Diagnostic tests for menopause

Perimenopause and menopause should be diagnosed without laboratory tests in otherwise healthy women aged over 45 years, on the basis of vasomotor symptoms, irregular periods and amenorrhea.

Levels of follicle-stimulating hormone (FSH)

- These are used to diagnose early menopause in symptomatic women aged 40–45 years.
- They are also used to diagnose premature ovarian insufficiency in women under the age of 40, with two samples taken 4–6 weeks apart.
- Premature ovarian insufficiency should not be diagnosed on the basis of a single blood test.
- Levels should not be measured in women using combined estrogen and progestogen contraception or high-dose progestogen, as they may be suppressed and the results difficult to interpret.
- FSH levels should not be used to monitor menopausal hormone therapy.
- Menopausal women have FSH levels >30 IU/l.

Estimated levels of luteinizing hormone (LH), estradiol, progesterone and testosterone are of no value in the diagnosis of ovarian failure.

Markers of ovarian reserve

These are used in the assessment of premature ovarian insufficiency. They include:

- Anti-Mullerian hormone
- Inhibin A and inhibin B
- Antral follicle count and ovarian volume

Further tests for premature ovarian insufficiency

- Karyotyping (for diagnosis of Turner syndrome)
- Test for Y chromosome material
- Fragile-X premutation testing
- Autoantibody screen (adrenal, thyroid)

Other tests

These include:

- Thyroid function tests (free thyroxine [T4] and thyroid stimulating hormone)
- Prolactin levels
- Testosterone levels
- Plasma or urinary metanephrines (pheochromocytoma)
- Urinary 5-hydroxyindolacetic acid and serum chromogranin A/B (to test for carcinoid syndrome)

Further information

NICE. Menopause: diagnosis and management https://www.nice.org.uk/guidance/ng23

ESHRE. Guideline on the management of premature ovarian insufficiency https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Management-of-premature-ovarian-insufficiency