



MenopauseCentre
australia

Information about your menopause treatment program

**Helpful tips
and other
useful
information**



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WELCOME

Welcome to the Australian Menopause Centre (AMC).

Our aim is to provide you with a treatment program of Natural Hormone Replacement Therapy (NHRT) designed to help your menopausal symptoms subside as quickly as possible.

Every woman is physiologically different and will also be at a different stage of menopause. This is why we individualise our approach on a person by person basis.

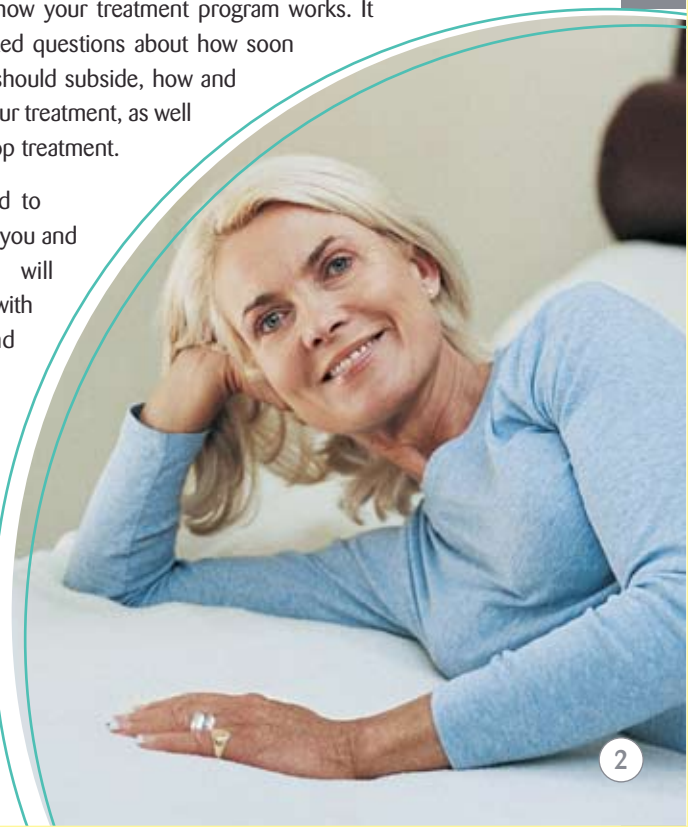
We will recommend a starting point for your treatment based on your medical history as well as your current symptoms. We may use pathology testing of your hormones as a helpful diagnostic tool. We encourage your regular feedback so that we can understand how best to address your symptoms over time. To this end, if you are a member of our monthly program we will make contact with you every month. Based on your feedback, relevant medical history and any investigation results, we will counsel you and if necessary, adjust your medication dosage to ensure that you gain the best symptom relief with the lowest required treatment dose.

This booklet briefly explains how your treatment program works. It answers many commonly asked questions about how soon your menopausal symptoms should subside, how and when you need to fine tune your treatment, as well as when you can expect to stop treatment.

Our skilled staff are delighted to have the opportunity to assist you and we assure you that we will endeavour to provide you with our prompt, personal and professional attention.

Kind regards

Dr Gary Aaron
MEDICAL DIRECTOR
Australian Menopause
Centre



INTRODUCTION

WHAT IS MENOPAUSE?

Menopause is a natural change that occurs in a woman, marking the end of her monthly menstrual periods, sometimes referred to as “cessation of the menses”, “the climacteric” or “change of life”. Menopause is the last stage of a gradual biological process in which the ovaries reduce their production of sex hormones. Most of the symptoms of menopause come from decreased production of the hormone oestrogen. This process progresses gradually over a period of time. It is rare for a women to be menstruating after the age of 55.

WHEN WILL IT OCCUR?

The average age of menopause is 51 however some women can experience symptoms from age 35 or earlier. It is most common for menopausal symptoms to occur between the mid forties and early fifties. Sometimes a woman will follow the same course as her mother.

Menopause can be induced by surgically removing the ovaries. Early onset of menopause may also occur from cancer therapy, certain illnesses or diseases and smoking.

WHAT ARE THE SYMPTOMS?

Menopause is an individual experience, therefore symptoms and intensity of symptoms will vary from person to person. Typical symptoms are night sweats, hot flushes, mood swings, anxiety, depression, insomnia, vaginal dryness (painful intercourse) and loss of libido (low sex drive).



