

Menopause: 10 Tips

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Many thanks to Karen Adams, Amanda Clark, Craig Williams and the Oregon ECHO team

Conflicts

- I have received compensation from the Oregon ECHO network to teach on menopause in the past year

Objectives

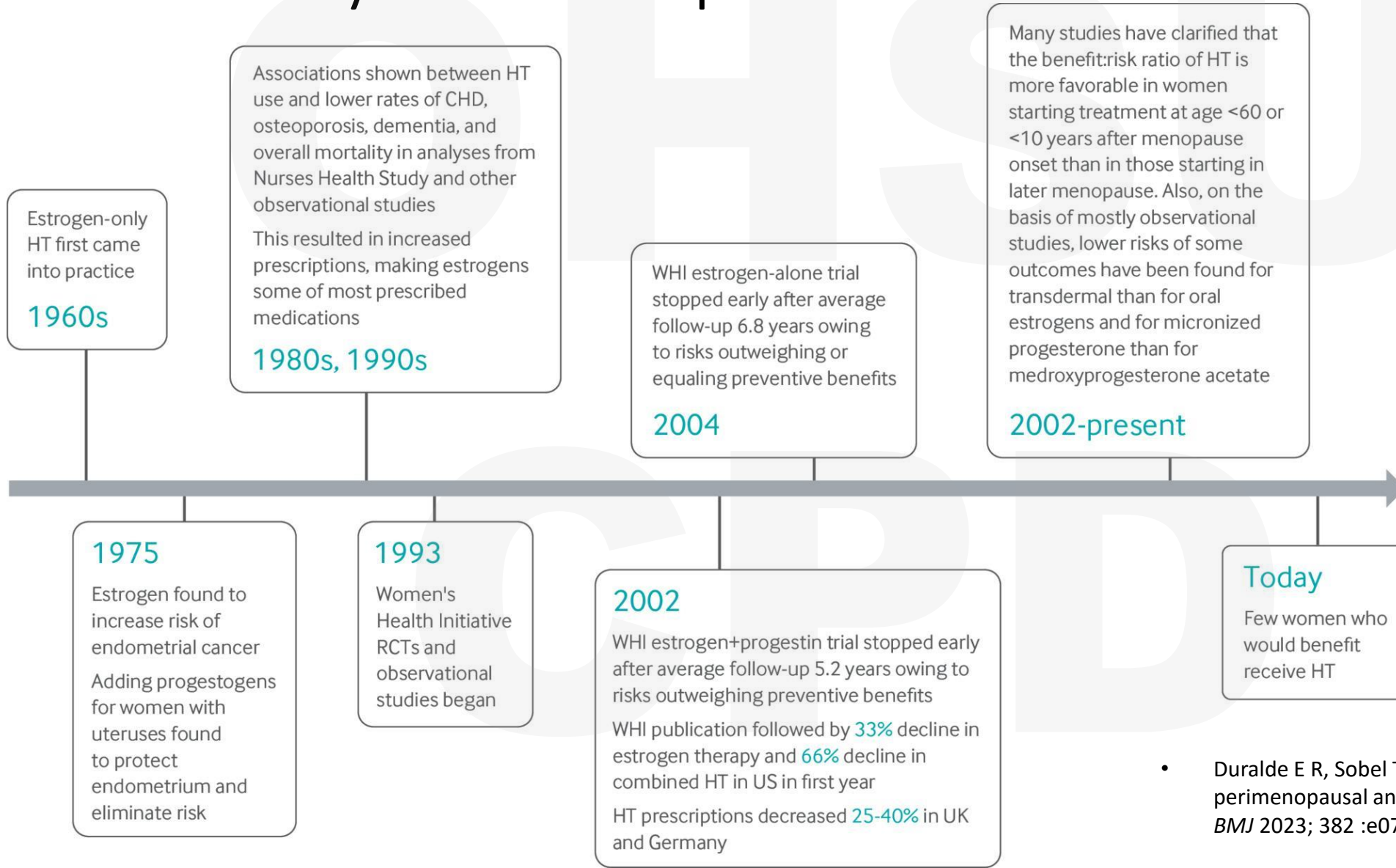
- Contextualize historical menopause research on current knowledge & gaps
- Understand key definitions related to the menopause transition
- Identify useful references to guide clinician knowledge and treatment
- Share patient education resource

