Menopause Update:

a multidisciplinary approach

Learning objectives:

- Outline a systematic approach to assessment, investigation and management of menopause symptoms.
- To explain and recommend appropriate menopause management options to women with different clinical presentations & indications.
- Recognise the key psychological symptomatology related to menopause and recommend appropriate management options
- To increase knowledge of evidence based complementary and alternative medicine therapies in managing menopause.

Case study A – Part 1

Jenny, a 48 year old woman presents to the GP with hot flushes, irregular period, sleep disturbance, sore breasts & mood changes & weight gain.

- She is worried about long term risks and does not want HRT.
- She wants to see a naturopath/ is interested in natural therapies.
- She is concerned about pregnancy and wants to know when she can stop using condoms.

Case study A - Part 2

Jenny reached menopause at 50 & she's now 52. Her symptoms have worsened over the last 4 years and she's finding them unbearable.

- She has been seeing a naturopath on and off, who has prescribed Black Cohosh as Femular
- The naturopath has now referred Jenny to the GP as she wants to discuss using HRT
- Jenny has a family history (first cousins) of breast cancer & prostate cancer, type 2 diabetes (grandparents) and thyroid disease
- Her BMI is 27.

Case study B

Ana is 36 years old and presents with 2° amenorrhoea for 6 months following ceasing the pill. She is trying to get pregnant and is keen to know what's going on.

Case study C

45 year old was Lina diagnosed with L breast cancer with +ve node, ER +ve, PR +ve, HER2 –ve. Treatment: WLE lymph node excision, chemotherapy & radiotherapy.

- She had her final menstrual period after her first dose of chemo
  - onset of severe flushing & sweating, sleeplessness, joint pains, & vaginal dryness.
- Concerns about: body image, weight gain, irritable mood & loss of libido.
- Intercourse is painful-she is concerned about her relationship as her partner feels he has been patient during treatment and now feels he should have her attention.

A GP's approach to menopause

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Jean Hailes General Practitioner

Your consultation

- Assessing the whole woman
- Communication
- History
- Referral

Assessing the whole woman

- Menopause presentation is opportunity to address all health - "well woman check"
- Assess risk factors
- Address modifiable issues
- Screening tests/tools

Communication

- Listen , ask, listen
- Impact on quality of life
- "understanding, sympathetic, attentive, tolerant and patient"
- Time

History

- Systems review, including gynaecological history
- Past history
- Family history
- Lifestyle factors
- Social history
- Mental health assessment

Gynaecological history

- Menstrual history - cycle length, amount
- Associated symptoms – pain
- PCB/IMB
- Contraception
- Pap smears
- Pregnancies/deliveries

Menopausal symptoms

- Vasomotor
- Psychological
- Musculoskeletal
- Urogenital

Vasomotor symptoms

- Hot flushes
- Night sweats
- Palpitations
- Dizziness
- Migraine

Psychological symptoms

- Irritability
- Anxiety
- Tearfulness
- Decreased concentration
- Poor short term memory
- Insomnia
- Fatigue

Musculoskeletal symptoms

- Aches /muscle pain
- Joint pain

Urogenital Symptoms

- Dyspareunia
- Vaginal dryness “like sandpaper”
- Urgency or frequency
- Incontinence: stress or urge – won’t tell if not asked
- Dysuria
- Nocturia
- Prolapse – lump/bulge/dragging
- Bowels

Sexual history

- Still sexual active ?
- Libido
- Libido of partner ? Mismatch
- ? new partner
- STI risk

Sleep history

- Insomnia - adequate quality and quantity
- Hot flushes, night sweats
- Sleep apnoea
- Partner snoring

Other symptoms/history

- Diminished sense of well being
- Skin –dryness,itch,insects crawling over skin
- Hair thinning/loss
- Body shape changes
  - Weight gain
  - Thigh and abdominal fat
- Change in breast size & shape
- Loss of muscle mass
- Osteoporosis
  - Decrease height
  - Fractures
- Recurrent urinary tract infections

General history

- Medications
- Allergies
- Immunisations
- Mammograms
- Colonoscopy
- Bone Scan

Past history

- Heart disease or blood clots
- Asthma or COAD
- Cancer
- Diabetes or thyroid disease
- Previous fracture
- Bowel disease
- Breast disease
- Surgical Procedures/ Hospital admissions
- Mood disorders - PMS, PND

Family history

- Cardiovascular disease
- Osteoporosis
- Cancer - especially bowel, breast, ovarian
- Diabetes
- Clotting problems
- Strokes
- Dementia
- Mental Health e.g. depression
- Addiction behaviours (alcohol)

Lifestyle factors

- Cigarettes
- Alcohol - 2 drinks/day with 2 alcohol free days/week
- Diet - Assess quantity AND quality
- Exercise
- Vitamin D / Sun exposure
- Caffeine - tea, coffee, soft drinks
- Other drug use

Social history

- Profession
  - work, financial concerns
- Partner
  - relationship
- Progeny
  - children
- Parents
  - ageing parents
- Personal
  - friends, hobbies & pleasures, time out

