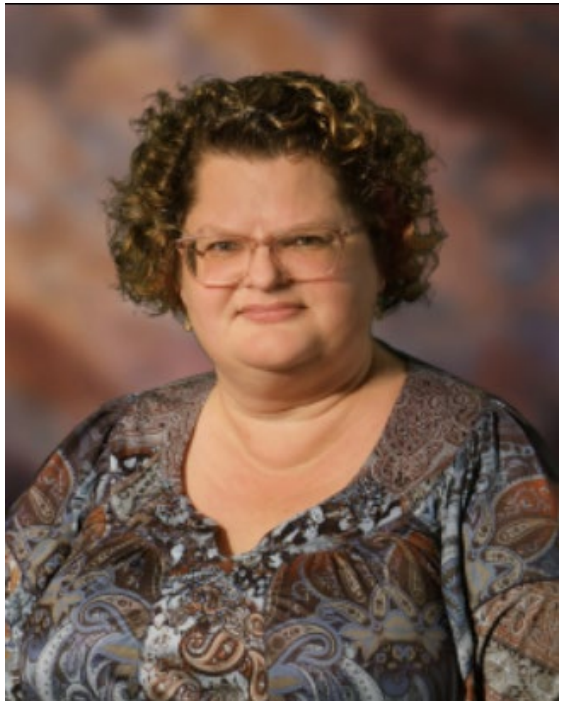
THE MENOPAUSE TRANSITION: OPTIMALLY PROTECTING EMOTIONAL HEALTH



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LEARNING OBJECTIVES

- Recognize that in the clinical setting, women from different ethnic backgrounds may characterize menopause and its associated symptoms differently
- Employ patient-focused, culturally relevant communication techniques when counseling patients regarding menopause and their menopausal symptoms
- Utilize a patient-centered, shared-decision making approach in the evaluation and management of menopausal symptoms, including depression
- Provide objective, up-to-date, evidence-based education regarding possible menopausal symptom treatment options along with an individualized management and follow-up plan

Menopause: Introduction

TRANSITION TO MENOPAUSE

- Menopause—the complete cessation of menses for 12 months
  - Average age in US is 51
  - Can range from 45 to 55 years

- Near-complete loss of estrogen production results in endocrinological, physical, and psychological changes which occur over years

- Symptoms range
  - Mild/moderate discomfort to severe/disabling
  - Influenced by physiologic, psychological, ethnic, and socio-cultural factors

- The average lifespan of a woman in the US is now 81 yrs old - most women can expect to spend about 30 years (almost 40%) of their lifetime post-menopausal

Talaulikar *Best Pract Res Clin Obstet Gynaecol* 2022;81:3-7 | Goodman *Endocrine Practice.* 2011;17:1-25.

THE STAGES OF REPRODUCTIVE AGING WORKSHOP+10

Menarche — FMP (0)

Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early			Late
					Perimenopause					
Duration	*variable*				*variable*	1-3 years	2 years (1+1)		3-6 years	*Remaining lifespan*
PRINCIPAL CRITERIA										
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	*Variable Length* Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of >=60 days				
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Low Low	Variable* Low Low	↑ Variable* Low Low	↑ >25 IU/L** Low Low	↑ Variable Low Low	Stabilizes Very Low Very Low		
Antral Follicle Count			Low	Low	Low	**Low**	Very Low	Very Low		
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor symptoms *Likely*	Vasomotor symptoms *Most Likely*			*Increasing* symptoms of urogenital atrophy

* Blood draw on cycle days 2-5 ↑ = elevated

**Approximate expected level based on assays using current international pituitary standard[67-69]

J Clin Endocrinol Metab, **Volume 97, Issue 4, 1 April 2012, Pages 1159–1168**

Menopausal Transition: Signs and Symptoms

SIGNS AND SYMPTOMS OF THE MENOPAUSAL TRANSITION THAT WOMEN MAY REPORT

- Irregular bleeding
- Vasomotor symptoms
  - Hot flushes and/or night sweats
- Vulvovaginal symptoms
  - Dryness
  - Recurrent urinary tract infections
  - Dyspareunia
- Sweating
- Dizzy spells
- Palpitations
- Headache
- Decreased sexual desire
- Insomnia
- Fatigue
- Difficulty concentrating
- Mood Changes
  - Irritability
  - Anxiety
  - Depression

