NICE National Institute for Health and Care Excellence

NICE quality standard

Menopause

Quality standard
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Contents

This standard is based on NG23.

This standard should be read in conjunction with QS100, QS73, QS12, QS8, QS149 and QS172.

Quality statements

Statement 1 Women, trans men and non-binary people registered female at birth aged 45 or over presenting with menopause associated symptoms are diagnosed with perimenopause or menopause based on their symptoms alone, without confirmatory laboratory tests.

Statement 2 Women, trans men and non-binary people registered female at birth under 40 years presenting with menopause associated symptoms have their levels of follicle-stimulating hormone measured.

Statement 3 Women, trans men and non-binary people registered female at birth with premature ovarian insufficiency are offered hormone replacement therapy or a combined hormonal contraceptive.

Statement 4 Women, trans men and non-binary people registered female at birth having treatment for menopause-associated symptoms have a review 3 months after starting each treatment and then at least annually.

Statement 5 Women, trans men and non-binary people registered female at birth who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Quality statement 1: Diagnosing perimenopause and menopause

Quality statement

Women, trans men and non-binary people registered female at birth aged 45 or over presenting with menopause associated symptoms are diagnosed with perimenopause or menopause based on their symptoms alone, without confirmatory laboratory tests.

Rationale

In otherwise healthy women, trans men and non-binary people registered female at birth aged 45 or over, perimenopause and menopause can be diagnosed based on clinical history alone. In this age group, laboratory tests, particularly follicle-stimulating hormone (FSH), do not help with the diagnosis because hormone levels fluctuate during the perimenopause. Knowing these levels will not change management. Other laboratory tests, for example, blood count or thyroid function tests, may still be needed if non-menopausal causes of symptoms are suspected. Reducing the number of unnecessary tests will reduce stress for people, lead to potential cost savings and empower healthcare professionals to make a clinical diagnosis and provide reassuring support and advice based on their clinical experience.

Quality measures

The following measure can be used to assess the quality of care or service provision specified in the statement. It is an example of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people registered female at birth aged 45 or over diagnosed with perimenopause and menopause whose diagnosis is based on their symptoms alone, without confirmatory laboratory tests.

Numerator – the number in the denominator whose diagnosis is based on their symptoms alone, without confirmatory laboratory tests.

Denominator – the number of women, trans men and non-binary people registered female at birth aged 45 or over diagnosed with perimenopause or menopause.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (primary and secondary care and community services) ensure that systems are in place for women, trans men and non-binary people registered female at birth aged 45 or over to be diagnosed with perimenopause or menopause based on their menopausal symptoms alone, without confirmatory laboratory tests.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) do not use laboratory tests to confirm a diagnosis of perimenopause or menopause in women, trans men and non-binary people registered female at birth aged 45 or over, but base the diagnosis on menopausal symptoms alone.

Commissioners ensure that they commission services in which women, trans men and non-binary people registered female at birth aged 45 or over are diagnosed with perimenopause or menopause based on their menopausal symptoms alone, without confirmatory laboratory tests.

Women, trans men and non-binary people registered female at birth aged 45 years or over who visit their GP or practice nurse with common symptoms of the menopause are not offered unnecessary blood tests, but have their symptoms assessed by the doctor or nurse to see whether they have started the menopause or will start the menopause soon. Common symptoms of the menopause include hot flushes, night sweats, mood changes, and no periods or the occasional period.

Source guidance

Menopause: identification and management. NICE guideline NG23 (2015, updated 2024),

recommendation 1.3.1

Definitions of terms used in this quality statement

Menopause-associated symptoms

Menopause-associated symptoms include the following:

- no or infrequent periods (taking into account whether the person has a uterus)
- vasomotor symptoms (hot flushes and night sweats)
- effects on mood (for example, depressive symptoms)
- genitourinary symptoms (for example, vaginal dryness)
- musculoskeletal symptoms (for example, joint and muscle pain)
- sexual difficulties (for example, low sexual desire).