PHASES OF MENOPAUSE

The phases of menopause can be characterised as follows:

1. **Pre Menopause** can occur from age 35 onwards and women may have regular periods but be experiencing menopausal symptoms.
2. **Peri Menopause** can occur in the middle to late 40s and women may experience irregular menstrual periods and symptoms such as hot flushes, night sweats, mood swings or depression.
3. **Menopause** is marked by the end of monthly bleeding and signals a major decline in oestrogen production. It could be said to have commenced when a woman in her 40s or 50s has not had a period for six months or more. If it has been 12 months since her last period, then menopause is almost certain.
4. **Post Menopause** represents the first five or so years after menopause. The lack of oestrogen released from the ovaries leads to several changes. These may include decrease in bone density, rising levels of cholesterol and other lipids in the blood, and other physical changes. Hot flushes, night sweats and mood swings may occur during this phase, although these generally decrease within one to two years.

Despite a commonly held belief, menopause is not an end ~ it is a beginning. Most women will live at least one-third of their lives after menopause. Menopause can be described as the beginning of a new phase in a woman's life that will bring different expectations, opportunities and experiences.

GETTING STARTED

This section outlines the steps involved as well as what to expect when you first commence the treatment program. Also included is some general information and some useful health and lifestyle tips that may help you minimise your symptoms and improve your quality of life.

OUR GOAL

Our goal is to provide you with a NHRT treatment program designed to adequately control your menopausal symptoms, and to provide a low dose treatment to accommodate your body's requirements.

We will assist you in reaching that goal by us first arriving at a starting point for your treatment and then monitoring your situation until such time as you are ready to be weaned off the treatment.

STEPS IN BRIEF

Step 1: In order for us to arrive at that starting point we will require:

- your detailed medical history
- a description of your current menopausal symptoms
- results from pathology and or other investigations

Our staff will assist you organising this in advance of your first consultation with one of our doctors.

Step 2: An initial consultation will then be booked for you with one of our doctors. Based on the information and the outcome of your first consultation, our doctors will suggest an appropriate course of action.

Step 3: Frequent follow up with you by our patient care team during the **initial phase** of your treatment.

Step 4: Continuing regular **monthly** follow up, providing you with our counsel and assistance along the way.

Step 5: Finally assisting you to wean off the treatment.



WHAT TO EXPECT IN THE FIRST FOUR MONTHS

It's important to understand that it may have taken years for your body to become hormonally imbalanced - it's not possible to correct this instantly.

Every woman will respond differently. Response will also be dependent on the particular stage of the menopause a woman is at. Your response will be in accordance with your body's natural sensitivity and absorption rate of the various hormones. You may experience rapid symptom relief or, as is more usually the case, this may take a number of weeks.

Some women, especially in the first 14 days after starting NHRT, may experience an increase in hot flushes and night sweats. These may actually increase in intensity and frequency before they start to reduce. This may be due to what we refer to as an "oestrogen dip" - this is when your body reduces production of its own oestrogen in response to the NHRT supplementation.

When you begin your treatment program, you may experience symptoms that reflect insufficient supplementation or over-sensitivity to the hormones. These symptoms may include uncomfortable reactions such as:

- insufficient response to the medication ~ your symptoms haven't completely subsided
- break-through bleeding
- breast tenderness
- bloatedness
- headaches

Your response to the medication should stabilise over a period of time.

ADJUSTING YOUR INITIAL DOSAGE

If you are experiencing any unwanted symptoms including any of those set out above, it is important that you contact the AMC help line on 1300 883 405 and book an appointment as soon as possible.

If you would like to discuss your medication, at the very least you should contact us within 21 days after receiving your last batch of medication. This will give us enough time to consult with you and adjust your dosage before delivery of your next batch of medication. (If you do not contact our help line within 21 days of delivery, your next batch of medication will automatically be dispatched to you at the same strength and composition of your current prescription).

At all times it is vital that you take the medication according to the instructions supplied with the medication and the advice given by our medical team.

REGULAR FOLLOW UP

One of our goals is to provide you symptom relief using the **lowest required dose** of NHRT **for as short a duration** as is required.

In order to fine tune your treatment and reach this goal, your treatment dosage will from time to time require a **review**.

