



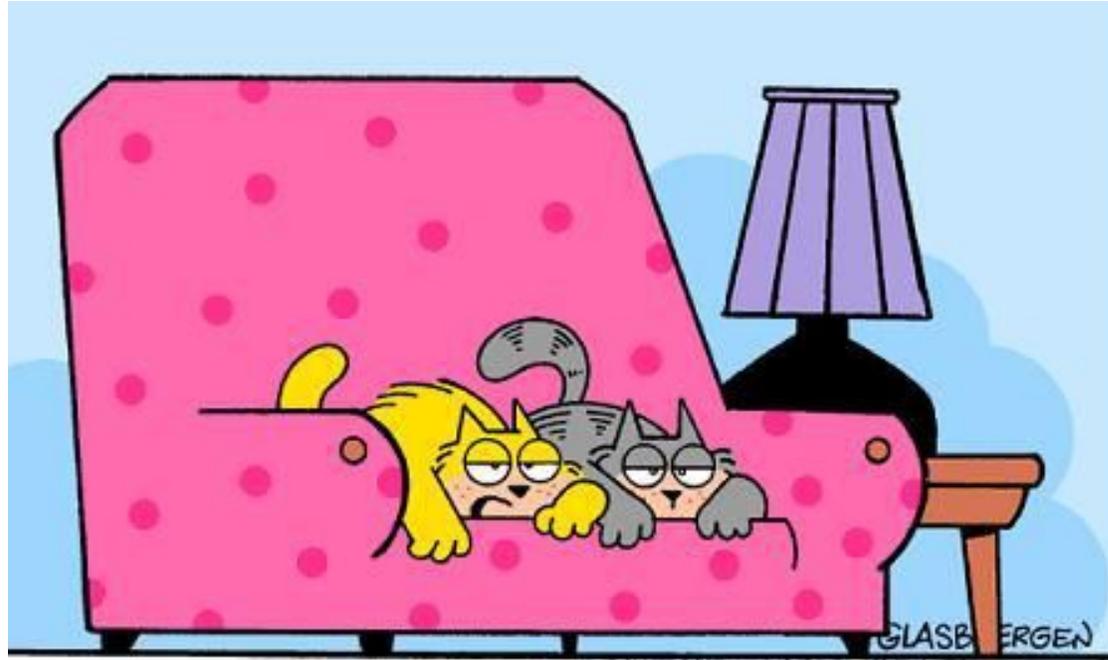
Women's Health in Life's 2nd Half

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“If menopause were on YELP, it would have one star”.