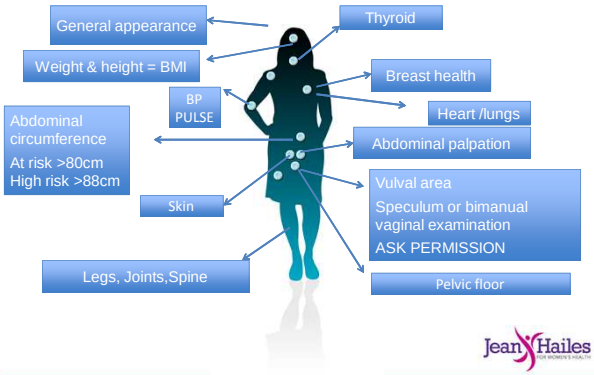
Mental health assessment

- Mood
  - anxiety, depression
- Stresses
  - isolation or overburdened
- Relationship issues
- Self esteem
- Body image

Symptoms may also be

- Depression
- Anaemia
- Fibromyalgia
- Thyroid dysfunction
- Cushings
- Bowel cancer
- Ovarian cancer

Examination



Investigations

- FBE, Ferritin
- U&E, LFT, TSH
- Fasting Lipids
- Fasting glucose
- Clotting studies
- Calcium, Vitamin D
- B12, Folate

- Hormones?
  FSH– early menopause
  AMH – not useful

- Ca 125?

- Pap smear
- Mammogram

- FOBT

- MSU
- STI screen

Further investigations if clinically indicated

- DEXA scan
- Pelvic ultrasound
- Urodynamic studies/bladder diary
- Colonoscopy (screening history 3-5 yearly)
- Spirometry? ? ECG?
- Other medical tests – e.g. inflammatory markers for Rheumatoid arthritis

Referral?

- Beyond your scope of practice/expertise
- When what you have done doesn't work
- When you don't have the time

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Menopause management: a gynaecologist's approach

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Jean Hailes Gynaecologist

Definitions

- **Menopause: the final menstrual period**
- **Postmenopause: 12 months after the final menstrual period and onwards**
- **Perimenopause: from the onset of irregular periods**
- **Early menopause: final menstrual period between 40-45 years of age - 8%**
- **Premature menopause: Final menstrual period prior to 40 years of age – 1%**

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Geographical variation in age at menopause

Region or country	Mean age at menopause (95% CI)
Africa	48.4
Asia	48.8
Australia	51.3
Europe	50.5
Latin America	47.2
Middle East	47.4
United States	49.1
TOTAL	48.8

Danielle AJM Schoenaker et. al., *Int. J. Epidemiol.* **43**, 1542–1562 (2014).

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Life after Menopause

Table 4: Australia: Expectation of Life at Age 50, 1901-1910, 1970-72, 1981 and 2011

Source: ABS

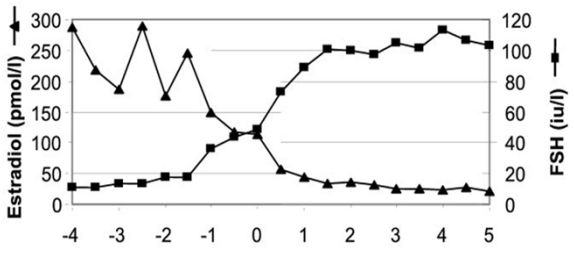
Year	Males	Females
1901-1910	21.2	23.7
1970-1972	23.2	28.3
1981	25.2	30.8
2011	32.0	35.6

Hugo G APMRC Adelaide

Jean Hailes

Endocrinology

- Complexity of the perimenopause: constant change/"chaos"
- x2 Ovulation within x1 cycle



(Burger et al, Recent Prog Horm Res. 2002;57:257-75)

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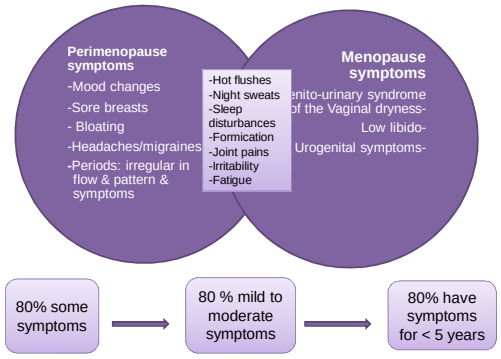
Symptoms across the transition



80% some symptoms → 80 % mild to moderate symptoms → 80% have symptoms for < 5 years

Diagnosing Menopause

Do not

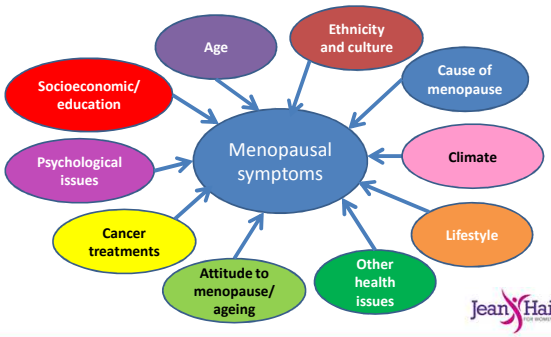
- Check FSH, LH, oestradiol or testosterone levels in a woman with symptoms at the normal age for menopause (over 45 years) because these results are unlikely to change your management.
- The indications for intervention are clinical

Do

- Take a good history of menopausal symptoms, preferably using a standardised symptom measurement system
  - Record personal medical history and risk factors for breast cancer thromboembolic disease and osteoporosis
  - Take a menstrual history

Because you will offer help to the woman with symptoms and these factors will influence what treatments you advise!