[Adapted from NICE's guideline on menopause, context section and recommendations 1.2.2 and 1.3.1]

Diagnosed

Diagnose the following without laboratory tests in otherwise healthy women, trans men, and non-binary people registered female at birth aged 45 or over with menopausal symptoms:

- perimenopause, if they have vasomotor symptoms that have recently started and any changes in their menstrual cycle
- menopause, if they have not had a period for at least 12 months and are not using hormonal contraception
- menopause, in those who have had a hysterectomy, based on the type and combination of symptoms they have (for example, vasomotor symptoms).

[NICE's guideline on menopause, recommendation 1.3.1]

Laboratory tests

Do not use the following laboratory and imaging tests to diagnose perimenopause or menopause in people aged 45 or over:

- anti-Müllerian hormone
- inhibin A
- inhibin B
- oestradiol
- antral follicle count
- ovarian volume.

[NICE's guideline on menopause, recommendation 1.3.4]

Equality and diversity considerations

Healthcare professionals should be aware that people from some ethnic minority backgrounds and people with some lifelong medical conditions may experience menopause at a younger age. This should be considered when reviewing people who have menopause associated symptoms.

Quality statement 2: Diagnosing premature ovarian insufficiency

Quality statement

Women, trans men and non-binary people registered female at birth under 40 presenting with menopause-associated symptoms have their levels of follicle-stimulating hormone (FSH) measured.

Rationale

An early diagnosis of premature ovarian insufficiency can help ensure treatment and access to specialised services sooner. This is particularly important because this population have higher morbidity and mortality during menopause than those over 45. Although in women, trans men and non-binary people registered female at birth under 40 menstrual history is often the first indication of premature ovarian insufficiency, persistently elevated FSH levels are needed to confirm the diagnosis in this age group. Changes in menstrual history can also suggest other conditions, for example, pregnancy or polycystic ovarian syndrome, and these should also be considered when making a diagnosis. People with untreated premature ovarian insufficiency (particularly surgical menopause) are at increased risk of developing osteoporosis and cardiovascular disease.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people registered female at birth under 40 presenting with menopause-associated symptoms who have their FSH levels measured.

Numerator – the number in the denominator who have their FSH levels measured.

Denominator – the number of women, trans men and non-binary people registered female at birth under 40 presenting with menopause-associated symptoms.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Average time to diagnosis of premature ovarian insufficiency from first presenting with menopause-associated symptoms for women, trans men and non-binary people registered female at birth under 40.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (primary and secondary care and community services) ensure that systems are in place for women, trans men and non-binary people registered female at birth under 40 presenting with menopause-associated symptoms to have their FSH levels measured.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) base a diagnosis of premature ovarian insufficiency on symptoms and elevated FSH levels in women, trans men and non-binary people registered female at birth under 40 who present with menopause-associated symptoms.

Commissioners ensure that they commission services in which women, trans men and non-binary people registered female at birth under 40 presenting with menopause-associated symptoms have their FSH levels measured.

Women, trans men and non-binary people registered female at birth under 40 who visit their GP or practice nurse with common symptoms associated with the menopause are offered blood tests for hormone levels to find out whether they have premature

menopause (also known as premature ovarian insufficiency). The sooner a diagnosis is made, the sooner any treatment of symptoms can start.

Source guidance

Menopause: identification and management. NICE guideline NG23 (2015, updated 2024), recommendation 1.7.2

Definitions of terms used in this quality statement

Premature ovarian insufficiency

Menopause occurring before the age of 40, which is also known as premature ovarian failure or premature menopause. It can occur naturally or as a result of medical or surgical treatment. [NICE's guideline on menopause, full guideline glossary]

Menopause-associated symptoms

Menopause-associated symptoms include the following:

- no or infrequent periods (taking into account whether the person has a uterus)
- vasomotor symptoms (hot flushes and night sweats)
- effects on mood (for example, depressive symptoms)
- genitourinary symptoms (for example, vaginal dryness)
- musculoskeletal symptoms (for example, joint and muscle pain)
- sexual difficulties (for example, low sexual desire).

[Adapted from NICE's guideline on menopause, context section and recommendations 1.2.2 and 1.3.1]

Measuring FSH

Two blood samples taken 4 to 6 weeks apart. [NICE's guideline on menopause,

recommendation 1.7.2]

Quality statement 3: Managing premature ovarian insufficiency

Quality statement

Women, trans men and non-binary people registered female at birth with premature ovarian insufficiency are offered hormone replacement therapy (HRT) or a combined hormonal contraceptive.