SYMPTOMS

- Risk factors impacting the frequency/severity of vasomotor symptoms:
  - Menopausal status
  - Race
  - Smoking
  - Overweight/Obesity
  - Antiestrogen therapy
  - Anxiety or depression prior to menopause

- Over 80% of women will experience vasomotor symptoms during the menopausal transition, with the majority rating them as moderate to severe.

- Clinical symptoms of menopause can have a major impact on a woman's life and are the main reason for their seeking treatment

Gold *Am J Public Health*. 2006;96(7):1226-1235. | Freeman *Menopause*. 2014;21(9):924-932 | Avis *Obstet Gynecol Clin North Am.* 2
Green *Women's Health. 2009;5(2):127–133*

FACTORS IMPACTING VASOMOTOR SYMPTOMS

- African American women and Hispanic women have hot flushes for longer periods of time than white or Asian-American women
- Smoking and passive smoke exposure are significant factors in the intensity of vasomotor symptoms
- Current smokers are over 60% more likely to report vasomotor symptoms than non-smokers
- Overweight and obesity are also associated with more severe vasomotor symptoms during pre- and perimenopause period
- GNRH agonists/antagonists; aromatase inhibitors, and certain SERMs often lead to moderate to severe vasomotor symptoms

Gold *Am J Public Health.* 2006;96(7):1226-1235. | Melby *Maturitas.* 2011;70(2):110-119. | Dotlic *Behavioral Medicine.* 2021:1-
Obstet Gynecol. 2020;222(5):478.

Depression during the Menopausal Transition

DEPRESSION DURING THE MENOPAUSAL TRANSITION

- Depression
  - More common during the menopausal transition, even in women with no history of depression
  - Treatment may not be as straightforward as depression presenting at other times
- Women with a history of depression are 13 times more likely to exhibit depressive symptoms during the menopausal transition
- 28% to 47% of women without a history of depression reported experiencing depressive symptoms during perimenopause
- Perimenopausal estradiol fluctuations increase a woman's sensitivity to psychosocial stress and her vulnerability to depression.

Freeman *Archives of General Psychiatry.* 2004;61(1):62-70. | Bromberger *Archives of General Psychiatry.* 2010;67(6):598-607. | Maki *Menopause.* 2018;25(10):1069-1085.b| Shea *Journal of Obstetrics and Gynaecology Canada.* 2021;43(11):1316-1323.e1311. | Freeman *JAMA Psychiatry.* 2014;71(1):36 Maki *Journal of Women's Health.* 2019;28(2):117-134.

DEPRESSION DURING THE MENOPAUSAL TRANSITION/

- It is important to distinguish between menopausal symptoms and underlying depression
- Hormonal changes can
  - Lead to depressive symptoms
  - Lead to overt depression
  - Exacerbate existing symptoms of depression
  - Reactivate previous major depression
  - May cause depression or depressive symptoms secondary to distressing menopausal symptoms, like hot flushes

The Menopause-Specific Quality of Life Questionnaire

For each of the following items, indicate whether you have experienced the problem in the **PAST MONTH**. If you have, rate how much you have been ***bothered*** by the problem.

