Menopause Madness

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Objectives

Discuss Menopause as a normal process affecting: Biological, Psychological and Sexual aspects

Discuss current research results affecting counseling on menopause

Provide practical counseling and advice to patients regarding the menopause process
Definition:

- Natural, normal
- Mean Age: 51
- FMP, 12 months
- Loss of ovarian function from atresia
- EVERY woman goes through it
- 30+ years menopausal
Consistent Terminology Urged (cont’d)

- **Premature menopause**: reached $\leq$ age 40, whether natural or induced
- **Premature ovarian insufficiency** — Ovarian insufficiency experienced under age 40, leading to permanent or transient amenorrhea
- **Early menopause** — Natural/induced before the average age of natural menopause (51 y), $\leq$ age 45
- **Early postmenopause** — The time period within 5 y after the FMP

Consistent Terminology Urged

- **Natural/spontaneous menopause** — Final menstrual period (FMP), confirmed after 12 consecutive months of amenorrhea with no obvious pathologic cause.

- **Induced menopause** — Permanent cessation of menstruation after bilateral oophorectomy or iatrogenic ablation of ovarian function.

- **Perimenopause/menopause transition** — Span of time when menstrual cycle and endocrine changes occur a few years before and 12 months after FMP resulting from natural menopause.

Consistent Terminology Urged

- ET—Estrogen only therapy
- EPT—Combined estrogen-progestogen therapy
- MHT—Menopausal Hormone Therapy (encompassing both ET and EPT)
- Progestogen—Encompassing both natural progesterone and synthetic progestins

Stages of Menopause

Postmenopause
Confirmation of Menopause
12 Months

Menopause
Final menstrual period

Perimenopause
Begins up to 5 years prior to menopause and ends exactly 1 year after the final menstrual period

Ying and Yang Effect

**Estrogen**
- Cause endometrium to proliferate
- Stimulates breast
- Increases/stores body fat
- Restrains osteoclast
- Reduces vascular tone
- Increases blood clot risk
- Increase endometrial, gallbladder cancer risk

**Progesterone**
- Maintains secretory endometrium
- Protects against breast cyst/cancer
- Uses fat for energy
- Promote osteoblast for bone growth
- Restores vascular tone
- Normalizes clots
- Prevents endometrial cancer
Comparisons

**Pregnancy**
- Average age: 23
- Average oldest age: 44
- Childbearing years: 21
- Average months: 21
- Menarche Age: 12.5

**Menopausal**
- Average age: 51
- Average Death rate: 81/85
- Average years: 31
- Perimenopause: 4 years
- Over 1/3 life
Hallmark menopause-related symptoms include:

- Irregular menses
- Hot flashes and night sweats
- Vaginal dryness
Other Symptoms

Mood changes
Cognition disturbances
Sleep disturbances
Weight gain
Fatigue
Palpitations
Forgetfulness
Stiffness/soreness/joint pain

Headaches/migraines/backaches
Irritability
Recurrent urinary tract infections
Urinary urgency and/or incontinence
Anxiety
Depression not responsive to antidepressants
Loss of libido
HA! What’s a few bugs and sleeping on the ground? Let them try 5+ years of hot flashes, insomnia and crawling skin! That’s a REAL challenge!
It is **HOT** in here!!!!!

- Of the approximately 43 million U.S. menopausal women, 17 million experience vasomotor symptoms, 9 million of whom experience moderate-to-severe symptoms.

- **The impact on women’s lives may be considerable and is often underestimated.**

- Hot flashes/night sweats can interfere with family life, work and other daily activities as well as with sleep.

- Women may find the experience profoundly disruptive and embarrassing.

- 22% of postmenopausal women say they have a difficult time sleeping due to hot flashes or night sweats.
Hot Flash: What is it?

- caused by a narrowing of the thermoneutral zone in the brain.
- related to changes in central nervous system neurotransmitters
- associated with increased cardiovascular risks and a lower incidence of breast cancer
- generally persist for 1 to 5 years
Thermoneutral Zone of the Brain

[Diagram showing the thermoneutral zone and sweating/shivering thresholds with various factors affecting core body temperature.]
Women's Health Initiative (WHI) Study 1991

- Hormone Replacement Therapy: 27,500 women
- Dietary Modification: 48,000 women
- Calcium/Vitamin D: 45,000 women
2013 Global Consensus Statement on Menopausal Hormone Therapy

- MHT is the most effective treatment for vasomotor symptoms associated with menopause at any age,

- Benefits are more likely to outweigh risks for symptomatic women before the age of 60 years or within 10 years after menopause

- MHT is effective and appropriate for the prevention of osteoporosis-related fractures in at-risk women before age 60 years or within 10 years after menopause

CLIMACTERIC 2013;16:203–204
The Research

- standard-dose ET may decrease coronary heart disease and all-cause mortality in women younger than 60 years of age and within 10 years of menopause.

- EPT in this population show a similar trend for mortality but in most randomized clinical trials no significant increase or decrease in coronary heart disease has been found.

*CLIMACTERIC 2013;16:203–204*
What hormone to use

- Local low-dose ET for women whose symptoms are limited to vaginal dryness or dyspareunia.

- Estrogen alone is appropriate in women after hysterectomy but additional progestogen is required in the presence of a uterus.

- The dose and duration should be consistent with treatment goals and safety issues and should be individualized.

*CLIMACTERIC 2013;16:203–204*
Cardiac Issues

- MHT is an individual decision in terms of quality of life and health priorities as well as personal risk factors such as age, time since menopause and the risk of DVT, stroke, ischemic heart disease and breast cancer.

