

Menopause Panel

Cases & Key Messages

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Women's Health Primary Care Update
May 16th, 2025



Case 1: Perimenopausal Symptoms

- 47-year-old who reports lengthened menstrual cycle, 3 days of bleeding. Mainly concerned about sleep disruption, frequent hot flashes, night sweats waking her up multiple times every night.
- She is wondering what is causing these symptoms?



Stages, Symptoms and Health Effects

The Three Stages of Menopause



Perimenopause

2-8 years before menopause;
symptoms can include
hormonal changes, irregular
menstruation, and hot flashes



Menopause

The point in
time twelve months
after a woman's
last period



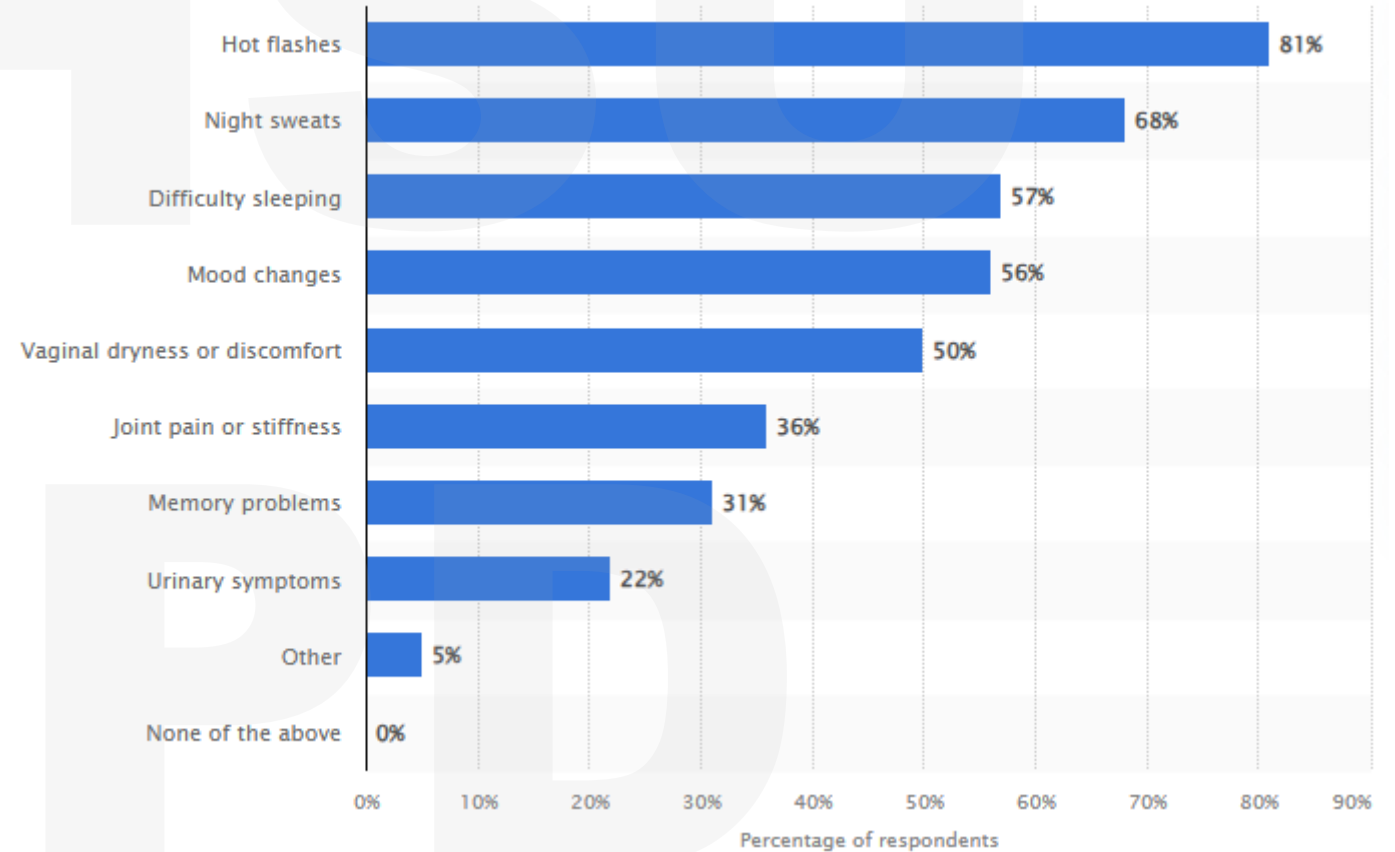
Postmenopause

Symptoms may ease;
health changes include
increased risk for osteoporosis
and heart disease

Symptoms Associated with Menopause

Percentage of menopausal or postmenopausal women in the United States who experienced select menopause symptoms as of 2023