Take homes

- You are not alone if you feel unprepared to address menopause
- NO lab test can determine if someone is *perimenopausal*
- Common symptoms are treatable!
- NAMS summaries (now the Menopause Society) for clinician education
- Mymenoplan.org for patient education



1. History of Menopause Research



- Duralde E R, Sobel T H, Manson J E. 2023. Management of perimenopausal and menopausal symptoms. *BMJ* 2023; 382 :e072612 doi:10.1136/bmj-2022-072612

2. Timeline of events/Definitions

Peri-menopause

- Most symptomatic phase
- Menstrual, vasomotor, genitourinary
- Avg 7 years (1-10)

Menopause

- 12 months no period
- Average age 51
- FSH > 25

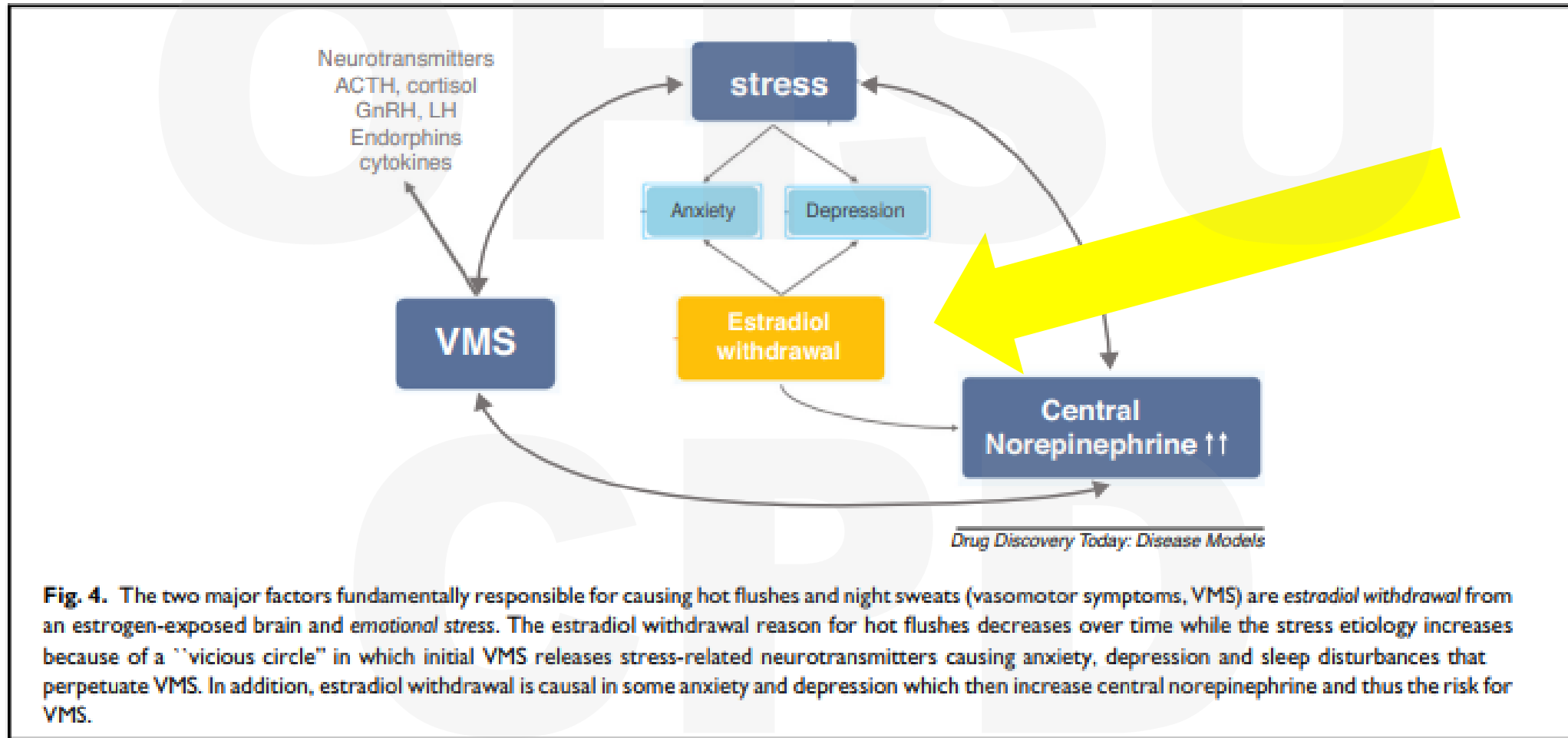
Last menstrual period

- Hard to know when it will “the last one”
- Don’t forget those chemical or surgically induced

Post-menopause

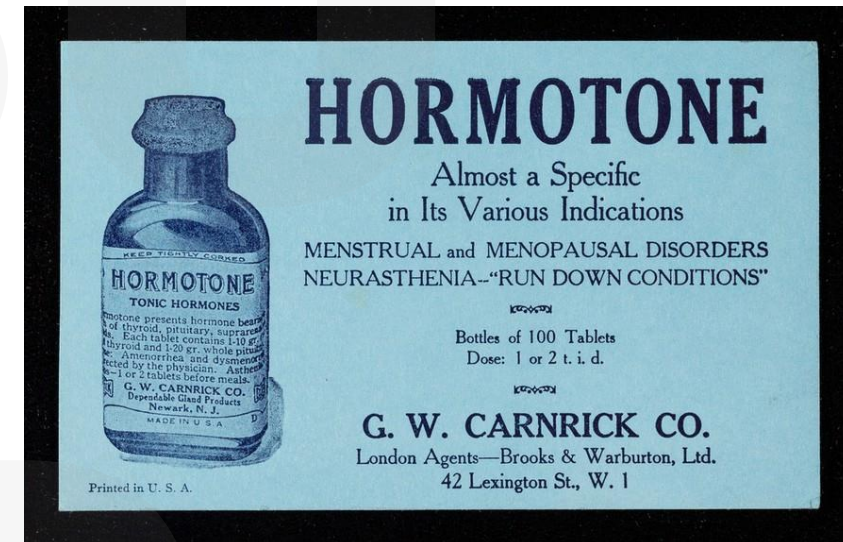
- Can be over ½ someone’s life

3. What is going on ?!?



4. Menstrual Irregularities-

- What to expect
 - Skipping periods or prolonged cycle length is normal
- Can approach with hormonal contraception (Not HRT levels)
 - *PER*/menopausal people can conceive if exposed to sperm
- However heavy/gushy, prolonged, painful, random, or frequent
 - NOT normal
- Evaluation- endometrial biopsy
 - Transvaginal ultrasound “normal stripe” misses atypia in Black people
 - Higher prevalence of fibroids in this population



5 &6. Vasomotor symptoms

- Hot flashes, sweats
- Sleep, quality of life, work, financial implications
- Hormonal and nonhormonal treatment options
- Individual approach



Vasomotor symptoms (VMS)

NAMS POSITION STATEMENT

The 2023 nonhormone therapy position statement of The North American Menopause Society

NAMS POSITION STATEMENT

The 2022 hormone therapy position statement of The North American Menopause Society

5. VMS- nonhormonal

- Gabapentin- up to 900mg/day
- SNRIs/SSRIs
 - Paroxetine with FDA indication
 - Shortest half-life of SSRIs so withdrawal symptoms common
 - Escitalopram, citalopram
 - Sertraline, fluoxetine less evidence
 - SNRIs improvement ~ 2 weeks
- Many common supplements are no better than placebo
 - Cost vs. benefit per patient

TABLE 2. Treatment recommendations for nonhormone therapies for vasomotor symptoms with levels of evidence