Factors influencing menopausal symptoms



Management

Depends on menopause experience

- May be:
  - simple practical measures
  - prescriptive therapy appropriate to the symptoms/her risk factors/her preference
  - non-prescriptive therapy
    - OCPs, naturopathic, herbal
  - psychological counselling or therapy

Hormone Replacement Therapy
(Menopause Hormone Therapy)

The appropriate time to initiate HRT is at the onset of symptoms, i.e. near the menopause.

- HRT should be part of an overall strategy including:
  - lifestyle e.g. diet & exercise
  - smoking cessation
  - safe alcohol consumption to maintain health of peri and post menopausal women
- The option of HRT is an individual decision with consideration of:
  - Quality of life and health priorities
  - Personal risk factors e.g. age, time since menopause
  - Risk of venous thromboembolism, stroke, ischemic heart disease and breast cancer

CAM use in Australia for Menopause

Safety & Efficacy

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Jean Hailes Naturopath & Herbalist

Prevalence of use of CAM and CAM visits for Australian women for menopausal women aged 40-65 years

- 13.22% CAM use for vasomotor symptoms (VMS)
  - Phytoestrogens, evening primrose oil, ginseng,
- 8.33% (168/2017) consulted CAM practitioner for VMS
  - (2.68% consulted a naturopath)
  - (2.78% to chiropractor, 1.98% to acupuncturists)
- Where are women sourcing information on CAM
  - Research findings suggests self prescribing
  - Choices may not be appropriate
  - Ideally seek advice from naturopath/herbalist

https://www.mja.com.au/journal/2015/203/3/use-complementary-and-alternative-medicines-menopausal-symptoms-australian-women

Efficacy of CAM

- Commonly criticised for insufficient evidence OR not evidence –based**.**
- Some *specific* CAMs have evidence supported in the scientific literature.
  - Quality & quantity of sound research varies
- Levels of evidence
  - Compare RCT to traditional/historical use
    - WHO guidelines for assessment of traditional medicines for efficacy
- "Product"- quality & efficacy
  - Remefemin®, Femular®

CAM Safety

- Separate 'product' from 'practices'
- Considered safer than pharmaceuticals
- Relatively few adverse events given widespread use & availability
  - Probably under-reported
- Predictable reactions owing to pharmacological effects. E.g John's Wort
- Reactions & reactions not predicted by pharmacology (Allergic or idiosyncratic reactions) E.G Black Cohosh & the rare liver damage cases
- Belief: "natural" = safe and harmless
  - Ideally professionally prescribed rather than self prescribe

Concerns to medical practitioners about CAM

- Possible delayed or missed diagnosis & treatment
- CAM users ceasing medical therapy - subsequent loss of benefit of that therapy
- Collaborative relationship between well trained CAM practitioners and medical practitioners
- Unregistered profession

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Psychological aspects of menopause

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Psychologist & Head of Translation, Education & Communication Unit

Consider the context of a woman's life

"Psychological, social and cultural aspects of the menopause as well as lifestyle factors play major roles in the menopausal transition."

(Utian WH, NAMS)

Negative mood significantly predicted by:

- Personality
- Genetics
- Prior negative mood
- Health status
- Lifestyle
- Body image
- The domino effect
- Partnership status
- Crisis & high stress
- Role satisfaction

Ayers et al 2010; Brown et al, 2015; Bryant et al 2012; Jackson et al 2014; Llaneza et al 2012

What about hormones?

- Negative mood scores (depression or anxiety) not related to natural menopause transition, FSH, E2, inhibin
- Negative mood more likely in perimenopause, surgical menopause & premature menopause
- Oestrogen may improve mild depressed mood, but not clinical depression
- More negative attitude to menopause - more symptoms – chicken or the egg?

Ayers et al, 2010; Brown et al, 2015; Bryant et al 2012

What to do?

- Assess:
  - Prior experience of depression and/or anxiety?
  - Role of other health issues, eg DM, arthritis
  - Lifestyle, including physical activity, alcohol, sleep
  - Overall quality of life, the domino effect
  - Stress and critical events
  - Relationship status and satisfaction
  - Support networks
  - Role satisfaction
  - Mental health and potential role of psychotherapy
  - Australian Psychological Society www.psycholgogy.org.au

What's important

"Women's experience of the menopausal transition appears complex, potentially involving a range of factors and influences in their lives, and is by no means overwhelmingly negative."

(Mishra & Kuh, 2006, p.23)