- Survey of 2,000 U.S women



Tip 1: Symptom Inventory

- No laboratory test is predictive or diagnostic of perimenopause
- Symptom scoring tools can help guide conversations and track treatment effects
- The Menopause Rating Scale is available in Epic/EMR

Menopause Rating Scale (MRS)					
Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.					
Symptoms:	none	mild	moderate	severe	very severe
	----- ----- ----- -----				
Score = 0	1	2	3	4	
1. Hot flushes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case 2: Options for Perimenopausal Symptom Management

- Pregnancy considerations
- Other risk factors or comorbidities
- Hormonal vs non-hormonal treatment options



One Key Question: “Would you like to become pregnant in the next year?”

- If patient is menstruating and at risk of pregnancy, discuss contraception methods (e.g., combined oral contraception [coc], progestin only pills, IUDs, implants, etc).
- Consider individual risk factors to determine best contraceptive choice.
- COCs are at greater doses than commonly used for menopausal hormone therapy.

For accessible version, please see the summary of classifications at <https://www.cdc.gov/contraception/hcp/summary>

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)

Updated in 2024. This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see <https://www.cdc.gov/contraception/hcp/summary>. Most contraceptive methods do not protect against STIs. Consistent and correct use of the external (male) latex condom reduces the risk of STIs and HIV. Please see NIH guidelines for up to date recommendations on hormonal contraception and ARVs: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/prepregnancy-counseling-childbearing-age-overview/view-fulltable-3> and <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/drug-interactions-overview/view-full>

KEY: 1 = No restriction (method can be used) 2 = Advantages generally outweigh theoretical or proven risks 3 = Theoretical or proven risks usually outweigh the advantages 4 = Unacceptable health risk (method not to be used)

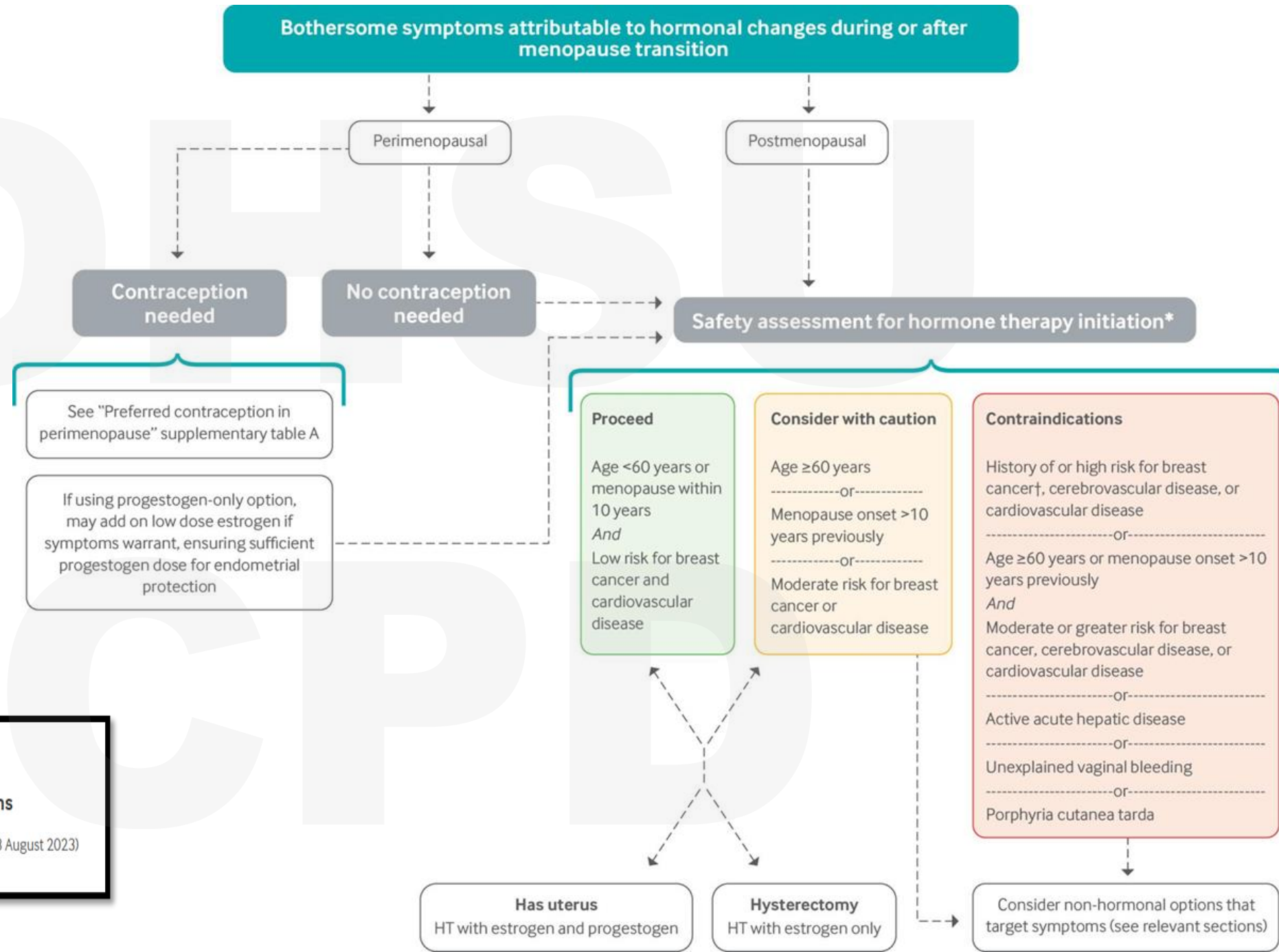
Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		1	2	1	2	1	2	1	2	1	2	1	2
Age													
	Menarche to <20 yrs	2		2		2		2		2		2	
	Menarche to <18 yrs	2		2		2		2		2		2	
	Menarche to 18-45 yrs	1		1		1		1		1		1	
	Menarche to 45-55 yrs	1		1		1		1		1		1	
	Menarche to >55 yrs	1		1		1		1		1		1	
Anatomical abnormalities	a. Distorted uterine cavity	4	4										
	b. Other abnormalities	2	2										
Anemia, iron-deficiency		2	1	1	1	1	1	1	1	1	1	1	1
Benign ovarian tumors	(including cysts)	1	1	1	1	1	1	1	1	1	1	1	1
Breast disease	a. Undiagnosed mass	1	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b. Benign breast disease	1	1	1	1	1	1	1	1	1	1	1	1
	c. Family history of cancer	1	1	1	1	1	1	1	1	1	1	1	1
	d. Breast cancer ¹												
	i. Current	1	4	4	4	4	4	4	4	4	4	4	4
	ii. Past and no evidence of current disease for 5 years	1	3	3	3	3	3	3	3	3	3	3	3
Breastfeeding	a. <21 days postpartum			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b. 21 to <30 days postpartum			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	c. 30-42 days postpartum			2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	d. >42 days postpartum			1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
Cervical cancer	Awaiting treatment	4	2	4	2	2	2	2	2	2	2	2	2
Cervical ectropion		1	1	1	1	1	1	1	1	1	1	1	1

