

Menopause and Perimenopause: Common Questions and Answers

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Objectives

To discuss perimenopause and menopause as a normal phase of life

To have a better understanding of perimenopause and menopause

To be able to identify symptoms

To have a better understanding of physiological changes that are happening

To discuss treatment options both hormonal and non-hormonal

To understand the benefits and risks of treatment

What is Perimenopause?

Time of life when women start having changes (menstrual and other changes)

Starts with first menstrual change, through menopause and up to 1 year past

Can only be spontaneous

Also known as the menopause transition

Hormone levels fluctuate

Wide range of symptoms

Varying length of time

What is Happening to My Periods?

Periods can change dramatically during the menopause transition.

Changes in length between cycles, amount of flow and how many days of bleeding.

What is Menopause?

- Time of life when women stop menstruating.
- Mean age in the US is 52 years old.
- Normal range is between 45-55 years old.
- The menopause transition lasts several years.

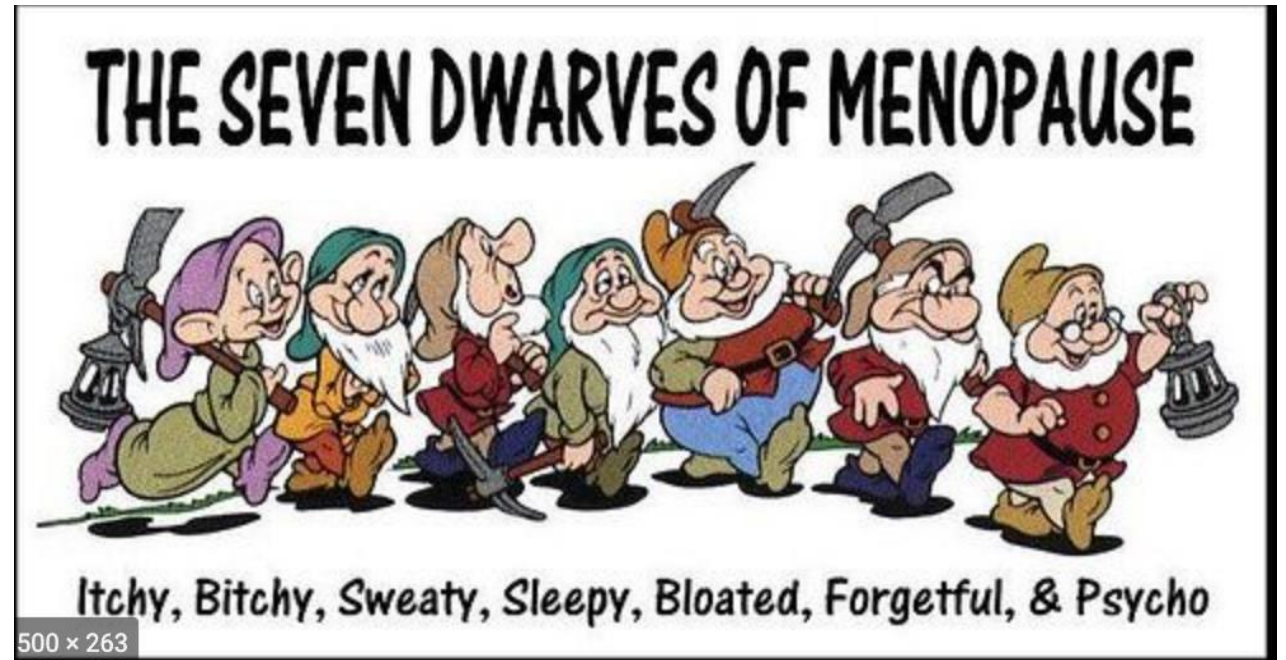
What is Menopause?

