

## The Menace of Menopause

### Definition

- The cessation of menstruation for 12 months. (sounds simple enough...)
- Menopause is actually a continuum of symptoms and changes that can span 4-6 or more years in some people
- Some are able to make a smooth transition, and others find it quite traumatic

### Symptoms

- The periods often begin spacing out in the 1-2 years preceding menopause. They tend to skip from time to time until the interval becomes prolonged.
- This can sometimes lead to very bothersome bleeding, which can even cause severe anemia in some women

### Symptoms

- The infamous "Hot Flashes" often begin while women are still regularly menstruating
- They tend to peak in the months surrounding cessation of menses
- In a small number of women, they persist indefinitely
- They often wake women from sleep and are accompanied by night sweats

### Symptoms

- Insomnia can be present, and sleep is often disturbed by the flushes/sweats
- Vaginal dryness and decreased libido are very common due to the declining estrogen levels
- Depression and anxiety often present, with up to 20% of menopausal women experiencing this
- Decreased ability to concentrate can be secondary to all of the above

### Symptoms

- Emotional symptoms may be worsened by the external stressors that bombard menopausal women, including empty nesting, caring for aging parents, and the financial stresses of supporting the family
- Stressed women are much more likely to have an episode of major depression or to have panic attacks

### How do we Treat This?

- WHI changed how women look at treatment for menopause. This study was mainstreamed through the media with incompletely explained information, and millions were abruptly pulled off of their meds unnecessarily
- For the right patient, hormones are still a safe option
- There are multiple non-hormonal options to treat symptoms as well
- Involves treating the whole patient

### The Hormone Debate

- WHI used Premarin (conjugated equine estrogens) and medroxyprogesterone acetate as the only hormones administered to their study subjects
- The average age in the study was approximately 60-61
- It is known from prior studies (ie. HERS), that there is an increased risk of thromboembolism in the first 3 years following introduction of estrogen

### The Hormone Debate

- The study was actually stopped due to a minimally-increased incidence of breast cancer in the E+P group, which was not actually seen in the E-only group
- Since Premarin/Prempro was the only drug studied, other combos may not have the same effect

### Risks

- It is clear on all levels that estrogens do increase the risk of blood clots
- Therefore, embolic stroke and heart attack are still possibilities in certain patients as well as venous clotting and pulmonary emboli.
- However, these risks can be predicted to some extent, and are fairly rare

### Risks

- For women within 10years of menopause, the increased risk of CV disease was 6/10,000 patient years
- For those 10-19 years 4/10,000 patient years
- For 20+ years 17/10,000 patient years
- Overall, the risk of stroke was increased with hazard ratio of 1.32 for all groups

### Hormones

- In the right patient, HRT can relieve hot flushes, vaginal dryness, and some of the emotional symptoms with minimal risk
- Those who have a family history of clotting disorders, or risk factors for CV disease, or strong family history of breast cancer are probably not good candidates

### Bioidentical Hormones

- These are non-FDA approved hormones compounded by a compounding pharmacy
- No significant difference in risks/benefits
- Are not “safer” than their normal counterparts
- There can be quality control issues
- Progesterone is not heat-stable and can become less potent if shipped in warm climate

### Non-Hormonal Alternatives

- Black cohosh, wild yam, soy isoflavone extracts have all been tried with some minimal success, but usually only in those with very mild symptoms
- Effexor and Pristiq can give some relief for those who cannot take hormones and can also help with depression/anxiety symptoms as well (this is an off-label use when used for hot flushes)

### Vaginal Atrophy

- Thinning of the tissues can cause painful intercourse and even spontaneous discomfort
- It can cause some urinary urgency as well
- It is easily treated with vaginal estrogen, which does not carry the same risks as the systemic hormone therapy

### Duration

- Most authoritative agencies recommend that if hormones are used, then the duration should be less than 5 years and the dose should be the lowest that controls the symptoms

