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BACKGROUND

Premature ovarian insufficiency (POI) is a major challenge for women's health and has far-reaching physical and emotional consequences. Potential consequences include negative effects on quality of life, fertility, bone, cardiovascular and cognitive health. Although hormone therapy (HT) can alleviate some of these effects, there are still many questions about the optimal treatment unanswered POI.of The latest guideline on the management of POI has just been published (1). The guideline was developed according to the structured methodology for the development of ESHRE guidelines.

Part 1 deals with the relevant aspects of POI diagnostics. Part 2 explains POI management.

- Women with POI should be informed that POI without HT is associated with a shortened life expectancy, mainly due to cardiovascular disease.
- Women with POI should be informed that they are at increased risk of cardiovascular disease, including coronary heart disease, heart failure and stroke.
- All women diagnosed with Turner should be examined by a cardiologist with experience in the field of congenital heart defects.syndrome
- HRT is recommended as primary prevention to reduce the risk of morbidity and mortality, regardless of whether symptoms of estrogen deficiency are present or not.for women with estrogen deficiency up to the usual menopausal age
- Oestrogen therapy has positive cardiometabolic effects that can influence the risk of cardiovascular disease. Discontinuation of oestrogen therapy is associated with an increased risk of cardiovascular events and mortality, which is why oestrogen therapy until the usual is recommended . menopausal age
- All women with POI should receive a lipid profile and diabetes screening at the time of diagnosis. Thereafter, the frequency of measurements should be based on the presence of hyperlipidemia, hyperglycemia and additional risk factors or overall cardiovascular risk.
- Women with POI should be informed that there are no measures that have been proven to increase ovarian activity and the natural conception rate.
- In the case of iatrogenic causes of POI, fertility preservation can be considered before treatment. In most women with non-iatrogenic POI, there is no possibility of fertility preservation as the follicle pool is depleted.
- Women with POI have an increased risk of osteoporosis and bone fractures in later life.
- In the diagnosis of POI, the measurement of bone mineral density using dual X-ray is absorptiometry (DXA) recommended.
- If bone mineral density is normal and adequate systemic HT is initiated and maintained (see below), the value of repeat DXA testing within 5 years is low.

- In women with POI who suffer from osteoporosis or have low bone density, bone mineral density should be determined again with DXA every 1-3 years, depending on the individual risk factors.
- To optimize bone mineral density, daily is HT with at least 2 mg oral estradiol or 100 µg transdermal estradiol or an equivalent dose recommended. If a combined oral contraceptive is used, continuous or prolonged therapy is recommended to ensure continuous estrogen therapy and avoid bone loss.
- HT may also for be beneficial muscle health. The effect of other interventions, including testosterone therapy, on muscle health in women with POI is unclear and therefore should not be offered.
- Women with POI have an increased risk of cognitive impairment and dementia.
- HT may be for women recommended POI to protect neurological function, even in the absence of menopausal symptoms.with
- Women with POI can be informed that there is no evidence that the use of .HT increases their risk of breast cancer compared to women of the same age without POI
- Women with BRCA1/2 mutations without a history of breast cancer should be informed that HT is .an option after a risk-reducing bilateral salpingo-oophorectomy
- It is recommended that women with POI and a history of endometriosis with combined HT even after hysterectomy should be treated to prevent recurrence of endometriosis or malignant transformation.estrogen-progestin
- Migraine should not be considered a contraindication to HT in women with POI. The use of transdermal estrogens should be recommended for women with POI and migraine with aura.
- Testosterone therapy should be considered in women with (non-)iatrogenic POI to treat hypoactive sexual desire when other biopsychosocial causes can be ruled out.
- Short-term treatment with transdermal testosterone at doses close to physiological premenopausal levels is considered safe, but there no data on long-term safetyare.

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