Early menopause - Final menstrual period < age 45

Late menopause - FMP > age 54

Perimenopausal and Menopausal Symptoms

- Vasomotor symptoms
- Sleep disturbances
- Mood disorders
- Menstrual irregularities
- Vaginal symptoms
- Urinary symptoms
- Weight changes



What is a Hot Flash?

A sudden feeling of warmth that appears without reason, otherwise known as vasomotor symptoms (VMS).

Most often felt in torso, neck and face.

May be associated with sweating, flushing or redness, palpitations and feelings of anxiety.

Night sweats are the same thing that happens at night and often wake you from sleep.

VMS usually last 2-10 minutes and followed by chills.

What is Causing this?

- Changing levels of Estrogen!
 - 3 specific neurons in the hypothalamus of the brain called KND or KNDy neurons
- Hypothalamus controls temperature and other functions.
- Changes in these neurons cause a signal that the body is too warm.
- Sends signals to the body to cool down.
- Blood vessels of the skin open and the sweating cause the body to cool down.

Hot Flash...



When Do They Happen?

80% of women experience them during the menopause transition.

30% have frequent or severe symptoms.

22-68% of pre menopausal, regularly cycling women report hot flashes.

They increase as women enter the menopause transition.

Most common in the year before the final menstrual period.

How Long Can This Last?

Median duration 7-10 years.

Relationship to ethnicity with Native Americans>African Americans> Hispanic> Caucasians> Japanese> Chinese.

Related to timing of onset. Starting earlier means lasting longer.

Are Hot Flashes Just a Nuisance or Are They Dangerous?

- Studies have shown a direct link to women with VMS sx's and cardiovascular disease (when controlling for other risk factors).
- Cardiovascular disease is the leading cause of death in women by far.
- There is also a direct link of VMS and depression and cognitive abnormalities including dementia.

What Are the Costs of Hot Flashes?

Leads to significant decreased quality of life.

Studies estimate annual costs \$248-770/ per woman.

This is important because this is happening to women near or at the peak of their careers.

Up to 1/3 of women's symptoms are unaddressed.

Further contributes to women's pay gaps and challenges in the workforce.

Why Can't I Sleep?

- The fluctuations in estrogen levels in the brain can cause insomnia.
- Affects 30-40% of midlife women and it is associated with increased risks of depression.
- Insomnia can be difficulty falling asleep, staying asleep or wakening too early in the morning.
- Night sweats can cause frequent wakening and contribute to insomnia.
- Insomnia can happen without night sweats.

Why Do I Feel More Depressed and Anxious?



