

Pearls for Menopause Management: I'm ready: now what?

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Menopause: Straw + 10

Menarche



Final Menstrual Period (FMP)



STAGES	-5	-4	-3b	-3a	-2	-1	+1a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early		Late	
					PERIMENOPAUSE					
Duration	Variable				Variable	1-3 yrs	2 yrs (1+1)		3-6 yrs	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 <i>likely</i>	Vasomotor symptoms <i>most likely</i>		Increasing symptoms of genitourinary syndrome of menopause (GSM)	

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

** Approximate expected level based on assays using current international pituitary standard

Common Complaints During the Peri-menopause

- Hot flashes/night sweats
- Vag dryness/ dyspareunia/ lowered libido
- Urinary changes
- Sleep disturbance
- Depression, anxiety, tension/irritability
- Cognitive complaints
- Achy/stiff joints*
- Rapid HR/Palpitations
- Tingling hands & feet
- Hair thinning/loss
- Wt gain

Genitourinary Syndrome of Menopause (GSM)

Definition

- Collection of symptoms and signs associated with ↓ estrogen
- Involves changes to:
 - Labia majora/minora
 - Clitoris
 - Vestibule/introitus
 - Vagina
 - Urethra
 - Bladder

Symptoms

- Genital – dryness, burning, irritation
- Urinary – urgency, dysuria, recurrent UTIs
- Sexual – lack of lubrication, discomfort/pain, impaired function

*Adopted by the International Society for the Study of Women's Sexual Health and NAMS;
GSM: genitourinary syndrome of menopause; UTI: urinary tract infection.

An Update on the Menopause Guidelines for 2015: **Key Guidelines**

SOGC Guidelines : Managing Menopause (2014)

<http://sogc.org/guidelines/managing-menopause-replaces-222-january-2009/>

Global Consensus Statement on Menopausal Hormone Therapy. (2013)

<http://www.menopause.org/docs/default-source/2013/ims-ht-ps-2013.pdf>

More Guidelines

The 2013 British Menopause Society & Women's Health Concern
Recommendations On Hormone Replacement Therapy

<http://min.sagepub.com/content/early/2013/05/23/1754045313489645.1.full>

Treatment of Symptoms of the Menopause: An Endocrine
Society Clinical Practice Guideline (2015)

<http://www.ncbi.nlm.nih.gov/pubmed/26444994>

Recent Position Statements

NAMS: Statement on Continuing Use of Systemic Hormone Therapy After Age 65 (2015)

<http://www.menopause.org/docs/default-source/professional/pap-pdf-meno-d-15-00241-minus-trim-cme.pdf>

NAMS: Nonhormonal management of menopause-associated vasomotor symptoms (2015)

<http://www.menopause.org/docs/default-source/professional/pap-pdf-meno-d-15-00241-minus-trim-cme.pdf>

VMS

Non-hormonal treatments

SSRI/SNRI (**OFF LABEL**):

- Paroxetine CR, (approved in USA as *Brisdelle* 7.5 mg)
- Venlafaxine XR*
- Desvenlafaxine
- Citalopram*
- S-citalopram
- Fluoxetine

Gabapentinoids

- Gabapentin (**OFF LABEL**)
 - 300 mg qhs-900 mg (600qhs/300qam)
- Pregabalin
 - 150-300 mg

Clonidine

- .05 Mg BID : 4-6 week trial

WHAT IS THE EVIDENCE FOR NON-HORMONAL TREATMENTS?