Category	Treatment	Recommended	Not recommended
Lifestyle	Cooling techniques		Level II
	Avoiding triggers		Level II
	Exercise		Level II
	Yoga		Level II
	Dietary modifications		Level III
	Weight loss	Levels II-III	
Mind-body techniques	Cognitive-behavioral therapy	Level I	
	Mindfulness-based interventions		Level II
	Clinical hypnosis	Level I	
	Paced respiration		Level I
	Relaxation		Level II
Prescription therapies	SSRIs/SNRIs	Level I	
	Gabapentin	Level I	
	Pregabalin		Level III
	Clonidine		Levels I-III
	Oxybutynin	Levels I-II	
	Suvorexant		Level II
	Fezolinetant	Level I	
Dietary supplements	Soy foods and soy extracts		Level II
	Soy metabolites equol		Level II
	Supplements/Herbal remedies ^a		Levels I-III
	Cannabinoids		Level II
	Acupuncture, other treatments, and technologies		
Acupuncture		Level II	
Stellate ganglion block	Levels II-III		
Calibration of neural oscillations		Level II	
Chiropractic intervention		Level II	

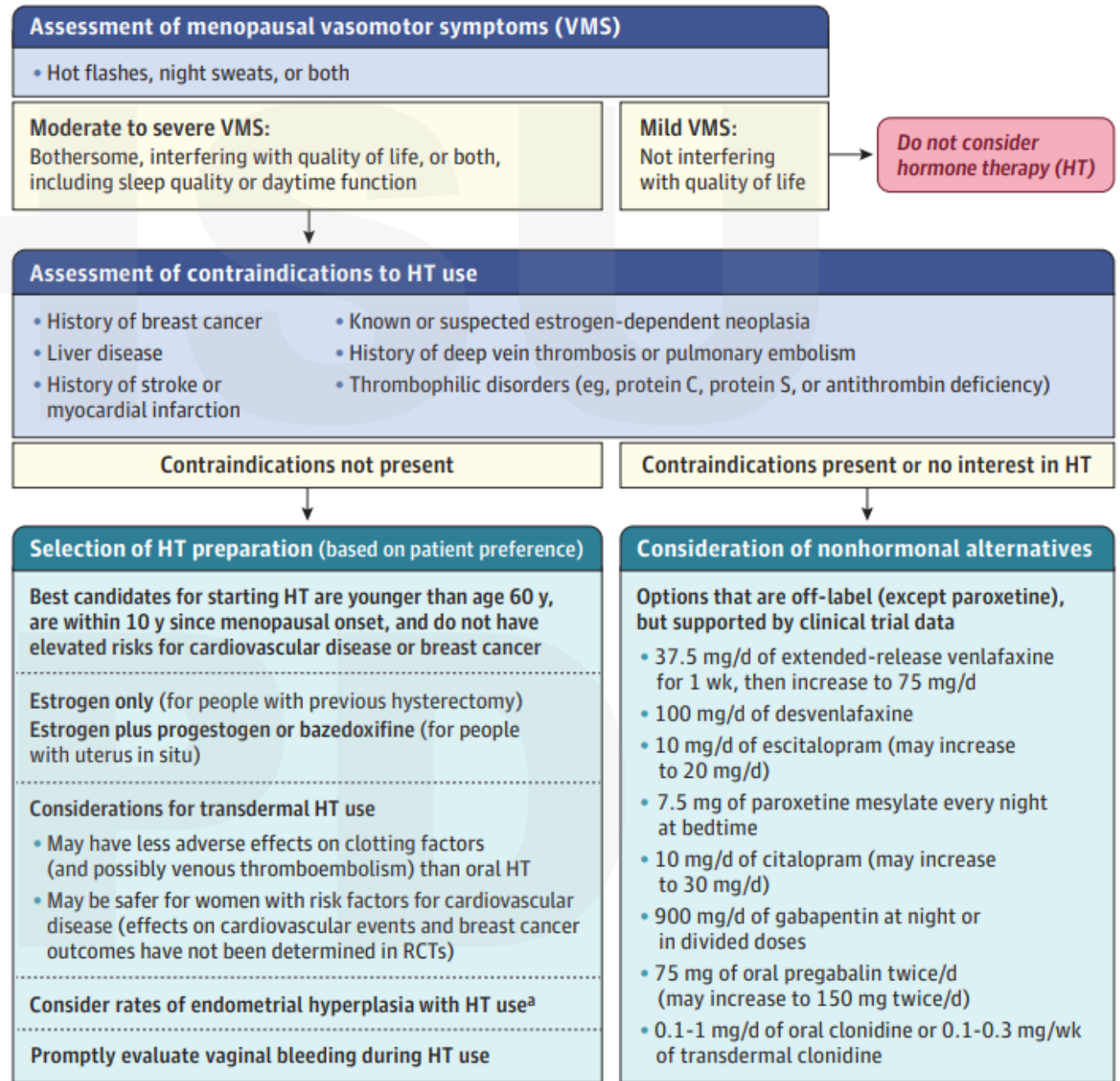
Level I, good and consistent scientific evidence; Level II, limited or inconsistent scientific evidence; Level III, consensus and expert opinion.