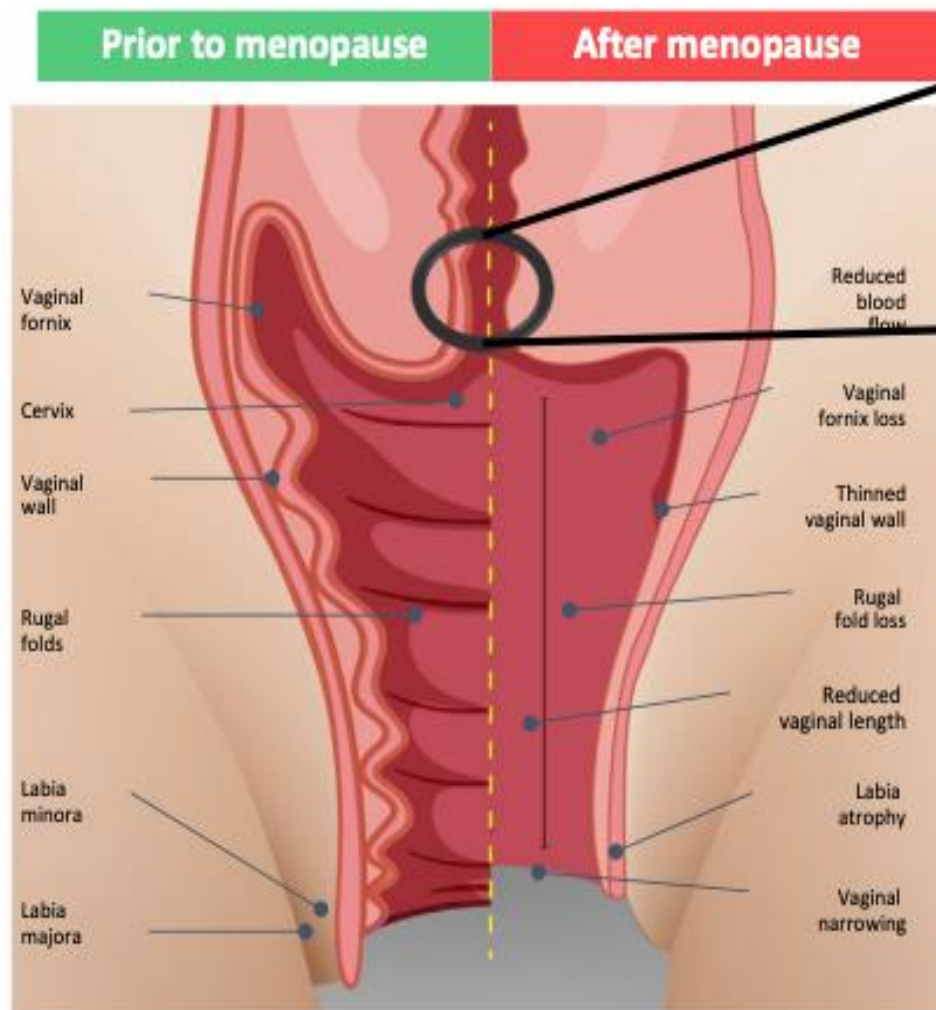
Women are at higher risk for depressive episodes and major depression during these times.

Direct effects of estrogen in neurons in the change brain function.

Fluctuations in these levels cause an increased vulnerability to depression and anxiety.

What is Happening to My Vagina?

Vaginal Anatomy Before and After Menopause



Genitourinary Syndrome of Menopause (GSM)

- ✓ Affects up to 70% of women
- ✓ Progressive condition
- ✓ Worsens with time
- ✓ Loss of estrogen leads to physical changes in the labia majora, minora, clitoris, vestibule, vagina and bladder

Why is Sex Painful?

Decreased levels of estrogen can cause changes to the vulva, vagina and urinary system.

This is called Genitourinary Syndrome of Menopause.

Painful intercourse is the most common complaint.

Can happen during the menopause transition or after menopause.

Can cause decreased libido or difficulties with arousal or sexual responsiveness.

Why Am I Having Issues with Urination?



Genitourinary Syndrome of Menopause also effects the bladder and urethra.

44-57% of middle aged and postmenopausal women can have some form of incontinence.

Other women feel more urinary frequency and urgency without leaking. Changes of the vaginal pH also cause more vulnerability to infections both vaginal and UTI's.

What is Going on With My Weight?

Many women gain a little weight each year before their final menstrual period and for 1-2 years after.

Women lose lean body mass (muscle) and gain fat, mostly around the middle.

Abdominal fat caused by hormonal changes and can cause increased risk of cardiovascular and metabolic disease.

Weight gain then slows down and some women lose weight by their 60's or 70's.

What About My Bone Health?

- Bone loss happens in all postmenopausal women due to estrogen deficiency.
- 27% of women > 65 have osteoporosis.
- 50% of postmenopausal women will have an osteoporosis related fracture.

- Hormone therapy (HT) is OK!
- Most effective treatment for hot flashes and Genitourinary Syndrome of Menopause.
- HT also prevents bone loss and risk of fracture.
- Not all hormone therapy is the same.

But I Thought Hormones Caused Cancer?

Risk of breast cancer and HT is low!

We all have a 1:8 risk of developing breast cancer by age 80, or 12% in our lifetime.