If after your initial consultation with one of our doctors, you decide to join our program, we will contact you as follows:

During the first four months:

After the date your first medication is dispensed, we will contact you towards the end of the first week. We will then contact you regularly during this time.

You will also be able to contact us for advice.

It is recommended that you have a medical review with one of our doctors at least once every six months.

HOW LONG WILL YOU REMAIN ON THE PROGRAM?

It is normal for women to remain on the program from anywhere between two and five years (some women may require treatment beyond five years.)

Treatment duration is determined by your body's adjustment to the menopause and its ability to eventually cope without supplementation. With ongoing regular testing and assessment of your symptoms we will be able to guide you through your program.





REDUCING YOUR DEPENDENCY

The rebalancing process involves two different but equally important hormones.

Oestrogen can be effective for hot flushes, night sweats, low energy, skin dryness and vaginal dryness but in excess can cause fluid retention.

Progesterone can be effective in reducing anxiety, mood swings and stress. It also helps release excess fluid from the body and helps with hot flushes and improves sleep.

While both of those hormones offer positive benefits, the benefit of one hormone can be offset by the other if dosage levels are not carefully monitored. For example, oestrogen causes fluid retention while progesterone acts like a diuretic and helps with fluid release. It is important to ensure that while we are weaning you off your treatment, the correct balance is maintained.

The duration of the complete process of weaning off NHRT may vary but may be as short as just a few months. Each month during the weaning off process we will determine from you, based on your feedback, how you are progressing and whether or not any of your symptoms have returned. Together with you, we will consider each month whether or not to reduce your medication any further. Of course, if any symptoms return during this process, you should contact AMC immediately.

YOUR MEDICAL CHECKLIST ✓

YOUR MEDICAL CHECKLIST

As part of your treatment program, we may recommend that you undertake specific medical tests. These will be advised by our doctor during your consultation.

In addition, we suggest that you consult with your general practitioner and have the following tests:

- | | |
|---------------------------|---|
| Pap Smear | Every 2 years (unless you have had a hysterectomy or if you are being followed for previous abnormal smears). |
| Mammogram | Every 2 years. Especially if over the age of 50. Some women, with a family history of breast cancer, may require a mammogram yearly and from an earlier age. Regular self examination of your breasts is also recommended. |
| Blood Pressure | At least every 12 months (more regularly if on blood pressure medication). |
| Cholesterol Levels | Consider an initial assessment of your cholesterol and other blood lipids, especially if you are overweight or you have other risks of having elevated cholesterol, e.g. a family history of heart disease. Further testing will depend on this initial result. |
| Blood Sugar Levels | An initial assessment of your blood sugar is advisable. Further testing will depend on this initial result. |
| Bone Scan | An initial bone scan is advisable.
Further bone scans will depend on this outcome. |

As a patient of the Australian Menopause Centre we encourage you to maintain these regular medical checks and also strongly advise that you inform us of your results.

As part of our ongoing commitment to patient care, we would also encourage you to have a minimum six monthly medical review with our Medical Support Team. If you have not had a medical review in the past six months please contact us for an appointment.



COMPOUNDING OF HORMONES

PRESCRIBED BY DOCTORS AND COMPOUNDED TO ORDER

The Hormones used in NHRT have chemical structures identical to those the human body produces naturally and are commonly referred to as being “bio identical”. Bio identical hormones with the appropriate strength to assist in relieving your symptoms cannot be dispensed over the counter of a retail pharmacy. They can only be dispensed by prescription.

Your NHRT medication will be individually compounded as prescribed by our doctors according to the specific dose and combination you require. Because these hormones are compounded to order, our doctors can tailor a formulation to suit. Furthermore, the medication can be fine tuned over time to increase or decrease the strength.

The pharmacy that compounds the medication is a dedicated compounding pharmacy and uses only British Pharmacopoeia (BP) or United States Pharmacopoeia (USP) grade products. Good manufacturing practices and principles, along with using the highest grades of raw ingredients ensure the quality of the medication dispensed.



GENERAL INFO & ADVICE

THE IMPORTANCE OF DIET AND EXERCISE

The adrenal glands are important in the production of androstenedione - a precursor to oestrogen and testosterone. The adrenal glands also produce a small amount of progesterone. Our low-dose NHRT supplementation program is designed to help manage the transition through menopause while your body adapts to changes in hormone production.