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

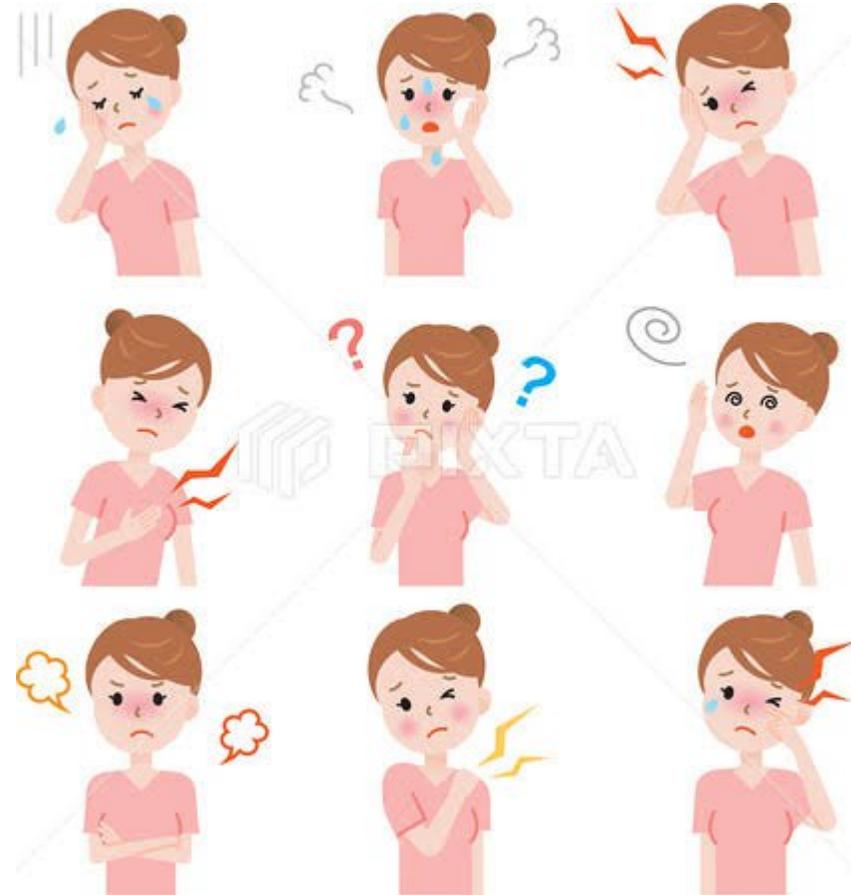
Natural Menopause

- Natural menopause is confirmed after 12 consecutive months with no period.
- This is called the final menstrual period. (FMP)
- Average age is 51 with a range of 45-56 years.

Menopausal Transition (MT)

- Most difficult time
- Begins on average 4 years before the FMP
- Length varies significantly from woman to woman

The only thing predictable about MT is the unpredictability.



Perimenopause

- Definition
- This includes MT and the first year after FMP

Facts about menopause

- Many women spend 1/3 of their life in menopause
- More than 50 million women are either in MT or menopause
- In spite of this there is a knowledge gap among women and even physicians
- Physicians in internal medicine and even OB/Gyn receive little or no training in the management of menopausal women.

Symptoms of Menopause

- Vasomotor Symptoms (VMS) – Hot Flashes and Night Sweats
- Body changes
- Menstrual irregularity
- Depression
- Cognitive changes
- Sleep disturbance
- Genital urinary syndrome of menopause (GUSM)

Vasomotor Symptoms (VMS)



VMS

- Hot Flashes-occur in 80% of women in the MT or early post menopause
- Last 2-4 minutes
- Associated symptoms are sweating, palpitations, redness of face, nausea, agitation and anxiety
- Perspiration with hot flush results in rapid heat loss and decrease in body temperature with shivering to restore body temperature to normal.
- Night sweats are hot flushes that occur during the night and are associated with excessive sweating and sleep disturbance.

Risk Factors for VMS

- Obesity
- Smoking
- Reduced physical activity
- Socio economic factors
- Ethnic factors-worse in African American Women than White Women than Hispanic or Asian Women.

Duration of VMS

- Estimates from the Study of Women Across the Nation (SWAN)
- The median duration is 7.4 years
- An unfair fact - The women who developed hot flushes the earliest often had them the longest

Ethnic Factors

- African American women have VMS for an average of 10 years
- White women-7 years
- Asian and Hispanic women-5 years
- The reason is not known. It may be due to dietary differences or genetics or socio economic factors

Hot Flashes and Quality of Life

- 140 women with at least 10 hot flashes a month were studied
- 66% had psychosocial concerns
- 77% had visited their doctor about VMS
- 28% had used hormonal therapy at some point

Health Related Quality of Life

- Poor quality of life was associated with problematic hot flushes
- Psychosocial concerns
- Younger age
- Higher body mass index
- Poor general health
- One study showed night sweats are associated with poor sleep and worse quality of life than hot flushes in the daytime

VMS are associated with worse long term health outcomes

- Increased risk of coronary heart disease
- Low bone density with fractures

Cause of VMS

- Decreased estrogen levels causing your body's thermostat in the brain to be more sensitive to slight changes in body temperature
- This is also affected by how quickly estrogen levels change-for instance women who have a total hysterectomy with removal of both ovaries have a sudden decrease in estrogen and worse hot flushes.