				Not at all bothered						Extremely bothered
				0	1	2	3	4	5	6
1.	HOT FLUSHES OR FLASHES	❑ No	❑ Yes	→	0	1	2	3	4	5	6
2.	NIGHT SWEATS	❑ No	❑ Yes	→	0	1	2	3	4	5	6
3.	SWEATING	❑ No	❑ Yes	→	0	1	2	3	4	5	6
4.	BEING DISSATISFIED WITH MY PERSONAL LIFE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
5.	FEELING ANXIOUS OR NERVOUS	❑ No	❑ Yes	→	0	1	2	3	4	5	6
6.	EXPERIENCING POOR MEMORY	❑ No	❑ Yes	→	0	1	2	3	4	5	6
7.	ACCOMPLISHING LESS THAN I USED TO	❑ No	❑ Yes	→	0	1	2	3	4	5	6
8.	FEELING DEPRESSED, DOWN OR BLUE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
9.	BEING IMPATIENT WITH OTHER PEOPLE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
10.	FEELINGS OF WANTING TO BE ALONE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
11.	FLATULENCE (WIND) OR GAS PAINS	❑ No	❑ Yes	→	0	1	2	3	4	5	6
12.	ACHING IN MUSCLES AND JOINTS	❑ No	❑ Yes	→	0	1	2	3	4	5	6
13.	FEELING TIRED OR WORN OUT	❑ No	❑ Yes	→	0	1	2	3	4	5	6
14.	DIFFICULTY SLEEPING	❑ No	❑ Yes	→	0	1	2	3	4	5	6
15.	ACHES IN BACK OF NECK OR HEAD	❑ No	❑ Yes	→	0	1	2	3	4	5	6
16.	DECREASE IN PHYSICAL STRENGTH	❑ No	❑ Yes	→	0	1	2	3	4	5	6
17.	DECREASE IN STAMINA	❑ No	❑ Yes	→	0	1	2	3	4	5	6
18.	FEELING A LACK OF ENERGY	❑ No	❑ Yes	→	0	1	2	3	4	5	6
19.	DRYING SKIN	❑ No	❑ Yes	→	0	1	2	3	4	5	6
20.	WEIGHT GAIN	❑ No	❑ Yes	→	0	1	2	3	4	5	6
21.	INCREASED FACIAL HAIR	❑ No	❑ Yes	→	0	1	2	3	4	5	6
22.	CHANGES IN APPEARANCE, TEXTURE, OR TONE OF YOUR SKIN	❑ No	❑ Yes	→	0	1	2	3	4	5	6
23.	FEELING BLOATED	❑ No	❑ Yes	→	0	1	2	3	4	5	6
24.	LOW BACKACHE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
25.	FREQUENT URINATION	❑ No	❑ Yes	→	0	1	2	3	4	5	6
26.	INVOLUNTARY URINATION WHEN LAUGHING OR COUGHING	❑ No	❑ Yes	→	0	1	2	3	4	5	6
27.	CHANGE IN YOUR SEXUAL DESIRE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
28.	VAGINAL DRYNESS DURING INTERCOURSE	❑ No	❑ Yes	→	0	1	2	3	4	5	6
29.	AVOIDING INTIMACY	❑ No	❑ Yes	→	0	1	2	3	4	5	6

Treatment: Recommendations for Clinical Care

RE-EVALUATING THE SAFETY OF HORMONE THERAPY

- Based on a meta-analysis of new studies and reanalysis of the original data from the Women's Health Initiative (WHI), the North American Menopause Society (NAMS) has stated that for most symptomatic, healthy women aged 60 or younger or within 10 years of their final period, the benefits of estrogen-containing Hormone Therapy (primarily menopausal symptom management) outweigh the risk (breast cancer, CVD, CVA)
- There are relatively few absolute contraindications to the use of estrogen-containing Hormone Therapy in perimenopausal women (i.e., History of VTE, Breast Cancer, Current Smoking, Uncontrolled Hypertension)
- If a woman is extremely symptomatic but does not fit into the category of safely taking HT, consult with a specialist (i.e., oncologist) to discuss options

RECOMMENDATIONS FOR CLINICAL CARE

Estrogen-containing Hormone Therapy (COCs, ET, or EPT)

- For perimenopausal patients with mood-related symptoms temporally related to menstrual cycle changes and vasomotor symptoms, estrogen therapy may help alleviate both their physical and mood symptoms
- In patients whose mood symptoms do not improve on estrogen-containing Hormone Therapy (HT), consider underlying depression being exacerbated by their physical symptoms
- In patients with confirmed MDD, SSRIs or SNRIs should be used first-line. HT is not indicated for the management of MDD.