NAMS 2015 Position Statement:

Nonhormonal management of menopause-associated vasomotor symptoms

Menopause: Vol. 22, No. 11, 2015

Recommended
(good evidence)

Recommend with caution
(may benefit, further studies req' d)

Not Recommended
(negative,insufficient, or conflicting data)

SSRI/SNRI (I)

Weight loss (II)

Exercise/yoga (I)

Gabapentinoids (I-II)

Soy Isoflavone: S-equol derivatives (II)

Cooling techniques (V)

Clonidine (II)

Mindfulness based stress reduction (II)

Avoiding triggers (V)

CBT (I)

Stellate ganglion block (II)

Paced respiration (I)

Hypnosis (I)

OTC supps /herbals (I-II)

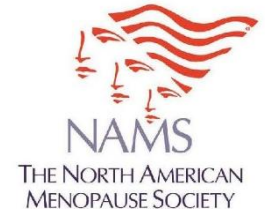
Acupuncture (I)

Rationale:

Some interventions may have health benefits but may be unlikely to help VMS and will delay appropriate treatment

The NAMS Statement on Continuing Use of Systemic Hormone Therapy After Age 65

Menopause. 2015;22(7):693



“Provided that the woman has been advised of the increase in risks associated with continuing HT beyond age 60 and has clinical supervision, extending HT use with the lowest effective dose is acceptable under some circumstances....

Use of HT should be individualized and not discontinued solely based on a woman’s age.”

Absolute Benefits and Risks: HT Women Aged 50-59

	Absolute change in cases / 1000 women*	
	EPT	ET
Hot flashes	-825	-900
Vulvovaginal atrophy	-875	-800
Fractures	-5	-6
Heart disease	-1	-4
Overall mortality	-6	-5
Colorectal cancer	-1	??
Breast cancer	+4	-7
Stroke	+<1	+1
VTE	+6	+2

*Absolute numbers in women initiating HT at 50-59 years of age using HT for 5 years.







HT: hormone therapy; EPT: estrogen and progestogen therapy;

ET: estrogen therapy; VTE: venous thromboembolism.

The Menopause Quick 6 Screen



KEY Questions to help address
menopausal symptoms:

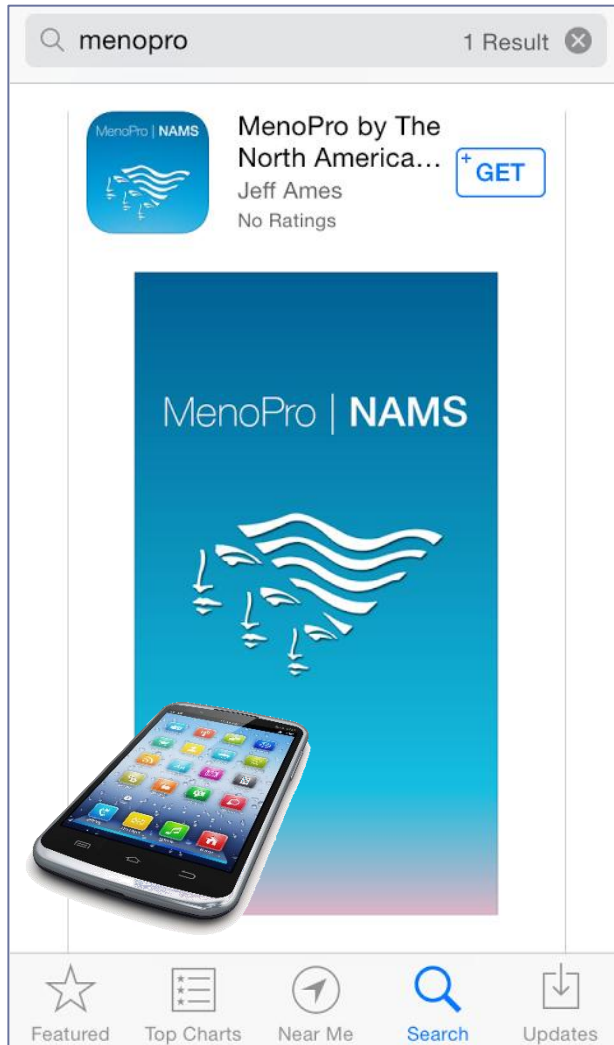
-  Any changes in your periods?
-  Are you having any hot flashes?
-  Any vaginal dryness or pain or sexual concerns?
-  Any bladder issues/ incontinence?
-  How's your sleep?
-  How's your mood?