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP	
		1	2	1	2	1	2	1	2	1	2
Diabetes	a. History of gestational disease	1	1	1	1	1	1	1	1	1	1
	b. Nonvascular disease	1	2	2	2	2	2	2	2	2	2
	i. Non-insulin dependent	1	2	2	2	2	2	2	2	2	2
	ii. Insulin dependent	1	2	2	2	2	2	2	2	2	2
	c. Nephropathy, retinopathy, or neuropathy ¹	1	2	2	2	2	2	2	2	2	2
	d. Other vascular disease or diabetes of >20 years' duration ¹	1	2	2	2	2	2	2	2	2	2
Dysmenorrhea	Severe	2	1	1	1	1	1	1	1	1	1
Endometrial cancer ¹		4	2	4	2	1	1	1	1	1	1
Endometrial hyperplasia		1	1	1	1	1	1	1	1	1	1
Endometriosis		2	1	1	1	1	1	1	1	1	1
Epilepsy ¹	(see also Drug Interactions)	1	1	1*	1*	1*	1*	1*	1*	1*	1*
Gallbladder disease	a. Asymptomatic	1	2	2	2	2	2	2	2	2	2
	b. Symptomatic										
	i. Current	1	2	2	2	2	2	2	2	2	2
	ii. Treated by cholecystectomy	1	2	2	2	2	2	2	2	2	2
	iii. Medically treated	1	2	2	2	2	2	2	2	2	2
Gestational trophoblastic disease (GTD)	a. Suspected GTD (immediate postpartum)	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	i. Uterine size first trimester	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*
	ii. Uterine size second trimester	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*
	b. Confirmed GTD										
	i. Undetectable or non-pregnant β-HCG levels	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	ii. Decreasing β-HCG levels	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*
	iii. Persistently elevated β-HCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*

¹ Perinatally elevated β-HCG levels

<https://www.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf>

Approach to Starting HT



Clinical Review » State of the Art Review

Management of perimenopausal and menopausal symptoms

BMJ 2023 ; 382 doi: <https://doi.org/10.1136/bmj-2022-072612> (Published 08 August 2023)

Cite this as: BMJ 2023;382:e072612

Hormone Therapy: Indications for Use

- Vasomotor symptoms (VSM): Bothersome hot flashes and night sweats.
- Genitourinary symptoms (GSM): Vulvovaginal and bladder symptoms.
- Osteopenia: Prevention of bone loss and reduction of fracture risk.
- Surgical or premature menopause: Menopause in someone aged younger than 40 years: "HRT"
- But NOT for: prevention of cardiovascular disease or dementia; management of MSK conditions; management of hair loss, weight gain, etc.