A HEALTHY DIET

One of the best ways to support your adrenal glands is by ensuring your diet is adequate for your body's needs. Women who frequently go on weight loss programs are at a particularly high risk of adrenal gland deficiency due to inadequate nutrition, as are women who consume large amounts of "junk food", and tend to "snack" rather than eat balanced healthy meals.

Most women would love a magic formula that allows them to lose their excess weight accumulated over the years of "bad eating habits". There are a lot of diets out there that do work but the best approach at this stage in your life is a "healthy, balanced diet approach" where the emphasis is on moderation, variety and lifestyle. It is so important not to think about it as a diet but rather as an eating plan and as a way of life for the rest of your life!

Physical stress is often a clinical feature during the menopause. Maintaining a healthy diet containing a variety of fresh foods may help combat the symptoms of menopause.

One course of action is to take a multivitamin every day, but for overall health, eating a balanced, nutritious diet is crucial. Vitamins alone will not compensate for poor eating habits. Your diet should include fresh vegetables and fruit, cereals, nuts and whole grains. You should also eat small portions of fish, chicken and lean meat at least 3 to 4 times a week and drink at least 6 - 8 glasses of clean filtered water a day.



A HEALTHY EATING/LIFESTYLE GUIDE

(This is a guide only - please consult a nutritionist or dietician for advice)

Some pre and post menopausal women may experience problems maintaining their weight, particularly in the abdominal area.

A diet high in fat, sugar and salt can lead to weight gain and can increase the risk of obesity. Carrying excess weight does not just increase the risk of heart disease, diabetes and certain cancers, it is also associated with fatigue, decreased self esteem, poor mental and physical performance, mood swings and depression. A diet low in the essential nutrient calcium (needed to keep your bones strong) increases the risk of bones becoming weak or brittle ~ a condition known as osteoporosis (see below).

Maintaining a healthy weight and healthy lifestyle may assist in preventing heart disease, stroke, high cholesterol, high blood pressure, sleep apnoea, gallstones and diabetes and may ease arthritis.

In order to attain and maintain a healthy weight (whether you are menopausal or not), you need to reduce your kilojoule intake:

- choose low-fat or reduced-fat milks and yoghurt
- eat lean meat and avoid processed delicatessen meats
- snack on fresh fruits and unsalted nuts
- incorporate legumes such as peas, beans, lentils and soy beans into 2 meals a week
- choose low glycaemic (GI) index breakfast cereals, bread, pasta, noodles and rice with your meals
- limit takeaway food to once a week at the most
- limit cakes, pastries, chocolate and lollies to once a week
- limit intake of soft drinks, alcohol and fruit juices
- reduce consumption of sugar
- drink clean, filtered water

Looking after your heart, blood pressure and cholesterol:

- increase your physical activity
- lose weight if you are overweight. Determination of ideal weight can be done by measuring your Body Mass Index (BMI). Your GP can do this for you
- increase Omega 3 and Omega 6 fats in your diet by eating oily fish, walnuts, flaxseed oil and linseeds
- stopping smoking is the single most important thing you can do to reduce your risk of heart disease
- reduce your intake of caffeine and salt
- avoid MSG, fizzy soft drinks and pickled / smoked foods

Keep in mind:

- think before you eat!
- moderation and portion control
- eat at least three times per day
- eat a wide variety of fresh fruit and vegetables daily



- make sure you include healthy fats in your diet (Omega 3, 6 and 9)
- make sure you have enough protein in your diet
- keep a food diary and see EXACTLY what you are consuming over a 2-week period
- stop eating before you feel full!
- set yourself realistic and attainable goals!

Consult a dietician and set up a healthy eating program that suits your lifestyle.*

EXERCISE

Exercise is another way to improve your general health, reduce hormonal stress levels in menopause and at the same time strengthen your muscles to help you maintain your balance and help avoid a serious fall.

You do not have to be a gym fanatic to benefit from regular exercise. A moderate program can be developed for you based on your initial level of fitness (consult a professional personal trainer). Walking, stretching and swimming are wonderful types of exercise to begin with, especially if you have not exercised for a few years. Do a little every day and gradually build up your fitness.

Getting the right advice on an appropriate weight training and cardiovascular exercise program can assist with the long term success of your exercise regime.

