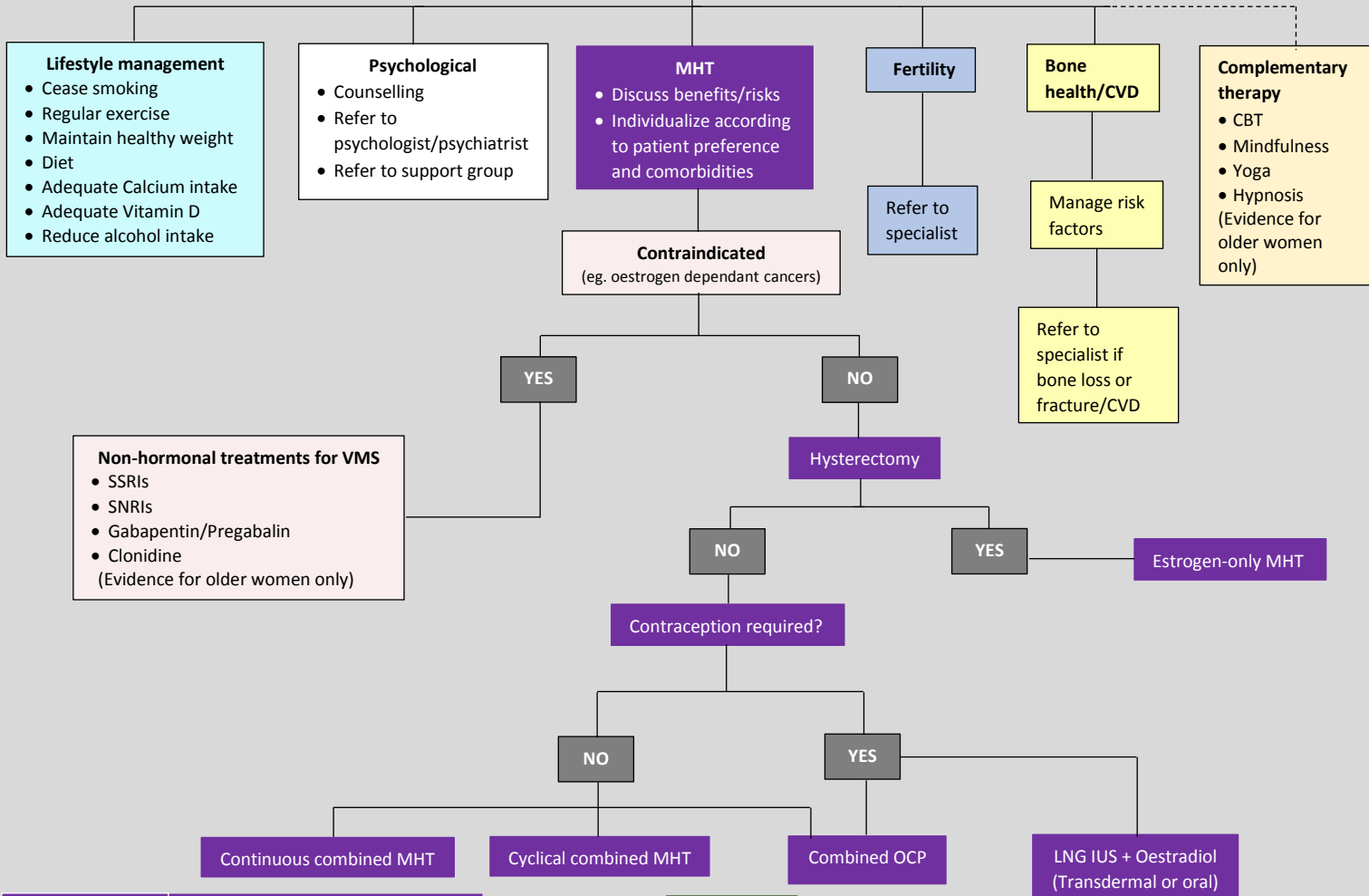


Management algorithm for premature ovarian insufficiency (POI)

Evaluation for treatment and complication screening	
History and examination	Investigations
Cause of POI Symptoms Sexual function Osteoporosis risk factors CVD risk factors Psychological risk factors Fertility Pre-existing medical condition BP/weight/height	Renal function Liver function Bone: [Bone density Vitamin D CVD: [Lipid profile Fasting plasma glucose or HbA1c



Women with special issue	MHT
Breast cancer	<ul style="list-style-type: none"> Contraindicated
Positive BRCA1/2 post RR BSO	<ul style="list-style-type: none"> Not-contraindicated if no history of breast cancer (short term use)
Endometriosis	<ul style="list-style-type: none"> Combined MHT may reduce disease reactivation
Fibroids	<ul style="list-style-type: none"> Not-contraindicated
Turner syndrome	<ul style="list-style-type: none"> Not-contraindicated
Migraine	<ul style="list-style-type: none"> Transdermal MHT is preferred
Hypertension	<ul style="list-style-type: none"> Transdermal MHT is preferred MHT may have a beneficial effect on BP compared to OCP
History of VTE	<ul style="list-style-type: none"> Refer to a haematologist prior to MHT Transdermal MHT is preferred
Obese/overweight	<ul style="list-style-type: none"> Transdermal MHT is preferred

Monitoring

- MHT until the age of natural menopause (Unless contraindicated)
- Annual clinical review to assess MHT risks/benefits (CVD/bone health)
- Mammogram as per national recommendations
- Pap smear as per national recommendations
- Yearly TSH if positive thyroid antibody
- No specific recommendation regarding repeating antibody if initially negative

Additional notes

- Usual contraindications to OCP apply
- 17 β-E is preferred to EE/CEE
- Higher dose may be required (eg. transdermal E, 75–100 µg, oral E >2mg/d)
- Cyclical combined MHT is preferred (no longer than 12 weeks)
- Vaginal oestrogen if persisting urogenital symptoms on MHT
- Consider short-term use of testosterone patches/creams for sexual function (lack of evidence on long-term effects)
- Insufficient evidence to recommend herbal therapies/complementary medicine

Abbreviations: CVD, cardiovascular disease; BP, blood pressure; MHT, menopausal hormone therapy; SSRIs, selective serotonin reuptake inhibitors; SNRIs, serotonin nor-epinephrine reuptake inhibitors; CBT, cognitive behaviour therapy; OCP, oral contraceptive pill; LNG IUS, levonorgestrel intrauterine system; E, oestradiol; EE, ethinyl oestradiol; CEE, conjugated equine oestrogen; VTE, venous thromboembolism; RR BSO, risk reduction bilateral salpingo-oophorectomy; TSH, thyroid stimulating hormone