Combined HT increased risk 0.8%, or from 12 to 12.8% lifetime risk.

What if I Have Breast Cancer in My Family?

No additional risk of HT in women with family history.

HT may be an option for women with increased risk due to genetics.

What About Other Cancer Risks?

- Reduced incidence in colon cancer with HT use and reduced mortality from colon cancer.
- Neutral effect on lung cancer.

What About My Heart?

HT actually reduces risks of cardiovascular heart disease in women who start HT < 60 years or within 10 years of menopause.

Also decreased all cause mortality in these women.

Not all HT is the same.

Transdermal estrogen (patches, cream) much safer.

High blood pressure:

- Hormone therapy is ok, but type of hormones matter.
- Transdermal estrogen is safer.

High cholesterol:

- Hormone therapy is still ok.
- Menopause itself increases the LDL and changes the protective effects of HDL.
- Estrogen lowers LDL and increases HDL.

What About Autoimmune Disease?

- Common in women
 - Rheumatoid arthritis
 - Lupus
 - Multiple sclerosis
- Thought to be a link to changing estrogen levels and autoimmune risk.
- Unclear if estrogen can help the autoimmune condition, but ok for menopause symptoms.
- No reports of harm and may help have fewer symptoms of RA.
- It is being tested as a treatment for MS.

Am I Going to Gain Weight?

- HT may help decrease the menopausal weight gain and accumulation of abdominal fat.
- But the effect is minimal, and it is not a weight loss drug.
- HT significantly reduces the diagnosis of new onset type 2 diabetes.
- HT is NOT contraindicated for women with diabetes and may help improve glycemic control.

Are Hormones Good For My Bones?

- HT prevents bone loss and reduces fracture risk.
- It is approved for prevention of bone loss but not as a treatment of osteoporosis.
- Discontinuing HT results in rapid bone loss.



Will Hormones Help My Memory?

HT is not recommended at any age to prevent or treat cognitive decline or dementia.

Some studies say an increase in dementia in women age > 65 who started HT.

This effect was lessened in women with higher cognitive function at baseline.

Can Hormones Help My Mood?

- HT has antidepressant effects similar to antidepressants in depressed perimenopausal women with or without hot flashes.
- It is not helpful in treating depression in postmenopausal women.
- HT also enhances mood and improves well-being in non-depressed perimenopausal women.

Should I Get My Hormones Tested?

Salivary and urine testing to determine hormone levels are unreliable and do not offer good clinical information.

Even serum (blood) levels of hormones are rarely needed or helpful.

Decision to start and dose of hormone therapy is made based on symptoms not lab tests.

Is Compounded Hormone Therapy Better?

Compounded “bio identical” HT presents safety concerns.

Minimal government regulation and monitoring.

Inconsistent dosing and risk of under and overdosing.

Presence of impurities and lack of sterility.

Progesterone cream is not absorbed well and it is insufficient to protect the uterus from endometrial cancer.

What are Bioidentical Hormones and Are They Better?

- Estradiol and Progesterone that has chemical structure identical to the hormones produced naturally in the body.
- The term “bioidentical” is a marketing term used to sell specific products that are generally compounded and not regulated.
- There are many forms of bioidentical Estradiol and Progesterone FDA approved, safe and effective in both oral and transdermal forms.

FDA Approved Formulations of “Bio-HT”

ESTRADIOL

Systemic doses of estradiol for treatment of hot flashes

- ◆ Oral tablet: Bijuva (E2/P4), Estrace, generics
- ◆ Skin patch: Alora, Climara, Esclim, Menostar, Vivelle Dot, generics
- ◆ Skin gel/cream: EstroGel, Elestrin, Divigel, Estrasorb
- ◆ Skin spray: Evamist
- ◆ Vaginal ring: Femring



PROGESTERONE

Systemic doses of progesterone to protect endometrium

- ◆ Oral tablet: Prometrium



How Long Should I Take Hormone Therapy?