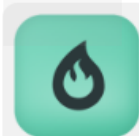
Tip 2: Patient Resources

CREATE MY MENOPLAN

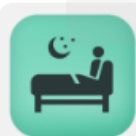
This personalized tool can help you narrow your search for treatments and coping strategies.

- Click on the symptoms that bother you, to see the treatments that are known to help or may help.
- If you want to read more about symptoms, [go here](#).

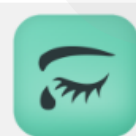
Pick Up To 6 Symptoms



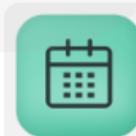
Hot Flashes



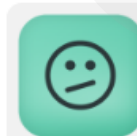
Insomnia



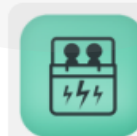
Mood, Depression, Anxiety



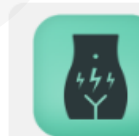
Irregular Period



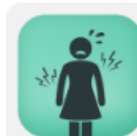
Low Sex Drive



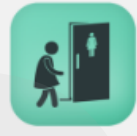
Pain during Sex



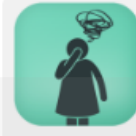
Vaginal Pain/Dryness



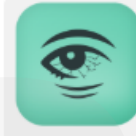
Aches or Pains



Bladder Control Problems



Brain Fog



Dry Eyes



Dry Hair & Skin



Palpitations



Weight Gain

**Get Treatments for
Selected Symptoms!**

<https://mymenoplan.org/create-my-menoplan/>

Case 3: Risks and Benefits of HT

- 49 yo with LMP at age 47
- Has been on CEE and MPA for bothersome hot flashes for 4 years.
- Recently spoke with her mom who told her HT was going to give her heart attack.
- She wants to know if HT is safe for her?



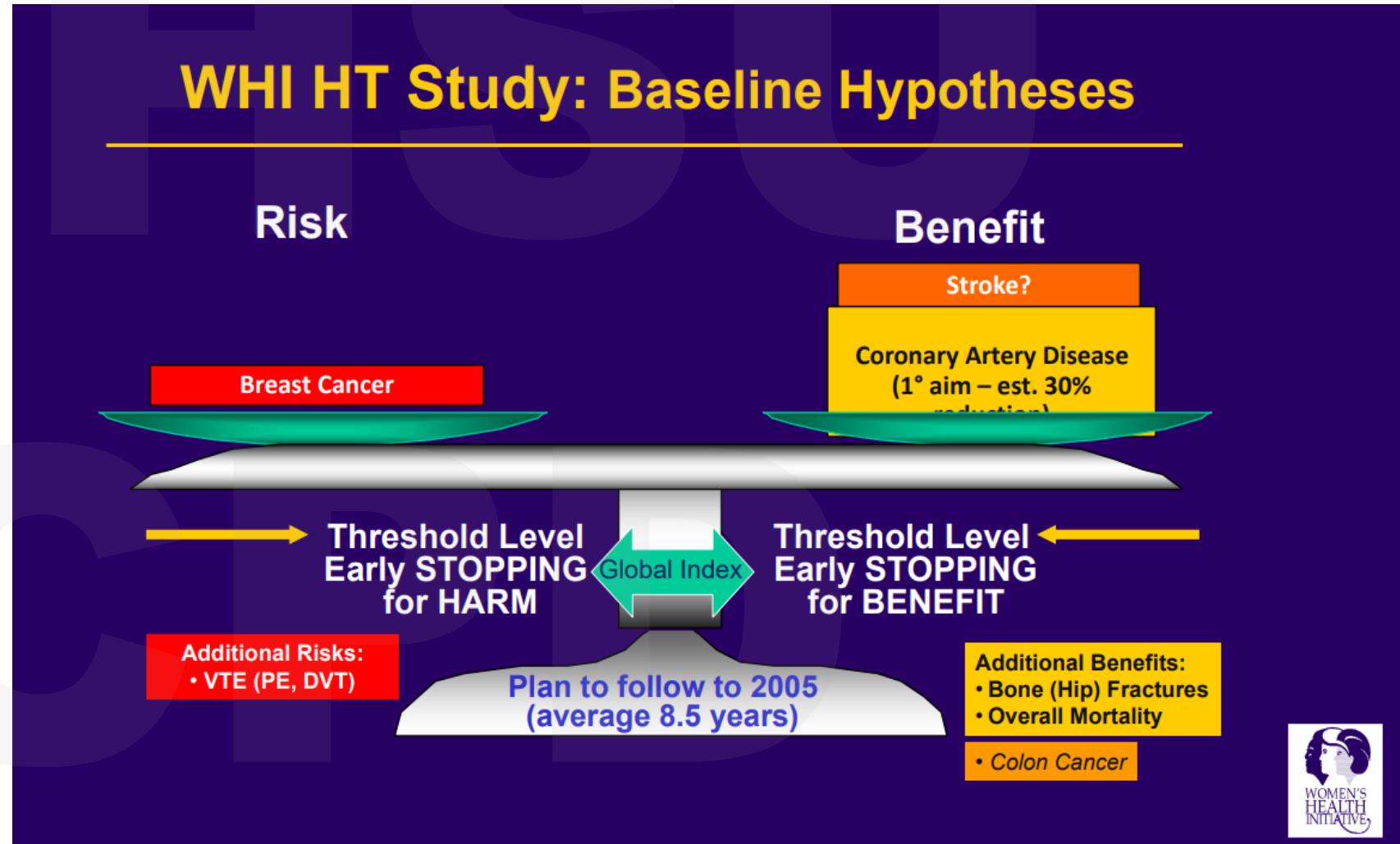
Key Findings from Women's Health Initiative