Body Changes in Menopause

- Women start MT with one body and end up down the other side with another
- There are changes in strength, size and shape
- It is hard to tell which changes are due to menopause and which changes are due to aging

Strength

- Loss of strength begins in our mid 30's
- This loss accelerates during MT and goes back to normal which is a rate of 0.7% per year

Weight Gain

- The loss of muscle mass causes a “slowing of metabolism”
- Muscles are the major source of energy consumption so the loss of muscle causes less calories to be burned
- This leads to weight gain
- Weight gain leads to increased insulin resistance
- This leads to increased insulin which causes more hunger
- No surprise; it’s a circle

Change in Shape

- Many early post-menopausal women gain visceral fat with an increase in waist size
- The reasons for this are complex and include genetics and hormones
- The hormone called FSH which increases in menopause is associated with central weight gain



“E” Word

- If there were a treatment available that would decrease the risk of heart disease, stroke, diabetes, weight gain and dementia, we would all say, “sign me up!”
- The “E” Word (Exercise) has all these benefits
- Current recommendations are for 150 minutes of moderate activity each week or 75 minutes of vigorous activity each week

Menstrual Mayhem

- Many women have irregular periods as they approach their FMP
- These periods can be very heavy necessitating hysterectomy

Phases of Menopause Transition

- Early Menopause Transition-the duration of this phase is variable, menstrual cycles may lengthen by 7 or more days
- Late Menopause Transition-lasts 1-3 years, women begin to skip periods
- When a woman skips 2 periods in a row, there is a 95% chance that her FMP period will be within 4 years

Warning

- Any bleeding that occurs more than 12 months after the FMP should be evaluated right away as it may be a sign of uterine cancer.



Depression

- During the MT there is a significant risk of new onset depression-19-36%
- The risk decreases in early post menopause
- This is due to a combination of hormonal changes, genetics, medical conditions, adverse childhood experiences, sleep disturbance, lower social support and smoking
- Surprisingly it is not linked to hot flushes

Cognitive Changes

- 2/3 of women report cognitive difficulty during MT
- SWAN showed a decreased ability to take in new information
- Fortunately this is temporary and resolves in post menopause

Sleep Disturbance

- 40% of women in late MT and early post menopause experience sleep disturbance
- This is due to night sweats and also anxiety and depression
- There also can be due to other primary sleep disorders such as sleep apnea, restless legs or medication which are all associated with aging and other medical conditions

Genitourinary Syndrome of Menopause (GUSM)

- Previously called Vaginal Atrophy
- Symptoms caused by lower estrogen in the labia, clitoris, vagina, urethra and bladder
- Occurs later in menopause
- This affects 15% of women in MT
- And affects 80% of all women later in menopause

GUSM

- The decrease in estrogen causes decreased blood flow to the vulva and vagina
- This leads to decreased vaginal lubrication with vaginal dryness and for some women a sensation of vaginal burning or a sandpaper feeling
- There can be vulva or vaginal itching
- This can cause pain with sexual activity which obviously can affect sexual desire

Vulvar Care

- Use fragrance free cleanser to clean-no soap
- Avoid wipes
- Moisturize 2-3 days a week regularly
- Lubricate for sexual activity

Two Very Important Points About GUSM

1. 70% of women with GUSM do not receive the care they need
 - a. Physicians need to ask women about these symptoms but often do not ask
 - b. Women need to advocate for themselves
2. These symptoms are exquisitely responsive to local vaginal estrogen therapy if this is needed

Local Vaginal Estrogen

- Available as a cream or tablets used 2x week
- Or as a vaginal ring inserted every 3 months
- These are used in very low doses
- They are very safe and do not have the same risks as medical estrogen therapy

Treatment of Hot Flashes

- Simple behavioral measures-dress in layers, fans, lowering room temperature
- Avoid triggers-spicy foods, stressful situations
- Cognitive behavioral therapy has helped some women

Natural Therapies for VMS

- These have been used by 50-75% of women
- Phyto estrogens (soy)-no long term benefit
- Black Cohosh-larger studies have not shown benefit and there is a risk of possible liver toxicity
- Ineffective-evening primrose oil, flaxseed, dong quai, ginseng, kava, licorice

S-equol

- Soy is metabolized to S-equol
- In North America 70% of women cannot convert soy to S-equol
- Using S-equol avoids this issue
- This may benefit mild to moderate hot flashes

Medical Hormone Therapy (MHT)

- This refers to the use of hormones to manage symptoms
- Multiple studies have shown that estrogen relieves the frequency and severity of hot flashes
- Physicians use the lowest effective dose for the shortest period of time

MHT

- Many women remain untreated
- 80% of women received no treatment or another non hormonal option
- So only 20% of women with moderate to severe hot flushes are on FDA-approved MHT

How did we get here?