- The risk of DVT and ischemic stroke increases with oral MHT but the absolute risk is rare below age 60 years.

- Observational studies point to a lower risk with transdermal therapy.

*CLIMACTERIC 2013;16:203–204*
Breast Cancer Risk

- Women over 50 years associated with MHT is a complex issue.
- Primarily associated with the addition of a progestogen to estrogen therapy and related to the duration of use.
- The risk of breast cancer is small and the risk decreases after treatment is stopped.

*CLIMACTERIC 2013;16:203–204*
Premature Ovarian Insufficiency

- systemic MHT is recommended at least until the average age of the natural menopause.

CLIMACTERIC 2013;16:203–204
Compounded “Bio identical” Hormones

- The use of custom-compounded bio identical hormone therapy is not recommended.
Hormone Testing

• Hormone testing is **not** needed or useful in most cases.

• Hormone levels swing dramatically day-to-day and don’t correlate with symptoms.

• It is more useful to simply pay attention to what your body is telling you.
PRESCRIPTION THERAPIES
Lower daily doses typically used with systemic ET:

- 0.3 mg oral CE
- 0.5 mg oral micronized 17β-estradiol
- 0.014-0.025 mg transdermal 17β-estradiol patch
Typical lowest doses of progestogen:

- 1.5 mg oral medroxyprogesterone acetate
- 0.1 mg oral norethindrone acetate
- 0.5 mg oral drospirenone
- 50 mg oral micronized progesterone
Age matters

- acceptable option for the relatively young (up to age 59 or within 10 years of menopause)
- and healthy women who are bothered by moderate to severe menopausal symptoms.
Type of HT matters

- with uterus: (EPT) to prevent cancer of the uterus.
- without uterus: estrogen alone (ET).
  - ET generally has a more favorable risk/benefit profile than EPT. In both cases risks are rare in women ages 50-59.
- If only vaginal dryness/dysparenia, the preferred treatments: low doses of vaginal estrogen.
Duration matters\textsuperscript{1}

- HT should be used at the lowest effective dose and for the shortest duration, consistent with a woman’s treatment goals and her individual risks.
Key points about HT to discuss with your patients:

- No two women are the same

- Individual factors that need to be considered:
  1) woman’s health and quality of life priorities
  2) personal risk factors: blood clots, heart disease, stroke and breast cancer
Psychological Changes
Minnie Pauz™

Drivers License Renewal

NAME?

Uh... how soon do you need to know?
Emotional Symptoms

- Irritability
- Feelings of sadness
- Lack of motivation
- Anxiety
- Aggressiveness
- Difficulty concentrating
- Fatigue
- Mood changes
- Tension
Menopausal “Hats”

- Sandwich Generation
- Family Bread winners <1:4 make more than husbands
- 60% college students: majority earn Masters/doctorate
- Perfect Body: Body shame and body dissatisfaction-feel were associated with more frequent and severe psychological symptoms of menopause*.

*Diverse women aging in America: Attitudes toward menopause and self-objectification in midlife and beyond by Bergen, Martha, Ph.D., TEXAS WOMAN'S UNIVERSITY, 2011, 188 pages; 3483919
Sexual Health & Menopause
Doc, my wife used to get hot and bothered, but lately it's more "I'm HOT so DON'T bother!"
Sexual Problems at Midlife

- Changes in hormones
- Changes in the vagina and vulva
- Other body changes that affect sexuality
- Changes in weight and fat distribution
Estrogen in Vaginal Cells
Other Body Changes Affecting Sexuality

Loss of muscle tone and pelvic relaxation

- Prolapse, Bladder control problems, Strain with BM

Breast changes. Breasts become less dense during midlife

Skin changes: acne, from shift in the balance between testosterone and estrogen (which declines more than testosterone).

Hair changes: About 50% of women observe some degree of hair loss or thinning before age 50
Changes in Weight and Fat Distribution

- no scientific evidence that menopause or HT is responsible for midlife weight gain.
- *Age & lifestyle* are the main culprits
- Menopause is thought to play a role in many women’s midlife transition from a pear-shaped body to a more apple-shaped body.
We don’t
Skinny Dip…..

WE

Chunky Dunk!
SEX = Emotional for women

- Drive
- Motivation
- Attitude/Beliefs
Decreased Desire:
Out of mind, out of sight!

- Sex drive varies a lot from woman to woman and day to day based on a woman’s daily activities, stress, and health.

Beliefs, values, and expectations about sexual activity. Motivation.
What should a recently divorced postmenopausal woman know about safe sex?

- Older age is not a protection against sexually transmitted infections (STIs).

- Chlamydia is the most commonly reported STI.

- Human papillomavirus (HPV), which can cause cervical/throat/anal cancer, is also very common.
Decreased Arousal

- The clitoris is likely to be less sensitive than in earlier years, possibly due to reduced estrogen levels and changes in the vascular and nervous systems.

- Orgasm problems are more common in women over 45.
Counseling: Lifestyle modifications

- Keep core body temperature as cool as possible.
- Refrain from smoking.
- Exercise Practice relaxation techniques.
- Avoid perceived personal hot flash triggers.
Conduct a patient-centered assessment

Rely on your patient’s own report of severity and how symptoms impact her daily life

Consider using simple patient self-assessment tools to rapidly identify areas of concern.

Three to consider are:

- Menopause Rating Scale (MRS)\(^2\)
- Utian Quality of Life Scale (UQOL)\(^3\)
- Menopause Symptom Assessor
Menopause
Men,

o pause
Me, NO Pause