

Clinical presentation: Suspected perimenopause

Refer to: Gynaecologist (or endocrinologist if diagnostic uncertainty or complex comorbidity)

Urgency: Routine referral (earlier if atypical features or diagnostic uncertainty)

Perimenopause is the transition before menopause, marked by hormonal changes and irregular periods. Symptoms are common but can affect quality of life and overlap with other conditions, so recognising it early helps guide management and rule out other causes.

When to refer

- Uncertain diagnosis (e.g. atypical age <40 or >55 at onset)
- Significant vasomotor symptoms (e.g. hot flushes, night sweats) not responding to first-line management
- Complex menstrual disturbance (e.g. heavy, prolonged, or irregular bleeding)
- Contraindications to or difficulty initiating menopausal hormone therapy (MHT)
- Premature ovarian insufficiency suspected
- Coexisting conditions complicating management (e.g. migraine, VTE risk, breast cancer history)
- Patient preference for specialist input

Initial GP work up

Where clinically appropriate and without delaying referral:

- Pregnancy test (if relevant)
- FSH and oestradiol (only if diagnosis unclear, particularly <45 years)
- Thyroid function tests
- Full blood count (if heavy bleeding)
- Iron studies
- Pelvic ultrasound (if abnormal bleeding)

When to refer urgently

- Postmenopausal bleeding
- Heavy or persistent abnormal uterine bleeding causing anaemia or haemodynamic concern
- Suspicion of endometrial or other gynaecological malignancy
- New pelvic mass or significant pelvic pain
- Onset of symptoms suggestive of alternative pathology (e.g. thyroid disease, hyperprolactinaemia)

Information to include in referral

- Age and menstrual history (cycle pattern, last menstrual period)
- Symptom profile (vasomotor, psychological, urogenital) and severity
- Impact on quality of life
- Relevant medical history (e.g. VTE, cancer, cardiovascular risk)
- Current and previous treatments (including MHT or non-hormonal therapies)
- Investigation results (blood tests, imaging)
- Medications and contraception history

Your referral is
always welcome.

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