Rationale

Women, trans men and non-binary people registered female at birth with premature ovarian insufficiency should be offered sex steroid replacement with either HRT or a combined hormonal contraceptive unless contraindicated (for example, because of hormone-sensitive cancer). Without treatment, this population can experience the effects of menopause for most of their adult life. This can lead to reduced quality of life and an increased risk of developing osteoporosis and cardiovascular disease, which can lead to early mortality.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people registered female at birth with premature ovarian insufficiency who receive HRT or a combined hormonal contraceptive.

Numerator – the number in the denominator receiving HRT or a combined hormonal contraceptive.

Denominator – the number of women, trans men and non-binary people registered female

at birth with premature ovarian insufficiency.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Long-term health effects (for example, osteoporosis or cardiovascular disease) in women, trans men and non-binary people registered female at birth with premature ovarian insufficiency.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (primary and secondary care) ensure that systems are in place for women, trans men and non-binary people registered female at birth with premature ovarian insufficiency to be offered HRT or a combined hormonal contraceptive.

Healthcare professionals (such as GPs, practice nurses and healthcare professionals with expertise in menopause) offer HRT or a combined hormonal contraceptive to women, trans men and non-binary people registered female at birth with premature ovarian insufficiency unless contraindicated (for example, in women, trans men and non-binary people registered female at birth with hormone-sensitive cancer).

Commissioners ensure that they commission services in which women, trans men and non-binary people registered female at birth with premature ovarian insufficiency are offered HRT or a combined hormonal contraceptive.

Women, trans men and non-binary people registered female at birth with early menopause (also known as premature ovarian insufficiency) are offered either HRT or the combined contraceptive pill to help relieve their symptoms if these treatments are suitable for them.

Source guidance

Menopause: identification and management. NICE guideline NG23 (2015, updated 2024), recommendation 1.7.6

Definitions of terms used in this quality statement

Premature ovarian insufficiency

Menopause occurring before the age of 40, which is also known as premature ovarian failure or premature menopause. It can occur naturally or as a result of medical or surgical treatment. [NICE's guideline on menopause, full guideline glossary]

Quality statement 4: Reviewing treatments for menopause-associated symptoms

Quality statement

Women, trans men and non-binary people registered female at birth having treatment for menopause-associated symptoms have a review 3 months after starting each treatment and then at least annually.

Rationale

A review 3 months after starting a treatment for menopause-associated symptoms ensures that changes to dosage or formulation can be made if there are persistent side effects such as bloating, nausea and breast discomfort. Once treatment is established, further review is needed to assess new or pre-existing health problems, to carry out basic health checks (for example, measuring weight and blood pressure), and to inform and engage women in national screening programmes. Review should take place at least once a year, but may be needed more often if there are clinical indications for this. For most women, trans men and non-binary people registered female at birth, menopause-associated symptoms respond well to treatment. However, for some whose symptoms do not improve or side effects are troublesome, review will identify if they need to be referred for help and support from a healthcare professional with specialist training and expertise.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

a) Proportion of women, trans men and non-binary people registered female at birth

having treatment for menopause-associated symptoms who have a review 3 months after starting treatment.

Numerator – the number in the denominator who have a review 3 months after starting treatment.

Denominator – the number of women, trans men and non-binary people registered female at birth having treatment for menopause-associated symptoms.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of women, trans men and non-binary people registered female at birth receiving treatment for menopause-associated symptoms who have an annual review within 12 months of the 3-month review or last annual review.

Numerator – the number in the denominator who have an annual review within 12 months of the 3-month review or last annual review.

Denominator – the number of women, trans men and non-binary people registered female at birth receiving treatment for menopause-associated symptoms.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (primary care) ensure that women, trans men and non-binary people registered female at birth having treatment for menopause-associated symptoms have a review 3 months after starting each treatment and then at least annually.

Healthcare professionals (such as GPs and practice nurses) ensure that they offer women, trans men and non-binary people registered female at birth a review 3 months after starting each treatment for menopause-associated symptoms, and then at least annually.

Commissioners ensure that they commission services in which women, trans men and non-binary people registered female at birth having treatment for menopause-associated symptoms have a review 3 months after starting each treatment and then at least annually.