SNRIs, serotonin-norepinephrine reuptake inhibitors; SSRIs, selective serotonin reuptake inhibitors.

^aPollen extract, ammonium succinate, *Lactobacillus acidophilus*, rhubarb, black cohosh, wild yam, dong quai, evening primrose oil, maca, ginseng, *labisia pumila/eurycoma longifolia*, chasteberry, milk thistle, omega-3 fatty acids, vitamin E.

6. VMS-hormonal

Figure 1. Suggested Clinical Approach to Prescribing Menopausal Hormone Therapy



Which form?

Table 4. Selected Hormonal Preparations for Treatment of Vasomotor Symptoms

<i>Preparation</i>	<i>Generic Name</i>	<i>Daily Dosage</i>
Combination hormone therapy (for women with a uterus)		
Oral continuous	CEs and MPA	0.625 mg CE plus 2.5 or 5.0 mg MPA; 0.45 mg CE plus 2.5 mg MPA; or 0.3 or 0.45 mg CE plus 1.5 mg MPA
Oral continuous	Estradiol and norgestimate	1 mg estradiol (days 1-3) 1 mg estradiol and 0.09 mg norgestimate (days 4-6)
Oral sequential	CEs and MPA	0.625 mg CE plus 5.0 mg MPA
Transdermal continuous	17 β -estradiol-norethindrone acetate	1.0 mg estradiol plus 0.5 mg norethindrone 0.05 mg estradiol plus 0.14 or 0.25 mg norethindrone (patch applied twice weekly)
Transdermal continuous	17 β -estradiol-levonorgestrel	0.045 mg estradiol plus 0.015 mg levonor- gestrel (patch applied weekly)
Unopposed estrogens (for women without a uterus)		
Oral	CEs	0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg
Oral	17 β -estradiol	0.5 mg, 1.0 mg, 2.0 mg
Transdermal	17 β -estradiol	0.025 mg, 0.05 mg, 0.075 mg, 0.1 mg (patch applied twice weekly)
Transdermal	Estradiol patch	0.025 mg, 0.0375 mg, 0.05 mg, 0.075 mg, 0.1 mg (patch applied weekly)

CE = conjugated estrogen; MPA = medroxyprogesterone.

Source: Melissa A. McNeil, Sarah B. Merriam. [Menopause](#). Ann Intern Med.2021;174:ITC97-ITC112. [Epub 13 July 2021]. doi:[10.7326/AITC202107200](#)

WHI Findings of Total Cohort

Ages 50-79 at enrollment

Event	E+P		E alone	
	Relative Risk	Absolute Risk (per 10,000 women)	Relative Risk	Absolute Risk (per 10,000 women)
CHD	1.29*	7 more	0.91	5 fewer
Stroke	1.41*	8 more	1.39*	12 more
VTE	2.11*	18 more	1.33	7 more
Breast CA	1.26	8 more	0.77	7 fewer
Colorectal CA	0.63*	6 fewer	1.08	1 more
Hip Fracture	0.66*	5 fewer	0.61*	6 fewer
Death	0.98	1 less	1.04	3 more
Global Index	1.15*	19 more	1.01	2 more

*Statistically significant in primary analysis, $p < 0.05$

JAMA 2002, 288:3, p321-333, Risk/benefits E+P in healthy postmenopausal women.