RECOMMENDATIONS FOR CLINICAL CARE

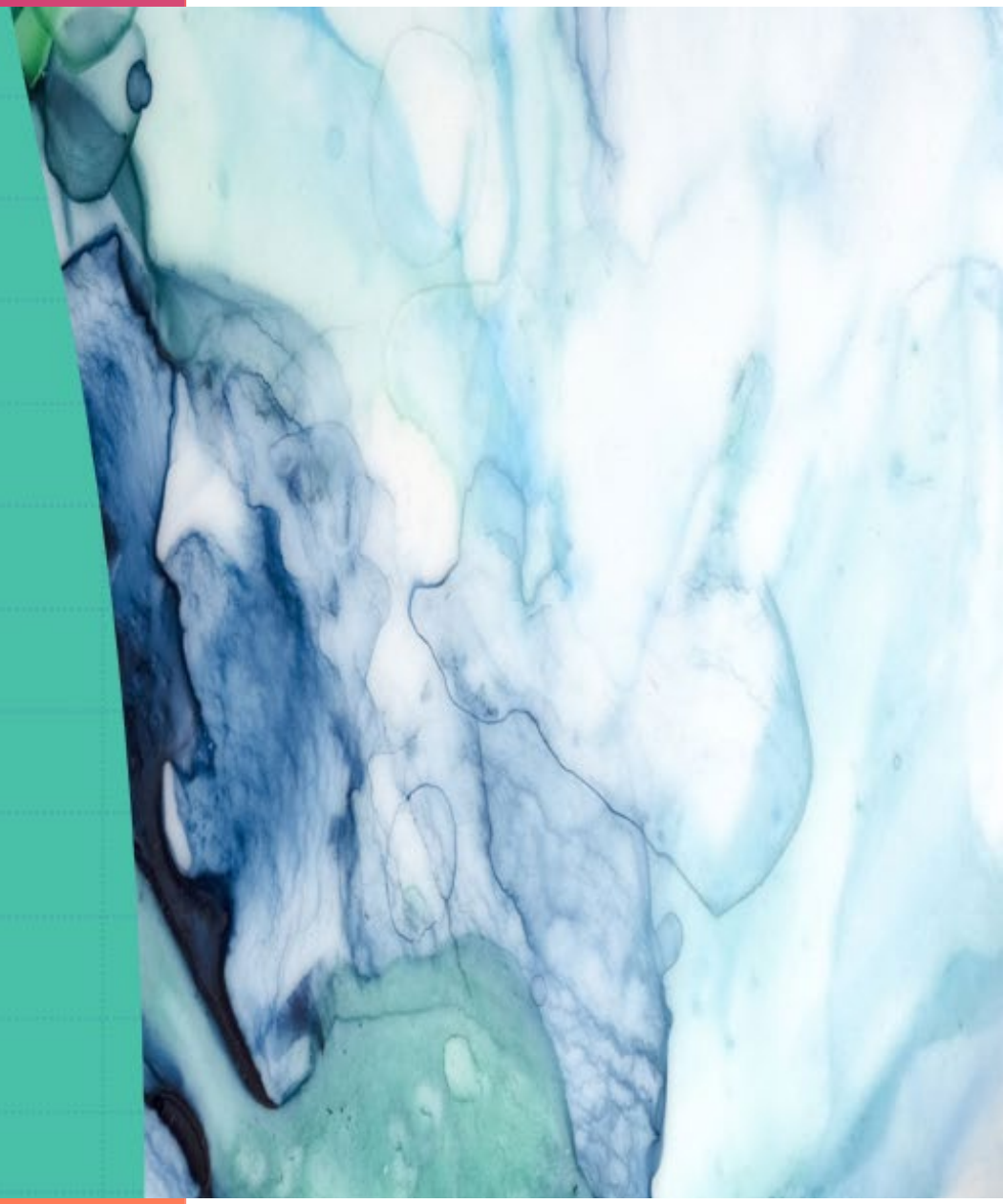
- SSRIs or SNRIs have been shown to reduce the frequency and severity of hot flashes in menopausal and post-menopausal women
  - This is especially important for patients with both depression and vasomotor symptoms who cannot take/do not want to take estrogen-containing HT
- Most effective SSRIs were paroxetine, citalopram, and escitalopram
- Venlafaxine was the most effective first-line SNRI, with desvenlafaxine as a second option
- Most common side effects for both were nausea and constipation, with most resolving within the first week of treatment
- SNRIs have been associated with increased BP in some patients and should be used with caution in women with hypertension
- SSRIs should be avoided in women with a history of breast cancer taking tamoxifen. SSRIs have been shown to interfere with tamoxifen metabolism - SNRIs are the safest drugs for this population
- Treatment choice should be patient-specific and begin with the lowest dose available.

