

Post Menopausal Health

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APART FROM
THE HOT FLUSHES,
MENOPAUSE ISN'T
AS BAD AS I
THOUGHT IT
WOULD BE



MENOPAUSE BASICS

- Describe the hypothalamic-pituitary-ovarian axis
- Physiologic and anatomic changes at menopause
- Typical menopausal symptoms
- Focused history & physical exam for menopausal woman
- Selected laboratory tests to evaluate menopause
- Counseling patients regarding female sexuality and aging physical, emotional, and relationship issues.

MENOPAUSE

Menopause is defined after 12 months of amenorrhea following the final menstrual period (FMP), which reflects a near complete but natural diminution of ovarian hormone secretion.”

Consistently elevated FSH (> 30 mIU/mL) diagnostic.

Menopause

- Time in a woman's life when she stops having monthly periods
- The ovaries stop releasing eggs and stop making hormones estrogen and progesterone
- Average age 51
- 95% 45-55 years of age

Perimenopause

- Menopausal transition
- Lasts 4-10 years
- Marked by menstrual cycle changes
- Menstrual cycle may occur more or less frequently, may skip a menstrual cycle
- Bleeding may be lighter
- Symptoms of menopause such as hot flashes

POSTMENOPAUSE

- Postmenopause is the stage of life after not had a period for 12 months or longer.
- Postmenopausal women may be at increased risk for osteoporosis, cardiovascular disease, depression and other mental health conditions, changes in vaginal health like vaginal dryness.

Symptoms of Menopause

- Hot Flashes
- Night sweats
- Sleep Problems
- Vaginal dryness
- Depression
- Trouble concentrating or remembering things

Symptoms of Menopause

- Hot flashes occur in 75-80% of menopausal women often starting during perimenopause
- Only 20-30% women seek medical advice
- Hot flashes may last up to 7-8 years with symptoms persisting 4-5 years after menopause

EVALUATE RISK FOR SPECIFIC CONDITIONS AND DISEASES

- Vasomotor symptoms/sleep disturbance
- Vulvovaginal health
- Psychological health
- Cardiovascular disease
- Diabetes
- Osteoporosis
- Cancer
- Sexual function
- Sexually transmitted infections
- Urinary incontinence
- Alcohol/drug use/abuse

ROUTINE SCREENS

- Standard blood screens
- Periodic serum cholesterol (total, HDL, LDL, TG)
- Fasting glucose
- Thyroid screen
- Annual Pap test
- Annual mammogram
- Urine screen, when indicated
- Sexually transmitted infections, when indicated
- Bone density, when needed

THERAPEUTIC OPTIONS

- No intervention/treatment
- Lifestyle modification
- Nonprescription remedies
- Complementary and alternative medicine (CAM) approaches
- Prescription drugs
- Surgical procedures

- Menopause requires no medical treatment.
- Instead treatments should be focused on relieving signs and symptoms and preventing or managing chronic conditions that may occur with aging.

WRITE A LIFESTYLE RX

- Stop smoking
- Have a nutritionally sound diet
- Achieve and maintain healthy weight
- Reduce stress
- Avoid excess alcohol
- Say no to drugs and unsafe sex
- Wear seat belts
- Exercise regularly

Treatment of Menopausal Symptoms

- Behavioral measures: lowering temperature, fans, dressing in layers, avoiding spicy foods and stressful situations
- Hormone Replacement (HRT): (Estrogen vs. Estrogen/Progesterone) treatment of choice for women with moderate to severe hot flashes and no contraindications
- Non-Hormonal agents: (Antidepressants, Antiepileptics, others) Women with severe symptoms who are not candidates for HRT, option also for women after stopping HRT

- After menopause, hormone replacement therapy (HRT) is often prescribed using estrogen and progesterone to treat common symptoms of menopause and aging.
- Estrogen hormone therapy in the lowest dose and the shortest time frame needed to provide symptom relief and prevent bone loss.

Hormone Replacement

- Most common form of treatment for symptomatic women is Hormone Replacement Therapy
- Goal of therapy is to relieve menopausal symptoms
- Women treated only for vaginal atrophy (thinning) should be treated with vaginal (local) estrogen
- Most women present with symptoms in their late 40's to 50's

Hormone Replacement

- Women in this age group should be reassured that the risk of complications for healthy, young postmenopausal women taking HRT is very low
- Other symptoms that respond to HRT:
mood/depression, vaginal atrophy, sleep disturbances, joint aches and pains

Starting Hormone Replacement

- HRT IS NOT RECOMMENDED FOR PREVENTION OF DISEASE
- Estrogen is available in many forms: tablet, patch, gels, vaginal creams and tablets, & vaginal rings
- The doses of these various estrogens vary

Starting Hormone Replacement

- Patch (transdermal) is associated with a lower risk of blood clots, stroke, and high triglycerides than oral tablets
- However, the risk of both blood clots and stroke are very low in otherwise healthy, young postmenopausal women and therefore if a woman prefers a tablet, oral estrogen felt to be safe

Who Is A Good Candidate?