Set some initial goals for example ~ **walk three mornings per week for 30 minutes and swim once per week for 30 minutes.**

Try and set **regular times** for exercise. This will assist you in making exercise a regular habit and a part of your life. Reassess your initial goals and make sure you are setting yourself realistic attainable goals that can be easily reached. This could help you stay motivated! Remember exercise needs to be fun!

Weight bearing exercise is a great way to assist in preventing osteoporosis and improving your general wellbeing. Weight training strengthens your bones, improves muscular endurance, posture, balance and co-ordination. You should aim to exercise for 30 minutes a day, at least 4-5 times a week.

Here are some useful tips to get you started:

- choose a workout that works for you and that you know you can follow
- warm up before you start with some stretching and do the same to warm down at the conclusion of each workout.
- set up a support network, people who will encourage you to continue.
- **meet a friend and exercise together.**
- set yourself realistic and attainable goals and continually reassess them.
- find a role model.
- set up a reward system for yourself.
- plan your exercise schedule and keep an exercise diary. Remember exercise takes planning and commitment!
- enlist the help of a personal trainer who can set up a program for you.





CHECK FOR OSTEOPOROSIS

The majority of women are at risk for osteoporosis during and after the menopause.

You may have a higher risk of suffering the effects of osteoporosis if you:

- have a family history of osteoporosis
- do little or no physical activity
- are a current cigarette smoker
- have a high alcohol intake
- have a low body weight
- if you are Caucasian or Asian
- had delayed puberty
- had early onset of menopause
- had a previous osteoporotic fracture
- over 60 years of age
- have chronic liver disease, rheumatoid arthritis or kidney failure
- have a history of over-active thyroid or parathyroid glands or past treatment with thyroid hormones
- have had long term treatment with corticosteroids

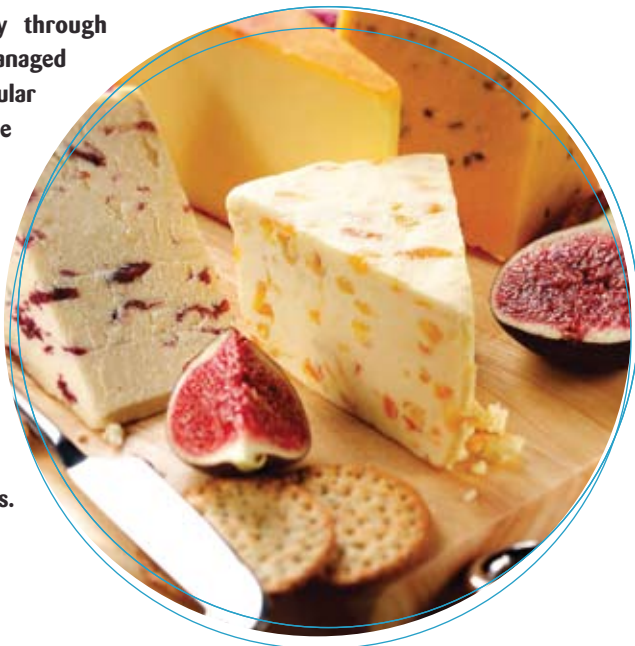
Because it is better to prevent a serious fracture than to treat one, we recommend that you have a baseline bone scan early on in your menopause, especially if there is a family history of osteoporotic fractures. The bone scan is called a DEXA scan (Dual Energy X-ray Absorptiometry scan) and is similar to having a normal X-ray (with no pain). Thereafter, and in consultation with your general practitioner, a scan every two to three years should be sufficient to monitor your progress.

FOCUS ON CALCIUM RICH FOODS

1. Most of your calcium intake will come from dairy products. In addition calcium (in lower amounts) can come from breads, cereals, fruits and vegetables.
2. If you cannot have 3-4 servings a day of milk, cheese and yoghurt, then sardines and salmon (including their bones), tofu, soy drinks enriched with calcium, nuts, legumes and seeds, eggs, broccoli and other greens will assist in increasing calcium levels. 1000mg per day is recommended or 1300mg per day if over age of 70.
3. Also reduce your intake of caffeine, M.S.G and fizzy drinks.
4. Vitamin D is essential for good bone health. It is difficult to get Vitamin D from eggs, saltwater fish and cod liver oil alone. Six minutes of sunshine daily in summer and up to 30 minutes in winter (exposure ideally not to occur between 10am and 3pm) will assist. If you are unable to get outdoors you may need a Vitamin D supplement.
5. Regular physical activity, such as walking, pilates, yoga, jogging and exercising with weights will help improve bone and muscle strength as well as coordination and balance.
6. Take your bones for a walk... get physically active.