RCT, n=27,000 women:

- Hysterectomy: CEE vs. Placebo
- Uterus in place: CEE + MPA vs. Placebo

Primary outcome:
Cardiovascular disease

Avg. Age = 63 years





WHI History and Context

Estrogen-only
HT first came
into practice

1960s

Associations shown between HT
use and lower rates of CHD,
osteoporosis, dementia, and
overall mortality in analyses from
Nurses Health Study and other
observational studies

This resulted in increased
prescriptions, making estrogens
some of most prescribed
medications

1980s, 1990s

WHI estrogen-alone trial
stopped early after average
follow-up 6.8 years owing
to risks outweighing or
equaling preventive benefits

2004

Many studies have clarified that
the benefit:risk ratio of HT is
more favorable in women
starting treatment at age <60 or
<10 years after menopause
onset than in those starting in
later menopause. Also, on the
basis of mostly observational
studies, lower risks of some
outcomes have been found for
transdermal than for oral
estrogens and for micronized
progesterone than for
medroxyprogesterone acetate

2002-present

1975

Estrogen found to
increase risk of
endometrial cancer
Adding progestogens
for women with
uteruses found
to protect
endometrium and
eliminate risk

1993

Women's
Health Initiative
RCTs and
observational
studies began

2002

WHI estrogen+progestin trial stopped early
after average follow-up 5.2 years owing to
risks outweighing preventive benefits

WHI publication followed by 33% decline in
estrogen therapy and 66% decline in
combined HT in US in first year

HT prescriptions decreased 25-40% in UK
and Germany

Today

Few women who
would benefit
receive HT

Relative Risk vs. Absolute Risk

WHI Findings of Total Cohort Ages 50-79 at enrollment

JAMA | Review | WOMEN'S HEALTH

The Women's Health Initiative Randomized Trials and Clinical Practice
A Review

Jakoni E. Manson, MD, DrPH; Carolyn J. Crandall, MD, MS; Jacques E. Rossouw, MD;
Rowan T. Chlebowski, MD, PhD; Garnet L. Anderson, PhD; Marcia L. Stefanick, PhD; Aaron K. Aragaki, MS;
Jane A. Cauley, DrPH; Gretchen L. Wells, MD, PhD; Andrea Z. LaCroix, PhD; Cynthia A. Thomson, PhD, RD;
Marian L. Neuhouser, PhD; Linda Van Horn, PhD; Charles Kooperberg, PhD; Barbara V. Howard, PhD;
Linda F. Tinker, PhD; Jean Wactawski-Wende, PhD; Sally A. Shumaker, PhD; Brent L. Prentice, PhD