- Safe option for healthy, symptomatic women who are within 10 years of menopause or younger than age 60 years of age without any contraindications
- For women with recurrent symptoms after stopping HRT, non-hormonal options should be considered
- HRT should be individualized and not discontinued solely based on age, extended use may be reasonable when the doctor and patient agree that the benefits of symptoms relief outweigh the risks

Who Is A Good Candidate?

- Over 40% of women ages 60-65 have persistent hot flashes that can impair their quality of life
- For women who choose extended use of HRT, restart estrogen at lowest dose with plans for future attempt to stop HRT

Duration Of Therapy

- Short-term, generally not more than 5 years or beyond 60 years of age
- As noted above, hot flashes may persist for up to 7-8 years, for women experiencing recurrent symptoms current recommendation to try non-hormonal options before resuming HRT

- Estrogen therapy may be in the form of pills, patches, suppositories, depends upon health, symptoms, personal preference.
- If women have uterus, progestin will also be needed. For estrogen/progesterone therapy, time is limited by the increased risk of breast cancer with more than 3-5 years of use .

- For estrogen only, no sign of an increased risk of breast cancer during an average of 7 years of treatment.
- Tapering dose of hormones lowers risk of recurrent symptoms.
- Weaning off of HRT includes decrease to lowest dose first, decrease by one pill per week, or skip 1 day, then 2 days.

Benefits

- Mortality: 30% mortality reduction in women under 60
- Osteoporosis: fracture at the hip and vertebrae reduced
- Type 2 Diabetes: reduction
- Improve quality of life
- Estrogen may improve balance and reduce falls
- Reduction in cataracts
- Reduction in Colon cancer

Side Effects HRT

- Breast soreness
- Vaginal bleeding
- Bloating
- Mood symptoms

Contraindications

- Breast cancer
- Coronary Heart Disease
- Previous blood clot
- Stroke
- Liver disease
- Vaginal bleeding
- Uterine cancer
- High Triglycerides
- Gallbladder disease

- Treating osteoporosis can be as simple as making lifestyle adjustments like consuming foods containing calcium or take calcium supplements, add vitamin D supplements to daily routine.
- Exercise both aerobic and strength-building activities in daily routine, limiting alcohol intake, quit smoking, medical treatments, like estrogen therapy.

Non-hormonal Treatments

- Option for women that have moderate to severe hot flashes who are not a candidate for HRT
- Option for women who experience recurrent hot flashes after stopping HRT
- Antidepressants
- Anti-epileptics
- Alternative therapies: Promising, Inconsistent, & Ineffective therapies

- Low-dose antidepressants like SSRIs may decrease menopausal hot flashes.
- Gabapentin helps to reduce nighttime hot flashes in women who can't use estrogen therapy.
- Clonidine a pill or patch typically used to treat high blood pressure, might provide some relief from hot flashes.

Anti-epileptics

- Gabapentin
- Effective for women whose hot flashes occur at night
- At high doses this drug can be comparable to Estrogen although side effects such as headache, dizziness, and disorientation limit its use
- Combination therapy with antidepressant does not appear to be more effective for hot flashes

Alternative Therapies: Promising

- Cognitive Behavioral Therapy: menopause associated insomnia
- Hypnosis
- Mind-body-based therapies (stress management, relaxation, deep breathing techniques, and guided imagery)

Alternative Therapies: Inconsistent

- **Plant-based Therapies:** Isoflavones & herbal therapies
- Found in soybeans, chickpeas, and lentils, flaxseed, grains, fruits, and vegetables
- No benefit over placebo
- Area of potential concern is that phytoestrogens have both estrogenic and anti-estrogenic effects
- Experts recommend that dietary soy is okay in women with breast cancer but to avoid dietary supplements until their safety has been established

Alternative Therapies: Inconsistent

- Herbal therapies: Black Cohosh & Chinese Herbs
- Paced Respiration
- Weight loss
- Exercise

Alternative Therapies: Ineffective

- Acupuncture
- Evening Primrose oil
- Flaxseed

TAKE HOME MESSAGE

Lifestyle adjustments, some medications and above all awareness regarding menopause may provide a healthy postmenopausal life.





THANK YOU

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