In our experience, the journey through menopause can be successfully managed by ensuring a balanced diet, regular appropriate exercise, a positive outlook on life and some help from NHRT to help alleviate many of the distracting and unwanted symptoms that can occur.

*** The Australian Menopause Centre in conjunction with Balance Weight Loss can offer a realistic and achievable health, nutrition and Weight Loss Solutions. call 1300 133 196 or visit www.balanceweightloss.com.au**



WHAT THE MAN IN YOUR LIFE CAN DO TO HELP!

Menopause is a defining moment in a woman's life. Sure, it has its ups and downs but with a positive outlook it can be a time of empowerment. But most women cannot do it alone. They need the support of their family and friends ~ and in particular the men in their lives. For those men, we have come up with the following list of useful tips:

- **Put yourself in her position.** Imagine what it would be like to go through times of sleepless nights, hot flushes, and the like. I suspect your mood would not be great all the time.
- **Your marriage is not falling apart.** For a time it may seem your wife is no longer the woman you married. Not true! Appreciate that this roller coaster will pass and that you will both come out the other side much closer.
- **Sex? It still exists. Just don't panic.** While her sex drive may dip a little, it does not have to be dormant. Now there are many ways to deal with it. Be resourceful, be creative, keep it fun, and do not be judgmental or rush to conclusions.
- **Educate yourself.** Imagine how impressed your partner would be if you knew that the reason she was having hot flushes is most likely because her oestrogen levels are low. Find some literature and read it. Remember, education is empowerment!
- **Duck and swerve.** This is the perfect time in your life together, to encourage her to seek out women's groups, new friendships and old friends going through the same experience.
- **Keep your sense of humour.** It may not be politically correct but menopause can be funny. Try and make her laugh and see the lighter side of things. After all, laughter is the best medicine.



IMPORTANT INFORMATION

THE HEALTH RISKS OF HORMONE REPLACEMENT THERAPY

Breast Cancer

Studies including the Woman's Health Initiative, a large pharmaceutical trial, have indicated that conventional Hormone Replacement Therapy (HRT) is linked to a small increase in breast cancer such that taking the therapy for five years or more can result in approximately four extra cases of breast cancer per 1000 women after five years use. Studies fairly consistently suggest no increased risk with less than 5 years of hormone therapy use. No equivalent size research studies have been done specifically on NHRT so that the risks associated with NHRT has not been proven to be less (or more) than for HRT.

If you have at least one first degree relative (i.e. mother or sister) who has developed breast cancer then you are at a slightly increased risk of developing breast cancer relative to the average population. The effect of hormone therapy on breast cancer risk for women who have a family history of breast cancer (mother or sister) appears to be the same as for women who have no family history of breast cancer.

How to deal with the risk of breast cancer: It is important to be vigilant with breast monitoring throughout your life, as at no stage of your life are you ever free from the risk of breast cancer. You should have regular mammograms (at least every 2 years) and regular self examination of your breasts. This should be done regardless of whether or not you are at an increased risk of breast cancer.

Other Risks

There is an increased risk of venous thrombosis (blood clots in the veins) in women using hormone therapy, however the incidence is very low and more likely in the first year of therapy.

The Women's Health Initiative also concluded that women receiving HRT have a risk of suffering side effects such as fluid retention, headaches, irregular bleeding, weight gain and breast pain.

NHRT or HRT may therefore not be advisable in particular if the following affects you:

- **Breast Cancer** - Women who have had breast cancer in the past are at a greater risk of developing a recurrence of breast cancer.
- **Blood Clot** - Women who have had a blood clot in the past are at a greater risk of a recurrence of a blood clot. If you have had a blood clot in the past, you will need blood tests to assess this risk.
- **Stroke** - Women who have had a stroke in the past are at a greater risk of a further stroke in the future.

If any of these groups apply to you, your situation will be considered after specific blood testing and may require discussion with your specialists.