JAMA 2004, 291:14, p 1701-12, Effects of CEE in health postmenopausal women.

7. Mood

CONSENSUS RECOMMENDATIONS

Guidelines for the evaluation and treatment of perimenopausal depression: summary and recommendations

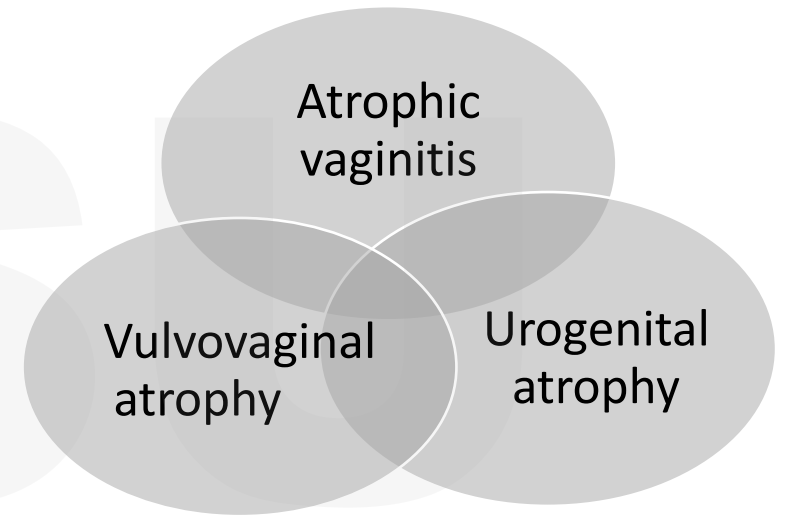
- Vulnerable window in menopause transition
- Perimenopausal mood changes- irregularly irregular
- Hormone replacement therapy can help in peri-menopause but not post-menopause
- SSRIs, SNRIs, Cognitive behavioral therapy also helpful



8. Sex (and urination)

NAMS POSITION STATEMENT

The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society



- Lubrication, Lubrication, Lubrication
- Topical estrogen
 - Do not use if undiagnosed vaginal or uterine bleeding
 - Guidance on use in patients with history of breast cancer not consistent
 - ACOG supports use
- Physical exam!
- If not improving with treatment, consider vulvar biopsy for other causes

9. So many other symptoms...

- Mymenoplan.org
- NIH funded
- Evidence-based approaches

The screenshot shows the homepage of mymenoplan.org. The logo is in the top left. A navigation menu includes 'ABOUT MENOPAUSE', 'SYMPTOMS', 'TREATMENTS', 'TOOLBOX', 'WOMEN'S STORIES', and 'OUR STORY'. The main heading is 'MENOPAUSE SYMPTOMS'. Below it is a paragraph: 'Every woman has a unique menopause story. Click on a symptom to learn more about it. Or, match symptoms with potential coping strategies and treatments with the My MenoPlan tool.' The 'MOST COMMON' section features three icons: a flame for 'Hot Flashes & Night Sweats', a person in bed for 'Sleep Problems / Insomnia', and a closed eye for 'Mood, Depression, Anxiety'. The 'VAGINA AND SEX' section features four icons: a calendar for 'Heavy, Irregular Periods', a sad face for 'Low Sex Drive', a couple with lightning bolts for 'Pain during sex', and a lightning bolt in a vagina for 'Vagina Pain, Dryness (not during sex)'. The 'OTHER' section is partially visible at the bottom.