Contraindications to Hormone Therapy

Contraindications to HT

- Unexplained vag bleed
- Known or suspected Br CA
- Acute liver dx
- Acute CVS dx
- Recent CVA
- Active thromboembolic dx
- Pregnancy
- Migraine with aura

MenoPro app



The MenoPro app is designed to help women work with their healthcare providers to personalize the management of their menopausal symptoms and to choose the optimal treatment

<https://itunes.apple.com/ca/app/menopro-by-north-american/id922540237?mt=8>

ORAL HT Formulations In Canada

E only*	<ul style="list-style-type: none">• CEE (Premarin)• E2 (Estrace)• EE (Estragyn)
P only	<ul style="list-style-type: none">• MP (Prometrium)• MPA (Provera)• NETA (Norlutate)
E + P combo products	<ul style="list-style-type: none">• CEE + MPA (Premplus)• E2 + NETA (Activelle, Activelle LD)• E2 + DRSP (Angelique)

*No progestogen required in hysterectomized women.

HT: hormone therapy; CEE: conjugated equine estrogens; E2: estradiol; EE: esterified estrogens;
MP: micronized progesterone; MPA: medroxyprogesterone acetate; NETA: norethindrone acetate;
DRSP: drospirenone.

TRANSDERMAL HT Formulations Available In Canada

E only*	<ul style="list-style-type: none">• E2 patch (Climara, Estraderm, Estradot, Oesclim)• E2 gel (Divigel, Estrogel)
E + P combo products	<ul style="list-style-type: none">• E2 + LNG patch (Climara Pro)• E2 + NETA patch (Estalis)• E2 gel 0.06% + MP (Estrogel ProPak)

*No progestogen required in hysterectomized women.

HT: hormone therapy; E2: estradiol; NETA: norethindrone acetate; LNG: levonorgestrel.

INITIATING HORMONE THERAPY OPTIONS: Available Products

1. Chart of available products from SOGC

www.sogc.org

2. Chart of available products from NAMS

[http://www.menopause.org/docs/professional/
htcharts.pdf?sfvrsn=6](http://www.menopause.org/docs/professional/htcharts.pdf?sfvrsn=6)

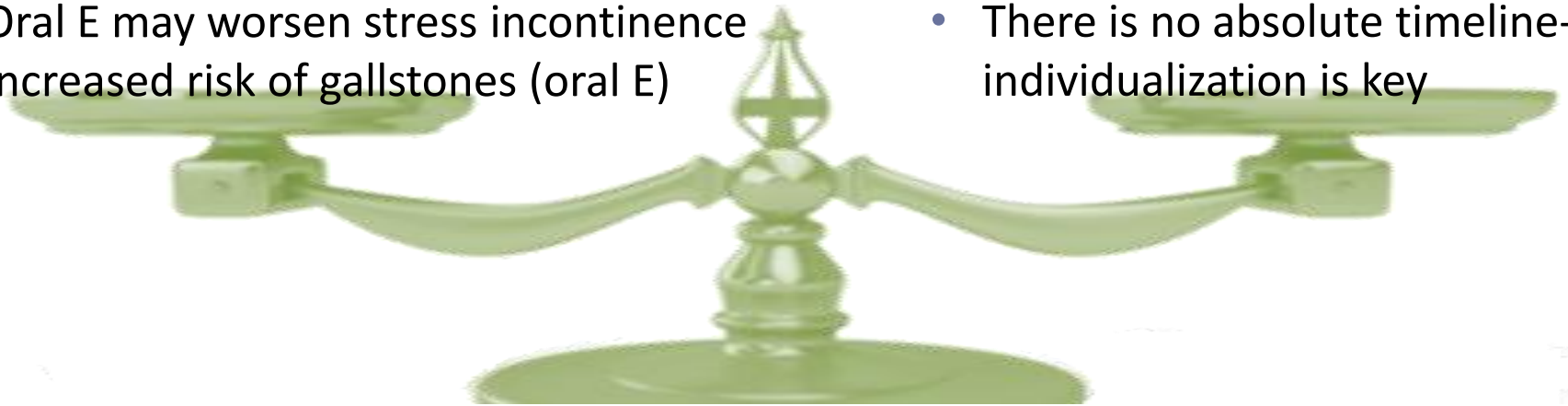
What to say to patients (50's/within 10 yrs of menopause)

