginal symptoms are often under-reported, and may present as recurrent UTIs, irritation, or presumed thrush.

Key takeaways for GPs

Menopause symptoms are common and often under-reported

- Around 80% of women experience menopausal symptoms.
- Approx. 25% experience severe or prolonged symptoms requiring treatment.

Recognise the range of presenting symptoms

Patients may not volunteer symptoms unless specifically asked. Common presentations include:

- Hot flushes and night sweats
- Vaginal dryness and genitourinary symptoms
- Sleep disturbance
- Sexual dysfunction
- Joint or muscle pain
- Mood changes

MHT remains first-line for vasomotor symptoms

- Most effective treatment for vasomotor symptoms and urogenital atrophy.
- Treatment should be individualised based on patient risk profile.
- Consider patient age, time since menopause, and comorbidities when assessing suitability.

Understand mental health considerations

- Women with a history of mood disorders or early menopause following cancer treatment may have increased risk of anxiety or depression.
- Consider mental health care plans and psychology referral where appropriate.

Focus on holistic menopause care

Management should consider:

- Symptom severity
- Patient priorities and quality of life
- Non-hormonal treatment options
- Psychological wellbeing
- Long-term health considerations

Practice tip

Many patients presenting with recurrent urinary symptoms, vaginal irritation, or persistent “thrush” that does not respond to antifungals may actually have genitourinary syndrome of menopause.

Proactively ask about vaginal dryness and urinary symptoms, particularly in older patients who may not volunteer these concerns.

Clinical reminder

Typical age of menopause:

- 🕒 early 50s

Early menopause:

- 🕒 before age 45

Premature menopause:

- 🕒 before age 40

Treatment decisions should prioritise symptom relief and patient quality of life, with therapy tailored to each patient’s individual risk profile.

Where to next

🔍 For further learning, explore HealthCert’s Primary Certificate of Menopause & Women’s Health.

➡ \$495, online, CPD accredited 30.5 hours.

🌐 Explore course at healthcert.com/mcmwh