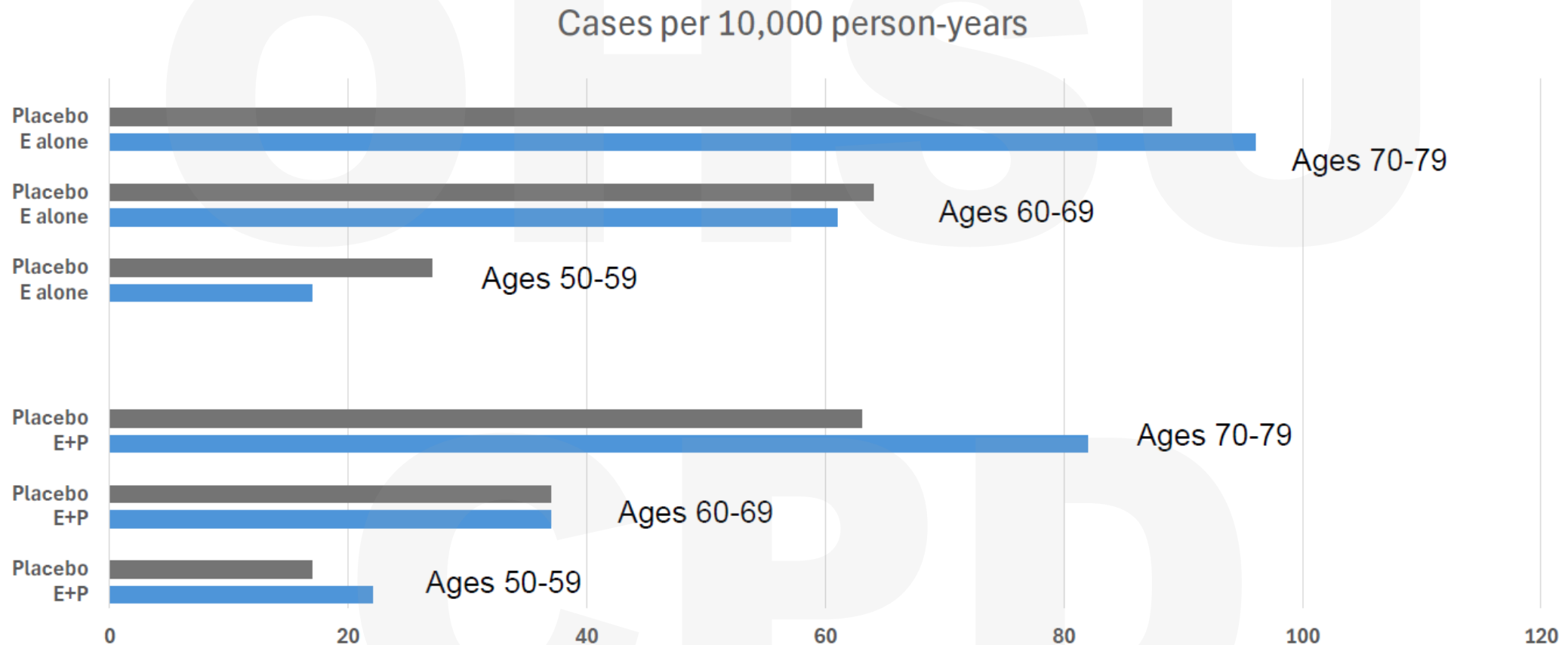
Event	E+P		E alone	
	Relative Risk	Absolute Risk (per 10,000 women)	Relative Risk	Absolute Risk (per 10,000 women)
CHD	1.29*	7 more	0.91	5 fewer
Stroke	1.41*	8 more	1.39*	12 more
VTE	2.11*	18 more	1.33	7 more
Breast CA	1.26	8 more	0.77	7 fewer
Colorectal CA	0.63*	6 fewer	1.08	1 more
Hip Fracture	0.66*	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.

WHI Results by Age for Coronary Heart Disease



Manson JE, Chlebowski RT, Stefanick ML, et al. Menopausal hormone therapy and health outcomes during the intervention and extended poststopping phases of the Women's Health Initiative randomized trials. JAMA. Oct 02 2013;310(13):1353-68

An Opportunity for Prevention

Hormone Fluctuations

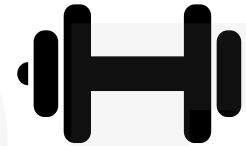
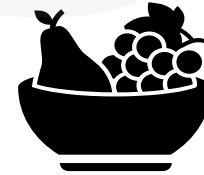
Metabolism, Body Composition, CVD risk

Bone Health and Strength

Energy and Mood

Sleep

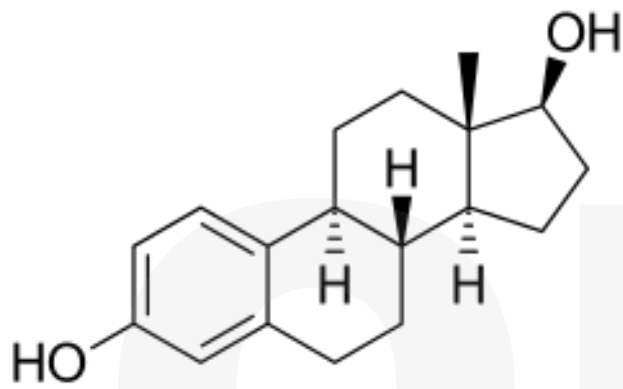
Cognition



Case 4: What about "Natural Hormones?"