Women, trans men and non-binary people registered female at birth having treatment to help with menopause-associated symptoms have a review 3 months after starting each treatment, and then have a review at least once a year. The aim of a review is to check that the treatment is working and that side effects are not a problem.

Source guidance

Menopause: identification and management. NICE guideline NG23 (2015, updated 2024), recommendation 1.9.2

Definitions of terms used in this quality statement

Menopause-associated symptoms

Menopause-associated symptoms include the following:

- no or infrequent periods (taking into account whether the person has a uterus)
- vasomotor symptoms (hot flushes and night sweats)
- effects on mood (for example, depressive symptoms)
- genitourinary symptoms (for example, vaginal dryness)
- musculoskeletal symptoms (for example, joint and muscle pain)
- sexual difficulties (for example, low sexual desire).

[Adapted from NICE's guideline on menopause, context section and recommendations 1.2.2 and 1.3.1]

Quality statement 5: Information before treatment likely to cause menopause

Quality statement

Women, trans men and non-binary people registered female at birth who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Rationale

Some medical or surgical treatments can affect fertility and induce menopause. Women, trans men and non-binary people registered female at birth should be given information so that they know about these long-term consequences of treatment. Those who go through menopause as a result of medical or surgical treatment may be younger than those having natural menopause, and so are less likely to know about menopause-associated symptoms. Awareness of symptoms ensures that people can access treatment and services as soon as they need them. This is important because this population are at higher risk of psychological and physical morbidity.

Quality measures

The following measure can be used to assess the quality of care or service provision specified in the statement. It is an example of how the statement can be measured, and can be adapted and used flexibly.

Process

Proportion of women, trans men and non-binary people registered female at birth having medical or surgical treatment that is likely to cause the menopause who are given information about menopause and fertility before they have their treatment.

Numerator – the number in the denominator who are given information about menopause and fertility before they have their treatment.

Denominator – the number of women, trans men and non-binary people registered female at birth who have medical or surgical treatment that is likely to cause the menopause.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers (secondary care) ensure that systems are in place for women, trans men and non-binary people registered female at birth who are likely to go through menopause as a result of medical or surgical treatment to be given information about menopause and fertility before they have their treatment.

Healthcare professionals (such as secondary care consultants) ensure that before treatment they give information about menopause and fertility to women, trans men and non-binary people registered female at birth who are likely to go through menopause as a result of medical or surgical treatment.

Commissioners ensure that they commission services in which women, trans men and non-binary people registered female at birth who are likely to go through menopause as a result of medical or surgical treatment are given information about menopause and fertility before they have their treatment.

Women,trans men and non-binary people registered female at birth having treatmentor surgery that is likely to cause the menopause are given information about menopause and effects on fertility before they have their treatment. This is so that they have all the information they need before deciding to go ahead with the treatment. Treatments that are likely to cause the menopause include chemotherapy and radiotherapy to treat cancer, and surgery that involves the ovaries.

Source guidance

Menopause: identification and management. NICE guideline NG23 (2015, updated 2024), recommendation 1.2.6

Definitions of terms used in this quality statement

Information

Information should include:

- risk of impaired or loss of fertility
- risk of early menopause
- common menopause-associated symptoms
- longer-term health implications of menopause
- contraceptive advice.

[Adapted from NICE's guideline on menopause, recommendations 1.2.1, 1.2.3 and 1.2.4, and full guideline on menopause]

Equality and diversity considerations

All information should be culturally appropriate and accessible to women with additional needs, such as physical, sensory or learning disabilities, and to women, trans men and non-binary people registered female at birth who do not speak or read English. Interpreters and advocates should be provided if needed.

Update information

Minor changes since publication

November 2024: Changes have been made to align this quality standard with the updated NICE guideline on menopause. Links, definitions and source guidance references have been updated throughout. The quality standard has also been updated to include trans men and non-binary people registered female at birth.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standard advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource

impact work for the source guidance. Organisations are encouraged to use the resource impact products for NICE's guideline on menopause: identification and management to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Menopause Society
- Primary Care Women's Health Forum
- Royal College of Obstetricians and Gynaecologists
- Faculty of Sexual and Reproductive Healthcare
- Royal College of Nursing (RCN)
- Royal College of General Practitioners (RCGP)