Freeman *Jama Psych.* 2014;71(1):36-43 | Maki *J Women's Health.* 2019;28(2):117-134 | Newhouser *A* *Physician.* 2022;105(4):430-431.

RECOMMENDATIONS FOR CLINICAL CARE

- In patients with severe somatic and emotional symptoms: consider treating their physical symptoms with HT and their mood symptoms with an SSRI or an SNRI
- For moderate to severe vaginal and vulvar symptoms (dyspareunia, vaginal dryness, etc.), low-dose local vaginal estrogen therapy provides safe and highly effective management with low side effects
- For patients with both vasomotor and vulvovaginal symptoms, systemic ET or EPT with or without local vaginal estrogen therapy are effective treatment

Talking with Your Patient



TALKING WITH YOUR PATIENT

- Proactively asking your patient open-ended questions about perimenopausal symptoms validates what your patient is experiencing and will help get to the underlying cause of the symptoms
- Your patient may not admit to symptoms the first time the questions are asked due to feelings of shame or embarrassment
- Your patient may not know that symptoms they are experiencing are related to the menopause transition and/or that there are treatment and counseling options to help alleviate discomfort

TALKING WITH YOUR PATIENT

- Have a conversation about what to expect before the average age of perimenopause
- Dispel any myths or misunderstandings
- Indicate that what they are experiencing is very common
- Ask open-ended questions
- Encourage your patient to feel comfortable asking questions
- Consider having their partner involved to get to root of the problem so it can be treated appropriately

TALKING WITH YOUR PATIENT

- Sociocultural factors to consider
  - How menopause and female aging are viewed culturally
  - The role of family and community
  - Gender norms
- Women who immigrated from their country of origin, especially if there is a language barrier, may have family and friends as their main source of information
- Women experiencing symptoms may be ashamed or embarrassed to ask for advice and support

Blount *Communication with Women in the Menopause Transition.* Springer; 2022 | Namazi *International Journal of Women's Health.* | Obermeyer *MENOPAUSE.* 2000(3):184-192. | Carolan *J Obstetric, Gynecologic, & Neonatal Nursing.* 2000;29(4):397-404 | Stewart *Maturitas.* 2003;44(4):293-297.

TALKING WITH YOUR PATIENT

Some suggestions when having a conversation with your patient:

- Reassure them that the symptoms they are experiencing are common and can be managed successfully
- Use Motivational Interviewing to individualize their treatment goals
- Use Shared Decision Making to determine an acceptable symptom management and follow-up plan
  - Identify your patient's beliefs, and fears regarding their symptoms
  - Promote effective non-pharmacologic strategies, including smoking cessation
  - Objectively review appropriate medication options
  - Objectively discuss any questions regarding herbal remedies
- Set realistic expectations
- Agree on a clear follow-up plan with written instructions
- Encourage them to contact you with any concerns or questions

TALKING WITH YOUR PATIENT

Dealing with time constraints

- You do not need to address your patient's perimenopausal symptoms in one visit, unless they are experiencing severe depression with suicidal/homicidal ideations
- Acknowledge your patient's symptoms and their effect on their quality of life
- Understand it is okay to tell them that you may not be able to address all their perimenopausal symptoms issues at once
- Inform them that their symptoms may all be related to one condition and instruct them to keep a symptoms diary to assist in the diagnosis
- Have your patient schedule a follow-up appointment to focus specifically on these symptoms and to discuss treatment options

Questions?