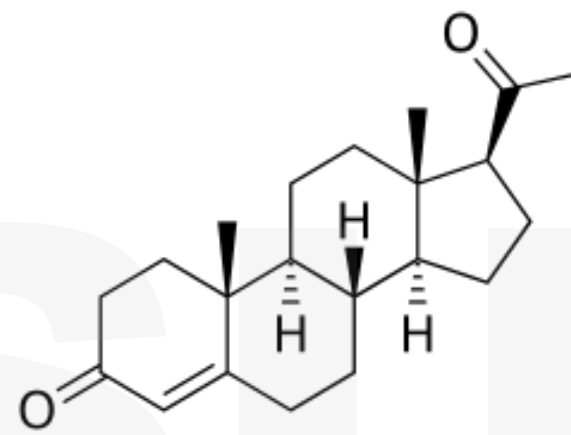
- Same 49 yo patient on CEE and MPA for hormone therapy
- Asks if her therapy is "bio-identical"
- "Should I take supplements?"





Estrogen

- 4 different human estrogens
 - E1 (estrone), 50-75% weaker than E2
 - **E2 (17-beta estradiol)**
 - E3 (estriol), placenta, weak
 - E4 (estetrol), fetal in utero
- Conjugated equine estrogen (CEE)
 - 11 active estrogens from pregnant mare urine
 - Premarin brand name
- Synthetics
 - Ethinyl estradiol, estradiol valerate, estropipate
 - Plant derived



Progestogens

- **Progesterone** only human P
 - Oral not absorbed unless micronized, oil suspension (peanut)
- Synthetic Progestational compounds
 - Medroxyprogesterone acetate
 - Norethindrone, norethindrone acetate
 - Levonorgestrel

FDA Approved *Natural* Hormone Options

Systemic doses of estradiol/progesterone for treatment of hot flashes

- Estradiol oral tablet: Estrace, generics
- Estradiol skin patch: Alora, Climara, Esclim, Menostar, Vivelle (Dot), Estraderm, generics
- Estradiol skin gel/cream: EstroGel, Elestrin, Divigel, Estrasorb
- Estradiol skin spray: Evamist
- Estradiol vaginal ring: Femring
- Progesterone oral tablet: Prometrium, generics
- Estradiol plus progesterone combined oral capsule: Bijuva

Low doses of vaginal estradiol for treatment of vaginal dryness and pain with intercourse

- Vaginal cream: Estrace vaginal cream
- Vaginal ring: Estring
- Vaginal tablet: Vagifem
- Vaginal insert: Imvexxy



Case 5: Bleeding on HT

- 56 yo, started Combipatch four months ago for severe vasomotor symptoms.
- Final menstrual period at 55 yo.
- Reports episodic spotting every few days.
- Now what?