In keeping with good medical practice, we also recommend that you have your blood pressure checked by your GP at least once a year (more frequently if you have high blood pressure) and if you have not had a hysterectomy, you should have a pap smear test every 2 years. (Refer to "Your Medical Checklist" on Page 9).

To obtain further information on any of the above please discuss this during your consultation and/or with your regular medical practitioner.



HOW TO TAKE YOUR MEDICATION

YOUR STARTING DOSE

Our initial aim with your treatment program is to balance your levels of oestrogen and progesterone - the two hormones responsible for the majority of your symptoms.

To facilitate this goal most patients will initially receive two separate packs of medication as troches, (most patients are prescribed troches):

- one pink pack containing oestrogen (translucent colour)
- one blue pack containing progesterone (white colour)

For patients who are prescribed creams, please refer to the instructions accompanying your medication.

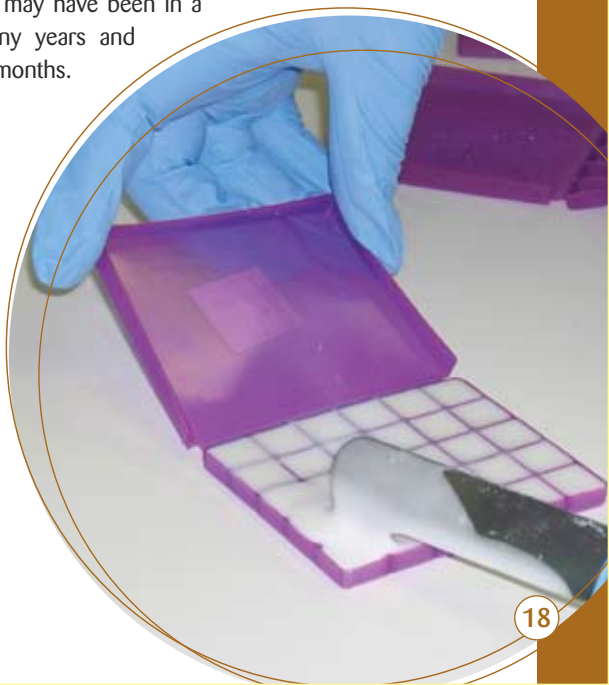
Keeping your dosage of the medication low will be the most desirable outcome for you. Therefore some dosage adjustments may be required to ensure you get the most effective result.

The purpose of these separate packages is to allow your doctor or nurse to make dosage changes as and when required. If you are taking this medication for the first time, you should have received enough medication to last you approximately eight weeks.

If you experience over-sensitivity to your NHRT (see page 6 “What to Expect in the First Four Months”), please contact the AMC Medical Helpline immediately.

It is important to understand that you may have been in a state of hormonal imbalance for many years and correcting these levels may take a few months.

Through the course of the program your doctor may prescribe a change of medication dosage for you. It is very important that you follow instructions from our medical team in relation to any changes to your medication and dose.



PRESCRIPTION DELIVERY

AUTOMATIC MONTHLY REPEATS

Medication will automatically be dispatched regularly, either monthly or bi-monthly to patients on a direct debit payment plan (if you are not on a direct debit payment plan please call AMC to arrange one). This is to ensure you never run out of medication.

If you are not home at the time of delivery the courier will leave the medication at the agreed delivery point (near the front or rear door / veranda and out of the sun or your local post office for pick up).

If you have not already done so, please contact AMC to confirm where you would like your medication left should you not be home. Likewise, it's important to notify AMC immediately if you have changed your address.

WHAT TO DO IF YOUR MEDICATION HAS NOT ARRIVED

A courier delivers your medication to you, but occasionally a batch does get lost. It is important to contact us immediately if you have only seven days medication left and have not received the next month's supply.

Each prescription is individually compounded to order at a specialised pharmacy. It can therefore take approximately five working days from the time you contact us until your medication actually arrives at your requested delivery location.

It may take slightly longer for remote areas.

IMPORTANT POINTS REGARDING MEDICATION

- If you have been late in starting your medication, please call us so that we can re-synchronise the delivery of your next batch.
- If you have not received your expected monthly delivery of medication, and you have only 7 days medication left, please urgently call us on 1300 883 405. We will need to follow up to ensure that you do not run out.
- Whilst you are on our program we strongly suggest that you **do not** take any other forms of hormone therapy unless specifically advised by our medical team.



