Menopause

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Objectives

• Definitions and review of manifestations
• Managing menopause symptoms
• Hormone therapy safety and efficacy
• Nonhormonal therapy discussion
Definitions

• Late reproductive years
  – Fertility decline
  – Shortening of follicular phase

• Perimenopause
  – Process of ovarian follicular depletion

• Menopause
  – Post menopause after final menstrual period (FMP)
  – Twelve months of amenorrhea
  – Median age 51.4 years

• Premature menopause
Age Determinants

- Genetics
- Ethnicity
- Smoking
- Hysterectomy with ovarian conservation
Manifestations

• Vasomotor Symptoms (VMS)
• Vaginal dryness and urinary symptoms (genitourinary syndrome of menopause or GSM)
• Sexual dysfunction
• Mood changes/lability
• Sleep disturbance
Smoking and Menopause

- 40% more likely to start menopause earlier
  - If smoking ≥ ½ PPD
- More severe hot flashes and sleeping difficulties
- 35% more likely for hip fracture after menopause
  - Former smokers have a 15% greater risk
Hormone Therapy

• Goal is symptomatic relief of VMS
• Absolute risk of complications very low for most
• No longer recommended for prevention of chronic disease (CHD or osteoporosis) or dementia
Clinical Trial Data

- Women’s Health Initiative (WHI)
- Danish Osteoporosis Intervention Study (DOPS)
- Kronos Early Estrogen Prevention Study (KEEPS)
- Early versus Late Intervention Trial with Estradiol (ELITE)
Duration and Cessation

• Short-term use (less than 5 years) versus longer therapy
• Cessation of hormone therapy
• Individualized therapy, not one size fits all
• Start before age of 60 or women who are within 10 years of menopause
Considerations

- History of breast or endometrial cancer*
- CHD*
- Previous VTE/stroke*
- Active liver disease*
- Unexplained vaginal bleeding*
- Hypertriglyceridemia
- Active gallbladder disease
- Known thrombophilias
- Migraine headaches with auras
Hormone Therapy

• Route
  – Transdermal, oral, vaginal ring, topical spray, cream, or gel

• Dosage
  – Start low transdermal (0.025 mg) or oral (0.5 mg/day) and titrate up

• Progestin
  – Intact uterus requires opposed estrogen to prevent endometrial hyperplasia
Side effects

- Breast tenderness
- Mood symptoms
- Abdominal bloating and gas
- Vaginal bleeding
- Headache
- Nausea
- Leg cramps
- Venous thrombus
- Stroke
- Heart attack
- Cancer
Newer Therapies

• Duavee – SERM complex
• Intrarose – vaginal DHEA
Non-hormonal therapy

• SSRI’s
  – Brisdelle (low dose paroxetine)
• SNRI’s
• Gabapentin
• Clonidine
Non-pharmacological therapy

- Identify and avoid triggers
  - Spicy foods, alcohol, caffeine, stress, hot places
- Keeping cool
  - Layered clothing
  - Cold packs or beverages
  - Using fans
- Relaxation techniques
  - Meditation, yoga, paced relaxed breathing
- Avoid smoking
- Weight loss
- Vaginal lubricants
Herbal Supplements

- Vitamin E
- Black cohosh
- Evening primrose oil
- Ginseng
- Wild yam
- Kava

- Phytoestrogens
  - Lignans (crushed flaxseed)
  - Isoflavones (soy, red clover)
- Chasteberry
- Dong quai
- Licorice root
Conclusion

• Hormone therapy risk low
• Gold standard for VMS, GMS, osteoporosis prevention
• Greatest risk is venous thromboembolism
• Individual risk assessment essential
• Late initiation is less favorable