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MENOPAUSE THERAPY SELECTION

THROUGH A CARDIOVASCULAR LENS

Use this pathway to structure an individualized discussion. Menopausal hormone therapy is intended for symptom treatment, not cardiovascular disease prevention.

1 Confirm the Clinical Goal

Identify the most bothersome symptoms, severity, impact on sleep or functioning, prior treatment, and patient preferences.

2 Assess Cardiovascular Risk

Review blood pressure, lipids, diabetes, smoking, weight, family history, and estimated ASCVD risk when appropriate.

3 Screen for Major Concerns

History of ASCVD or MI:

- Stroke/TIA
- VTE or thrombophilia
- Unexplained vaginal bleeding
- Hormone-sensitive malignancy/ high inherited risk
- Severe liver disease
- Uncontrolled major risk factors

Are major cardiovascular or other contraindications/precautions present?

If risk is uncertain, pause and obtain additional evaluation or specialist input before prescribing.

YES

Higher or Uncertain Risk

Prioritize Nonhormonal Management

- Select evidence-based pharmacologic options according to symptom profile and contraindications
- Consider CBT or other symptom-specific behavioral strategies
- Address sleep, physical activity, weight, and cardiovascular risk factors
- Reassess response, tolerability, and goals

NO

Acceptable Risk After Individualized Assessment

Consider Menopausal Hormone Therapy

- Discuss expected symptom benefit, uncertainties, and alternatives
- Individualize formulation, route, dose, and need for endometrial protection
- Use the lowest effective dose consistent with treatment goals
- Reassess symptoms, risk profile, and ongoing need

4 Partner

Use shared decision-making to align treatment with symptom burden, cardiovascular risk, values, and preferences.

5 Optimize Prevention

Address hypertension, lipids, diabetes, tobacco exposure, physical activity, nutrition, sleep, and weight as indicated.

6 Follow Up

Assess symptom response, adherence, adverse effects, risk-factor control, and whether the treatment plan still fits the patient's goals.

Key evidence: El Khoudary et al. Circulation. 2020;142:e506-e532. doi:10.1161/CIR.0000000000000912.

Additional medication-specific selection should follow current prescribing information and applicable clinical guidance.

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