WE ARE HERE TO HELP

At AMC we view ourselves as your resource for advice and counsel at this important stage of your life. Moreover, we understand that every woman is different which is why we place high importance on ongoing patient communication, evaluation and support.

We have a full-time medical department. They are trained and familiar with the program and are available for phone appointments. You can contact them to discuss your medication dosages or treatment program. Our team of doctors that specialise in women's health issues are also available to respond to your medical enquiries (appointment-based consultations only).

Following is a summary of the support we offer Australian Menopause Centre patients:

PATIENT CARE CALL

We will be in regular contact with you. This will be your opportunity to provide us with valuable feedback on the progress of your treatment program. If required, your AMC consultant will book a time for a medical review.

AMC HELP LINE - 1300 883 405

Call this number if you have any questions about your medication, side-effects that you may be experiencing or any other question about your treatment program.

Our AMC hotline is staffed by trained patient care representatives. They can refer you to our medical staff who have extensive experience in women's health issues. You can call this number Monday to Friday between the hours of 8.30am and 5.30pm (**NSW time**) to schedule an appointment (a medical advisor will then call you back at a mutually convenient time).

PRIVATE HEALTH REBATE

If you belong to a private health fund you may be eligible for a rebate on your medication. The following page lists **some** of the private health funds that may provide rebates (changes may occur at any time subsequent to the printing of this document and the information is provided as a guide only).

If your health fund does not appear here, it may not necessarily mean your fund does not offer a rebate. We recommend you contact your provider for information.

HEALTH FUND REBATE TABLE

HEALTH FUND	PHONE	EXPECTED REBATE
ACA Health Benefits Fund	02 9847 3333	*Up to \$100 per script depending on level of cover.
AHM Government Employees Health Fund	134 246	*Up to \$55 per script depending on level of cover.
HCF	13 14 39	*Between 30% ~ 40% depending on the cover and patient's age.
NIB	13 14 63	*Up to 60% rebate per script dependent on level of cover.
SGIC / SGIO	133 234 / 133 233	*Between \$50 ~ \$70 per script depending on level of cover.
Teachers Federation Health Society	1300 728 188	*Patient covers first \$29.50. Anything over that they can claim up to \$60 dependent on level of cover.
Westfund	1300 552 132	*Up to \$75 ~ \$150 per script dependent on level of cover.
MBF	131 137 / 132 623	*Fund covers up to \$50 per script ~ dependent on cover.
Medibank Private	132 331	*NSW, ACT ~ up to \$31.10 dependent on cover. *VIC ~ up to \$21.90 *QLD ~ up to \$36.70 *TAS ~ up to \$35.50 *SA, WA, NT ~ up to \$30.60

*Generally patients will need to contribute the first \$29.50 from each script before a rebate is calculated.
Please note benefits are estimates only. Benefits will vary from fund to fund and may vary from time to time.
Please contact your fund for details.

PRIVACY

YOUR PRIVACY IS IMPORTANT TO US

We collect personal information (including health information) about you in various ways to enable us to provide you with our services, and need you to consent to us disclosing it. For example, we collect information when you request an appointment with one of our doctors; this will allow them to provide you with medical advice. We only collect the information we need to fulfill the purpose of collection, and if we do not receive it we will not be able to provide you with our services.

You have the right to access the information we hold about you at any time. There is no fee for access, but we may charge reasonable expenses of supplying information depending on the request. If you would like access please call our help line on 1300 883 405. We take all reasonable steps to ensure your health and other personal information is kept secure from unauthorised access or disclosure, up-to-date and accurate.

We will not sell your personal information to anyone, but in providing you our services we may disclose it as required to others (including transmitting electronically). When we do so they are required to handle the information in the same way we do. For example we may disclose your personal information:

- To enable the pharmacy to prepare and dispense your medication;
- When another organisation helps us process transactions, store or access data or provide services to you so they can perform their role;
- Where laws require or allow us to provide information to a government agency or organisation.

We may write to you about additional services we or other organisations offer if we think they might benefit you. If you do not want us to communicate in that way please let us know by calling our help line on 1300 883 405.

AMC Help Line:
1300 883 405

info@menopausecentre.com.au



MenopauseCentre
australia

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