**63 Menopause**

1. *In any woman of menopausal age, screen for symptoms of menopause (e.g., hot flashes, changes in libido, vaginal dryness, incontinence, and psychological changes).*

Perimenopause

* Begins 5-10 yrs prior to menopause
* Irregular menses (usually shorter cycle)
* Vasomotor symptoms
* Still fertile!!! High rate of unintended pregnancies in women age 40-44.

Menopause (Marked ↓ in circulating estrogen)

* 12 months after final menses (typically age 50-51)
* Continuation of vasomotor symptoms
* Urogenital symptoms (vaginal dryness, dyspareunia)

**RFs for early menopause**

* Smoking
* Hysterectomy
* Chemotherapy / radiation

**Symptoms**

* Hot flashes
* Insomnia/sleep disturbances
* Weight gain / bloating
* Mood changes / irritability
* Painful breasts
* Headaches
* Fatigue / poor concentration
* ↓Libido
* Thinning of vaginal wall
* ↓ Uterus/ovary size
* Loss of pelvic tone (prolapse, incontinence)
* Loss of skin tone
* Loss of bone density
* Loss of dense breast tissue

1. *In a patient with typical symptoms suggestive of menopause, make the diagnosis without ordering any tests. (This diagnosis is clinical and tests are not required.)*

CLINICAL DIAGNOSIS!! (No need for lab tests – unless atypical symptoms)

1. *In a patient with atypical symptoms of menopause (e.g., weight loss, blood in stools), rule out serious pathology through the history and selective use of tests, before diagnosing menopause.*

Atypical symptoms

* Weight loss
* Blood in stools
* Drenching Night Sweats or atypical hot flashes

🡪In history R/O: hyperthyroid, meds, carcinoid syndrome, prolactinoma, and other malignancies.

🡪R/O serious disease pathology with appropriate tests based on history (Always include: CBC, Ferritin, TSH, and serum prolactin)

1. *In a patient who presents with symptoms of menopause but whose test results may not support the diagnosis, do not eliminate the possibility of menopause solely because of these results.*
2. *When a patient has contraindications to hormone-replacement therapy (HRT), or chooses not to take HRT: Explore other therapeutic options and recommend some appropriate choices*

a) Conservative Management: Address in all women:

* Stress Management
* Sleep Hygiene
* Healthy Diet (Soy foods and Isoflavone supplements have shown no proven benefit)
* Smoking cessation
* Regular Exercise
* Reduction in Alcohol and Caffeine consumption

b) SSRIs and gabapentin often result in 30% improvement of hot flashes

c) Other alternatives include Clonidine and bellergal (Belladonna + Ergotamine – phenobarbital).

1. *In menopausal or perimenopausal women: a) Specifically inquire about the use of natural or herbal  products.  b) Advise about potential effects and dangers (i.e., benefits and problems) of natural or herbal products and interactions.*

Without good evidence for effectiveness, and in the face of minimal data on safety, these approaches should be advised with caution. Most have not been rigorously tested for the treatment of moderate to severe hot flashes, and many lack evidence of efficacy and safety.

For specific herbals see pg 72-73: <http://www.sogc.org/guidelines/public/171E-CONS-February2006.pdf>

1. *In a menopausal or perimenopausal women, provide counseling about preventive health measures (e.g., osteoporosis testing, mammography).*

Screening

* Osteoporosis –Do not treat with HRT (despite the fact that HRT has demonstrated a beneficial effect in osteoporosis prevention there is no data available on reduction of fracture risk)
* Breast Cancer – Mammography @ starting at age 40
* Pap Test
* CV risk profile
* Colon ca screening
* Flu shot
* Mood Screen

1. *Establish by history a patient’s hormone-replacement therapy risk/benefit status.*

ESTROGEN THERAPY

* The **only** reason for using estrogen therapy in post menopausal women **is to provide relief from vasomotor symptoms**
* Secondary benefits include improved libido, skin and mood.
* Other benefits include birth control, control regularity of menses, preserve BMD
* Peril: When using HRT for hot flashes, use continuously not cyclically as the hot flashes reoccur during the pill free days
* Taper dose when stopping therapy
* If only sx are vaginal dryness and/or dyspurina, use topical estrogen (no progesterone required)

Adverse Effects

* Bloating
* Breast pain
* Vaginal bleeding
* Headaches

Absolute Contraindications

* Undiagnosed vaginal bleeding
* Severe/Acute liver disease
* Pregnancy
* Thromboembolic Event

Relative

* PMHx or strong FMHx of Breast ca (Conflicting data on the effects of estrogen therapy on breast ca)
* Caution in patients with CVD and hyperlipidemia (There is some evidence that HRT increases the risk of a CV event in woman >60 or >5 years of therapy)

**Menopause SAMP**

A 50 yo female complains of hot flashes. She has not had any recent weight changes. She has not had a menstrual period in 6 months.

1. What physical exam maneuvers would you perform
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What lab tests would you order?
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. List 3 proven benefits:
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. What is the effect HRT has on the following:
15. Breast Ca:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Endometrial Ca:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. List 4 absolute contraindications to HRT:

a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Write a prescription for HRT (Names, route, dosage):

**Answers:**

1. BP, Pelvic and PAP, Breast Exam, Thyroid Exam, CVS examination.
2. LH/FSH/PRL, TSH, AC glucose, Lipid Profile
3. a) Symptom Control – vasomotor, genital atrophy, dysphoria, sleep

b) Protective against osteoporosis

c) Reduced risk of developing DM2

1. a) – Increase risk of Breast ca for HRT>5 years

b) endometrial ca – increase risk if unopposed estrogen. No change in risk if combination therapy.

1. a) Unexplained vaginal bleeding

b) History of thromboembolic disease

c) History of breast or uterine ca

d) liver disease

6. Conjugated estrogen (CES/Premarin) 0.635mg P.O. daily

Provera 2.5mg PO daily