Menopause: Understanding the Transition

Annette Dillon, APRN, NCMP
August 2019
Methodist Women’s Center

Objectives

- Review common physical symptoms that occur during the perimenopausal to menopausal transition
- Recognize mental and emotional changes related to this phase
- Identify lifestyle changes, hormonal treatments, and nonhormonal options for treatment

Disclosures

- None

Demographics

- About 6000 US women reach menopause every day (about 2 million per year)
- A woman in the U.S. turning 65 today can be expected to live, on average, to 86.5 years

Menopausal transition/Perimenopause

- Confusing terms
- Time “around menopause” or the Final Menstrual Period (FMP)
- Begins with onset of intermenstrual cycle irregularities (+ or – 7 days) and/or other menopause-related symptoms, and extends beyond the FMP includes the 12 months after menopause, ends 1 year after the FMP
- Most symptomatic phase

STRAW: Stages of Reproductive Aging Workshop

US Census: https://www.census.gov/data/tables/2012/demo/popsproj/2012-summary-samples.html
Accessed 7/27/19

Social security: https://www.ssa.gov/OACT/population/longevity.html
Accessed 7/27/19
Menopause symptoms

- Difficulty staying asleep or wake frequently
- Tired
- Lack of desire or interest in sex
- Muscle or joint pain
- Poor memory/Irritable/Difficulty concentrating
- Night sweats/Hot flashes
- Vaginal dryness
- Mood swings

We will address:

- Changes in bleeding patterns*
- Hot flashes*
- Sleep disturbances*
- Vaginal dryness*

Checking Hormone levels?

- Vary too much to be accurately measured
- Contributing factors to symptoms: pregnancy? thyroid?
- FSH—check twice in two months to verify level to prove anovulation, if any concern for fertility (> 30mIU/ml x 2)

Irregular menses

- Common phenomenon
- Change in amount of flow and frequency
- “Gray zone” is all normal
- Patient reports when bothersome to quality of life, but otherwise usually no treatment needed

Can prove menopause only after 12 months with no spotting or bleeding and FSH>30mIU/ml
Medical treatments for Irregular cycles

• Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
• Combination OCPs
• Progestogen administered cyclically, continuously orally
• Progestogen Implant in arm
• Progestogen (levonorgestrel releasing device) administered by IUD

When to stop OCs

• Individualization is required
• Consider stopping in early 50s
• Can transition from OCPs to HT prn
• As low-dose OCPs have higher hormone levels than HT, hot flashes may reappear transiently

Vasomotor Symptoms (VMS)

• Hot flashes/night sweats
• Vulvovaginal atrophy
• Formication

Hot Flashes/Night Sweats

• Most commonly reported symptoms during menopause
• 75-80% report VMS
• Can negatively impact quality of life
• Can start before the FMP and after the onset of menopause
• Average duration is 7-9 years
Causes of persistent VMS

- Largely unknown
- Elevated body mass
- Smoking
- Alcohol use
- Poor baseline health
- Stress, anxiety
- Lower educational status

Treatments for HFs

- Lifestyle changes
- Herbals
- Nonhormonal meds
- Hormones

Lifestyle changes

- Nutrition
- Exercise
- Sleep Hygiene
- Meditation/Prayer

HERBALs

- Black cohosh
- Phytoestrogens/soy
- Valerian root
- Melatonin
- Others: Maca, Dim, Dong Quai, panax ginseng, DHEA, kava, evening primrose oil

HORMONES

- HRT: Combination estrogen/progesterone
- ERT: Estrogen only

Women’s Health Initiative

- Eight-year randomized, controlled study with 16,000 postmenopausal women
- HRT and prevention of: heart disease, breast and colorectal cancer, and osteoporotic fractures
- Combination HRT vs Estrogen only
Study

- Combination Hormone therapy (HT) vs placebo group, nonhysterectomized
- Estrogen therapy (ET) vs placebo group, hysterectomized participants
- Aged 50-79 years (average age 63)

WHI Key Findings

- Reduction in colon cancer (37%)
- Decrease in hip fractures (34%)
- Increase in invasive breast cancer (26%)
- Increase in heart attacks (29%) and strokes (41%)

WHI Final Results

- Healthy women <60 years, benefits can outweigh risks of HT use; and less risk of clots
- HT might increase risk of stroke or clots in legs or lungs especially if oral form and if >60yrs
- More risk for dementia after age 65
- HT might increase risk of breast cancer if longer use than 4-5 years
- ET alone does not increase breast cancer risk at 7 years, but may later

Mood Swings

- The most predictive factor for clinical depression/anxiety at midlife and beyond is prior history
- Mood swings can be related to changes in hormone levels, lack of sleep, psychosocial issues
- Improving hormone balance and sleep often improves moods but can take 2-3 months

Treatments for mood swings

- Over the counter herbals: St. John’s Wort (but not with OCPs or SSRIs); Evening primrose oil (?)
- Lifestyle changes: decrease salt, red meats and caffeine. Increase water, exercise, and relaxation time
- Meditation/prayer/yoga
- Counseling prn
- Medications
SSRIs/SNRIs

• Selective Serotonin-reuptake Inhibitors (SSRIs): Fluoxetine*, Citalopram, Escitalopram, Paroxetine*, Sertraline*--common to use
• Serotonin-Norepinephrine-reuptake Inhibitors (SNRIs): venlafaxine etc
• Some can cause increased absorption of med when used with fluconazole but not usually with short term use
• Referral to psych if indicated

Vulvovaginal Atrophy (VVA)

• Occurs with loss of estrogen and/or OCPs
• Causes increase in vaginal pH from an acidic to an alkaline one
• 10-40% of postmeno women have dryness, VV irritation/itching, and discomfort with coitus
• Can be progressive, unlikely to resolve on its own

Treatments for VVA

• Feminine hygiene precautions
• Regular sexual activity
• Lubricants, moisturizers
• Local vaginal estrogen
• Lidocaine 5% ointment

Thank you!

Questions?