HT is considered safe and effective for women $< 60\text{yo}$ or < 10 years from onset of menopause.

Long-term use for women $> 60\text{yo}$.

HT does not need to be routinely discontinued in women age greater than 60yo.

What Can I Do About Vaginal Dryness?



- Genitourinary Syndrome of Menopause affects up to 70% of women and only 6-7% of post-menopausal women are treated.
- It is progressive and worsens over time.
- Loss of estrogen leads to direct physical changes in labia majora, minora, clitoris, vestibule, vagina and bladder.
- These changes also increase risks of vaginal and urinary tract infections.

What Are Treatments For My Vagina?

Vaginal lubricants - use prior to sexual activity to reduce friction.



Vaginal moisturizers - use regularly, several nights/ week helps retain moisture.

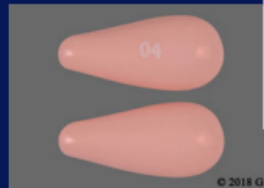


Low dose vaginal estrogen therapy is the most effective.

How Do I Use Vaginal Therapy?

Low Dose Vaginal Estrogen Therapy for Treatment of Genitourinary Syndrome of Menopause

- ◆ Vaginal cream E2/CE 0.5-1 gram 2-3 x weekly
- ◆ Vaginal ring: E2 (7.5 mcg) every 3 months
- ◆ Vaginal tablet: E2 (10 mcg) 2 x weekly
- ◆ Vaginal insert: E2 (10 mcg, 4 mcg) 2 x weekly



What About Testosterone?

Why not widely used?

Is it safe?

FDA approved?



Are There Other Benefits of Hormone Therapy?

- Reduces bone loss and reduces risk of fracture.
- Reduces new onset diabetes.
- Reduces all-cause mortality.
- Reduces coronary heart disease when started < 60yo and/or within 10 years of menopause.
- Estrogen alone reduces breast cancer risk in women < 60yo.
- Improves mood and depression, sexual function and genitourinary health.

What If I Can't Take Hormone Therapy?



- Some true contraindications for hormone therapy
- Cardiovascular disease including: known heart disease, stroke or history of DVT, PE
- Breast cancer
- Endometrial cancer
- Undiagnosed vaginal bleeding

Can I Still Treat the Vagina?

- Yes!
- Even women who have contraindications for systemic hormone therapy can use local, vaginal estrogen for genitourinary symptoms.
- It can be used throughout the lifespan safely.

Other Treatments for Hot Flashes?

Anti depressants/SSRI's

Also: Venlafaxine, Gabapentin, Pregabalin, and Clonidine

- Veozah (fezolinetant) and Lynkuet (elinzanetant) - new medications approved by the FDA in recent years, specifically indicated for VMS.
- They work in the hypothalamus of the brain, very effective in decreasing the frequency and severity of VMS.
- Need to monitor liver function with tests.
- Can be used in those who have contraindications to HT.

What Are Other Non-Medical Options to Help Me Feel Better?

Herbal
remedies,
supplements

Exercise

Cognitive
behavior
therapy



How Do I Start?

- Mymenoplan.org
- Free website from the members of the menopause society
- <https://menopause.org/>
- Does not support any specific product
- Helps walk through symptoms, and treatment options personal for you
- Hormonal and non-hormonal options
- Talk to a provider educated on menopause!

- **The Menopause Guidebook** by The North American Menopause Society (NAMS)
- **The Menopause Manifesto** by Jen Gunter, MD
- **The Vagina Bible** by Jen Gunter, MD
- **Estrogen Interrupted** by Amy Voedisch, MD and Rebecca Dunsmoor-Su, MD
- **The Menopause Brain** by Lisa Mosconi, PhD
- **The New Menopause** by Mary Claire Haver, MD

Boulder Women's Care:

- Dr. Samantha McLean
- Dr. Brenda Price
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