

## Management of the Menopause, 5th edition

Margaret Rees,  
John Stevenson,  
Sally Hope,  
Serge Rozenberg,  
Santiago Palacios

London: Royal  
Society of Medicine  
Press and British  
Menopause Society  
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Management of the Menopause, is a relevant and comprehensive summary of the assessment and management of women in mid-life. It is particularly relevant to GPs, nurses, specialists and allied health practitioners involved in the health care of mid-life women. The book is well formatted, easy to read and easy to navigate.

Many women would also find this book enlightening and practical. With so much inaccurate information available via the internet, media and friends, here they can read the facts, understand their specific health risks and arm themselves with appropriate questions to discuss with their GP.

Management of the Menopause is written by well respected and credentialed authors, each with a different slant depending on their particular specialty and research interests. The inclusion of a female GP ensures that issues facing primary care practitioners are fully covered and relevant.

This book concisely summarises the main issues surrounding women in mid-life. The authors then provide a list of further reading relevant to each section, allowing the health practitioner to gain an overview first and then explore more detailed literature as desired.

Of particular note, the chapter covering 'Benefits, risks and uncertainties of oestrogen

based therapies', accurately and succinctly puts current research into perspective.

The only issues that I would highlight is that the book is written with a British/European flavour. Some of the drug formulations are not available in Australia and some of the national health policies differ.

Also, there are a couple of areas which are very light yet are major clinical issues affecting quality of life and often the original reason that women seek help from their GP: sexual dysfunction, particularly non-hormonal causes and use of androgen therapy; and psychological/mood symptoms affecting women in mid-life. Similarly, in the current climate of responsible use of complementary therapies, the negative issues relating to bio-identical hormones are not covered strongly enough.

Sue Reddish  
Canterbury, Vic

## First do no harm

Being a resilient doctor in the 21st century

Leanne Rowe,  
Michael Kidd

North Ryde: McGraw  
Hill Australia Pty Ltd,  
2009

ISBN 978 007 0276 970,  
\$34.95



I learnt a few new things reading this book. It was the first time I had actually read the Hippocratic oath. It was also the first time I read the Declaration of Geneva, which was adopted by the 2<sup>nd</sup> General Assembly of the World Medical Association in 1948 as a declaration of the humanitarian goals of medicine. It is an updated pledge to the higher values of a commitment to medicine, encapsulating many of the sentiments of the original Hippocratic oath, one of which included the care of our colleagues. One of the familiar statements from our medical enculturation, 'First do no harm' is attributed to

Hippocrates, and reminds us to consider possible harm to patients from every medical intervention. Rowe and Kidd broaden this concept for the 21<sup>st</sup> century, including the importance of doing no harm to ourselves, embedding self care as an essential part of working as a doctor.

They provide us with inspirational stories of Australian doctors who displayed fierce determination, exemplary care for their patients, resilience and humility. At first this seemed at odds with the remainder of the book. I found myself wondering about the personal toll of their medical careers on these devoted individuals and whether they were able to manage good self care. The book then moves to practical strategies for self care tailored to the specific issues that often face doctors in maintaining physical and emotional health: understanding the personality and professional risk factors that set us up for health concerns; recognising the signs of stress; achieving work life balance; managing time effectively; overcoming the tendency to control others instead of managing our own stress; challenging unhelpful beliefs;

establishing a relationship with our own GP; and most importantly nurturing and strengthening our personal relationships.

When I came to the end of the book I realised the importance of the inspirational stories at the beginning. It is about the importance to our wellbeing of finding meaning and inspiration in our work and our lives, living according to our personal values and striving to create a legacy from our professional and personal lives.

For me, the most important aspect of the book is a symbolic one: two of our most respected leaders espousing the integral importance of self care to our professional role. For that reason alone, 'First do no harm' should be prescribed reading for medical students and doctors in all stages of their careers. The next step for us as a profession is to come to consider that our health and wellbeing is important for ourselves, as it is for all individuals, and not only because it helps to make us resilient doctors, but better able to care for others.

Jenni Parsons  
Woodend, Vic

Treatment of Symptoms of the Menopause: An Endocrine Society Clinical Practice Guideline | ENDO 2015. Essential Points. 1.2 If establishing a diagnosis of menopause is necessary for patient management in women having undergone a hysterectomy without bilateral oophorectomy or presenting with a menstrual history that is inadequate to ascertain menopausal status, we suggest making a presumptive diagnosis of menopause based on the presence of vasomotor symptoms (VMS) and, when indicated, laboratory testing that includes replicate measures of FSH and estradiol. A small number of women experience menopause symptoms for up to a decade before menopause actually occurs, and 1 in 10 women experience menopausal symptoms for 12 years following their last period. The median age for menopause is 51, though it may occur on average up to two years earlier for African-American and Latina women. More studies are needed to understand the onset of menopause for non-Caucasian women. There are many factors that help determine when you begin menopause, including genetics and ovary health. Perimenopause occurs before menopause.

The hormonal correlates of reproductive aging and the menopause transition reflect an initial loss of the follicle cohort, while a responsive ovary remains, and an eventual complete loss of follicle response, with persistent hypergonadotropic amenorrhea. The physiology of the process is described, along with key findings of relevant studies, with an emphasis on the Study of Women's Health Across ...<sup>Â</sup> Materials and methods: A total of 25/295 (8%) women had clinical features of PCOS defined by a premenopausal history of irregular menses and current biochemical evidence of hyperandrogenemia, defined as the top quartile of androstenedione ( $\hat{\%}\text{¥}701$  pg/mL), testosterone ( $\hat{\%}\text{¥}30.9$  ng/dL), or free testosterone ( $\hat{\%}\text{¥}4.5$  pg/mL). Cox proportional hazard model estimated death ( $n = 80$ ). Management and treatment of menopausal symptoms depend on each individual woman's experience. Healthy living, herbal and complementary therapies (including herbs and phytoestrogens), menopausal hormone therapy, or MHT (formerly called hormone replacement therapy, or HRT), or some non-hormonal prescription medications may assist with symptoms.<sup>Â</sup> Menopause is a unique experience for all women and a range of management options is available for the different symptoms, including: healthy living, menopausal hormone therapy, or MHT (formerly called hormone replacement therapy, or HRT).