Women's Health Initiative (WHI) 2002

- NIH stopped the study after 5 years, 3 years earlier than planned due to an increased risk of breast cancer
- The results were not released in medical journal and instead released in a press conference

The media cause wide spread panic over the safety of MHT



MHT concerns

- Breast cancer-26% increased risk
- Heart disease-30%increased risk
- Stroke-40% increased risk

Absolute Risk

- Breast cancer - 9 additional cases/10,000 women
- Heart disease - 6 additional cases/10,000 women
- Many doctors stopped MHT abruptly, many women suffered and were afraid to take hormones

Issues with the WHI Study

- Only Premarin and Prempro were studied
- The average age of women in this study was 63 years old
- 66% of women were more than 10 years from FMP
- Many had risk factors for heart disease

WHI Estrogen Therapy Trial by Age-2007

- Women who started estrogen alone between ages 50-59 had a decreased risk of heart disease, breast cancer and stroke
- There is a slight increased risk of blood clots

WHI Estrogen and Progesterone

- Women with a uterus need to take progesterone to prevent uterine cancer
- If started between ages 50-59
 - Breast cancer - 6 more cases/10,000
 - Stroke - 5 more cases/10,000
 - Blood clots - 10 more cases/10,000

Timing Hypothesis

Women age 50-59 started on MHT within 10 years of menopause have a 48% decreased risk of heart disease and a 30% decreased risk of death

North American Menopause Society (NAMS) Position Statement

- Unchanged for the last 8 years
- MHT is the first line therapy for women less than 60 years or within 10 years of menopause and no contraindications
- The primary goal of MHT is to relieve hot flashes but may improve sleep, mood and joint aches.

Contraindications to MHT

- History of breast cancer
- Heart Disease
- Blood clots
- History of stroke
- Liver Disease
- Unexplained vaginal bleeding
- High risk endometrial cancer

Options for MHT

- This can be a pill or a transdermal therapy-patch
- Transdermal estrogen is safer in women with elevated triglycerides, blood clots, migraine with aura, gall bladder disease

Bioidentical Hormones

- Bioidentical hormones are prescribed by a clinician and compounded in a pharmacy for an individual patient.
- These hormones have a chemical structure similar to those produced by the body
- Many women use these hormones

Bioidentical Hormones

- However, these hormones do not have to be custom compounded and are the same as those produced in a lab and prescribed by physicians
- They are not recommended as they are not closely monitored or tested for safety or effectiveness

Non Hormonal Therapies

- Anti-depressants are effective at low doses and decreased VMS in 25-61% of women
- Gabapentin can be effective-this is a good choice for women with sleep issues
- Oxybutynin-approved for over active bladder but can reduce hot flushes 73% compared to 26% for placebo

Feeling Overwhelmed?

- The most difficult time is MT which is 4 years before FMP until 1 year after FMP
- There are effective treatments for many symptoms-be your own health advocate
- This is a wonderful time to continue or begin exercising. There's that "E"

Distinctly Christian Options

- All women who live long enough will experience at least some of these symptoms
- Relationships and love shared with other people both male and female are very important
- Prayer is essential
- Be kind and forgiving to others and also to your aging self

New Season of Life

- There is hope after MT as many women feel much better with no more periods or premenstrual mood swings
- Women take stock of their lives personally and professionally
- Resolve past issues
- Tackle new challenges

Becoming Sage

- “Midlife holds for each one of us the invitation to become sage—a way of life in which a person expresses experience, knowledge, insight and self-mastery.”
- Psalm 92:12-15 NIV—The righteous will flourish like a palm tree, they will grow like a cedar of Lebanon; [13] planted in the house of the LORD, they will flourish in the courts of our God. [14] They will still bear fruit in old age, they will stay fresh and green, [15] proclaiming, “The LORD is upright; he is my Rock, and there is no wickedness in him.”