Bleeding with Hormone Therapy



Timing

Common within first 6 months, particularly if recently menopausal

Or with dose adjustments or missed doses

Red flags: heavy, worsening bleeding

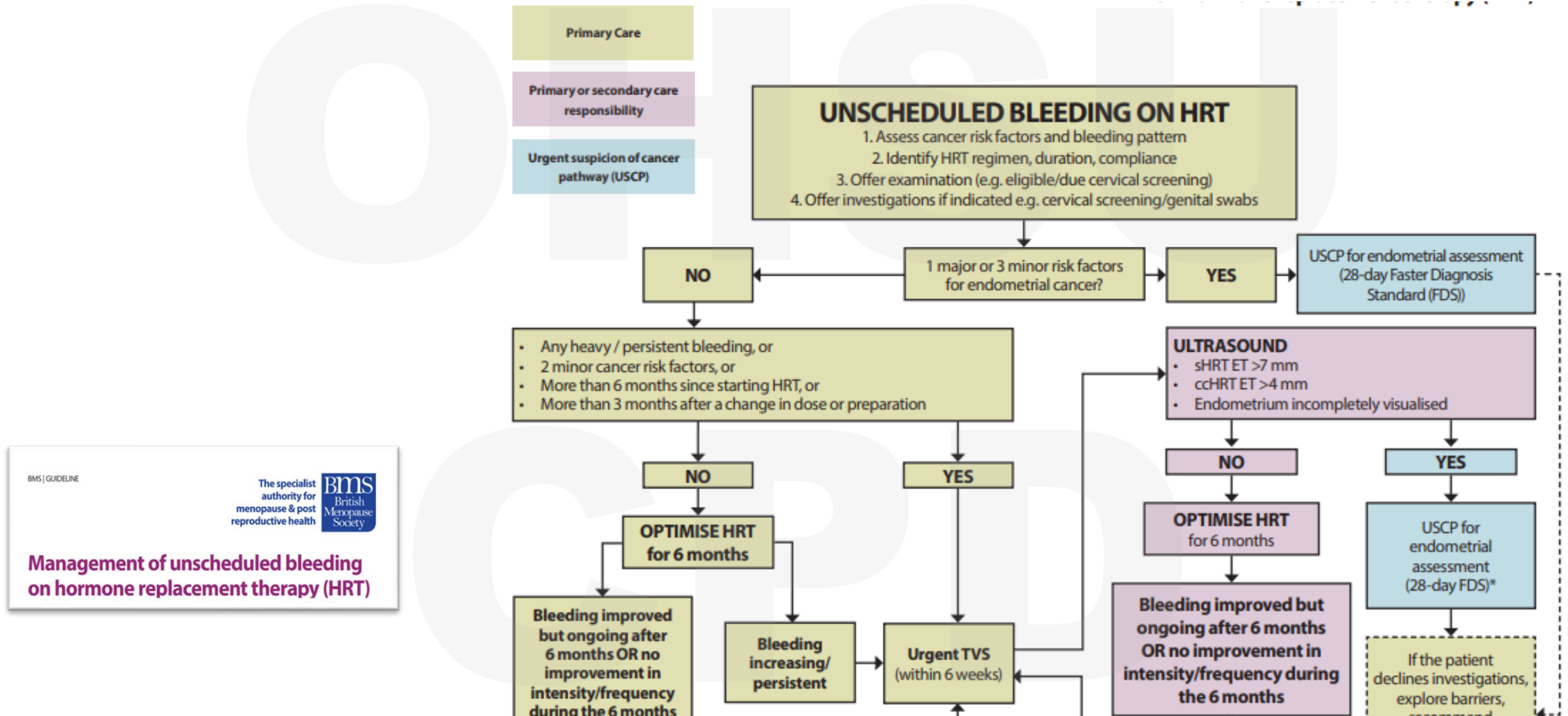
Consider endometrial cancer risk factors



Imaging

Transvaginal ultrasound first step

Tip 3: Work-up for Bleeding on HT



A Few Evidence-based Medicine Tips

Which would you choose?

- 99.9% chance of winning \$100, $p=.001$
- 95% chance of winning \$10,000, $p= .05$

Both statistically significant but one is more relevant

50 years old in
1985



50 years old in
2020



Case 6: To Stop or Continue Hormones?

- 70-year-old patient on HT since her mid 50s
 - Hysterectomy in late 40s for heavy bleeding due to fibroids
 - Vivelle dot estradiol patch 0.0375mcg
- Patient message refill request for patch "keeps my skin young"
 - Has never tried to taper
 - Up to date on breast and colon ca screening



Ongoing Risk Assessment and Shared- Decision Making

Dexa scan

Counseling on role of HT
on breast cancer risk
(E+P more so)

VTE risk discussion

CVD risk assessment

Tip 4: Risk stratification

REVIEW ARTICLE

Originally Published 13 February 2023

Rethinking Menopausal Hormone Therapy: For Whom, What, When, and How Long?

Leslie Cho, MD , Andrew M. Kaunitz, MD, Stephanie S. Faubion, MD, MBA, Sharonne N. Hayes, MD , Emily S. Lau, MD, MPH , Nicole Pristera, MD, Nandita Scott, MD , Jan L. Shifren, MD, Chrisandra L. Shufelt, MD, MS , Cynthia A. Stuenkel, MD, and Kathryn J. Lindley, MD for the ACC CVD in Women Committee

[AUTHOR INFO & AFFILIATIONS](#)

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Table 6. Atherosclerotic Cardiovascular Disease Risk Score and Years Since Menopause Onset for Initiating HT

Cardiovascular disease risk over 10 years American College of Cardiology/American Heart Association atherosclerotic cardiovascular disease risk score	Years since menopause onset		
	≤5	6–10	≥10
Low risk (<5%)	HT acceptable	HT acceptable	Consider alternatives; HT acceptable with individualized, shared decision-making
Intermediate risk (≥5.0% to <10%)	HT acceptable. Consider transdermal HT depending on risk factors	HT acceptable. Consider transdermal HT depending on risk factors	Generally advised to avoid systemic HT. Consider alternative therapy, and if severe VMS persist, individualized, shared decision-making
High risk (≥10%)	Generally advised to avoid systemic HT. Consider alternative therapy, and if severe VMS persist, individualized, shared decision-making	Generally advised to avoid systemic HT. Consider alternative therapy, and if severe VMS persist, individualized, shared decision-making	Avoid HT. Consider alternative therapy, and if severe VMS persist, individualized, shared decision-making

HT indicates hormone therapy; and VMS, vasomotor symptoms.

Questions?