RISKS

- Heart disease-no increased risk, potential protection, yet unproven
- No *significant* increase in CVA
- VTE: occurs rarely even in first 1-2 yrs
- Potential breast cancer risk after 5 ?years
 - Will optimize rx regimen & will monitor & revisit **yearly**
- Appears to be brain neutral
- Oral E may worsen stress incontinence
- Increased risk of gallstones (oral E)

BENEFITS

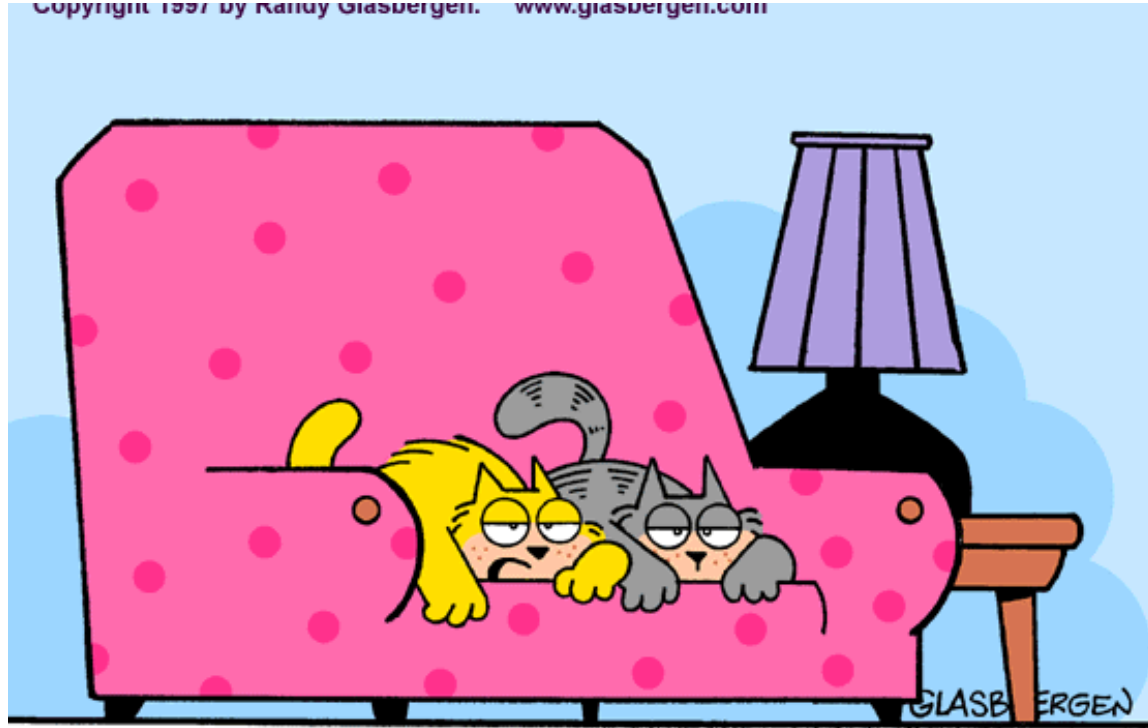
- Symptom relief:
 - VMS, GSM,
- Prevention of osteoporosis and related fractures
- May benefit mood, sleep, joint pain, OAB and recurrent UTIs
- May reduce risk DM
- Unpredictable effect on sexual function/libido
- There is no absolute timeline- individualization is key



Patient Resources

- SIGMA Canadian Menopause Society
www.sigmamenopause.com
- Society of Obstetricians and Gynecologists of Canada (SOGC) www.sogc.org and menopauseandu.ca
- North American Menopause Society (NAMS)
www.menopause.org : Menopro-app!

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“Having nine lives is cool, but if I have to go through menopause again, forget it!”

THANK YOU!

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