mymenoplan

ABOUT MENOPAUSE SYMPTOMS TREATMENTS TOOLBOX WOMEN'S STORIES OUR STORY

MENOPAUSE SYMPTOMS

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MOST COMMON

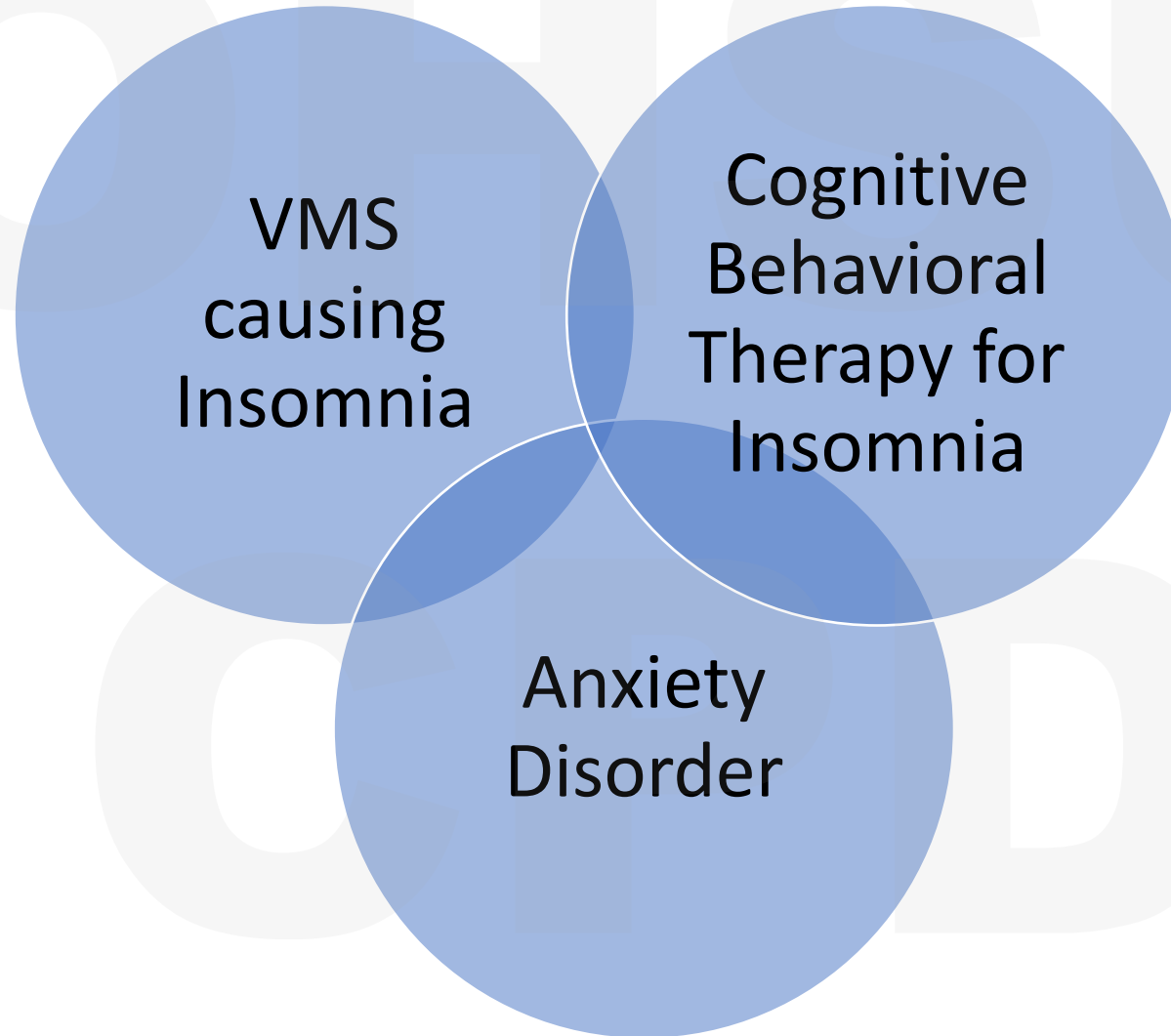
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- Sleep Problems / Insomnia
- Mood, Depression, Anxiety

VAGINA AND SEX

- Heavy, Irregular Periods
- Low Sex Drive
- Pain during sex
- Vagina Pain, Dryness (not during sex)

OTHER

10. Layer Approaches



Take homes

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OHSU

Thank you!

CPD