

(Peri)menopause for Addiction providers: Think about it!

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- I have no disclosures, financial or otherwise.

Learning objectives

- Discuss an overview of menopause
- Review relationship between menopause and use disorders
- Teach about the safety of hormone therapy – when used correctly, they are safe!
- Share my #1 hormone prescriptions
- Share resources for patients and providers to dive into menopause

Psychological symptoms of opioid use disorder

- **Addiction**
- **Hallucinations**
- **Memory problems**
- **Delusions**
- **Worsening of mental health**
- **Paranoia**
- **Increase in symptoms of mental illness**
- **Decrease in emotional wellbeing**



Symptoms of Menopausal Mood swings

- Sadness, hopelessness
- Crying
- Lack of motivation
- Aggression
- Anxiety
- Irritability
- Anger



ALTERED SKIN SENSATION

ANXIETY

BLADDER INFECTIONS

BLADDER SYMPTOMS

BODY ODOUR

BOWEL SYMPTOMS

BRAIN FOG

BREAST TENDERNESS

BREATHING DIFFICULTIES

BURNING MOUTH

CHANGES TO TASTE AND SMELL

DENTAL ISSUES

DEPRESSION

DIFFICULTY CONCENTRATING

DIZZINESS

DRY EYES

DRY MOUTH

FATIGUE

FERTILITY ISSUES

FORGETFULNESS

HAIR CHANGES

HEADACHES AND MIGRAINES

HEART DISEASE

HEART PALPITATIONS

HOT FLUSHES AND NIGHT SWEATS

JOINT PAIN

LACK OF MOTIVATION

LOSS OF CONFIDENCE AND SELF-ESTEEM

LOSS OF SEX DRIVE

MOOD SWINGS

MUSCLE ACHES AND PAINS

NAIL CHANGES

OSTEOPOROSIS

PERIOD CHANGES

SKIN CHANGES

SLEEP ISSUES

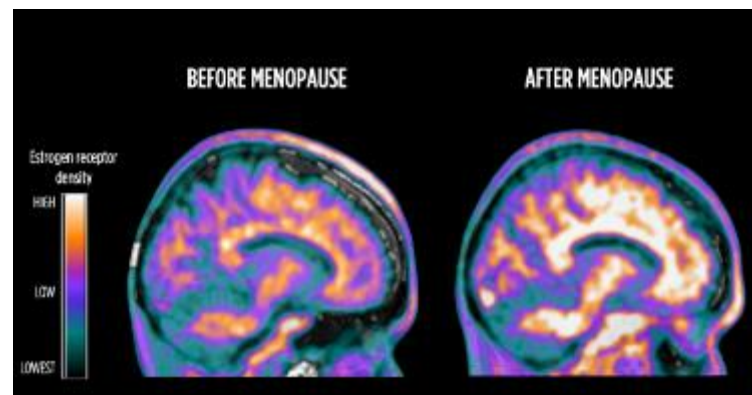
TINNITUS

VAGINAL DRYNESS, ITCHING AND IRRITATION

WEIGHT GAIN

Symptoms are early, often and more than “I’m hot”

- Avg meno age 50-51 with a wide bell curve
- Perimenopause symptoms start 4-12 years before that and can continue 5-7 years after bleeding stops.
- Estrogen is on every receptor in the body



Mosconi, L., Nerattini, M., Matthews, D.C. *et al.* In vivo brain estrogen receptor density by neuroendocrine aging and relationships with cognition and symptomatology. *Sci Rep* **14**, 12680 (2024). <https://doi.org/10.1038/s41598-024-62820-7>

How might use disorders
impact female repro health
concerns and vice versa?



Use may change

- 46yo with hot flashes, irregular periods. Sleep is poor from night sweats. She's easily irritated with her kids and spouse
 - She's drinking 2 bottles a wine a night
 - She still feels miserable with her perimenopause symptoms and now realizes she can't stop using alcohol
- 52yo with history of SUD on Suboxone, had to change providers due to insurance. Gap in Suboxone and also gap in hormone therapy.
 - Night sweats, poor sleep, anxiety. Cravings for opioids return. She has a friend with Ativan that she starts borrowing

Use may change

- 💧 Menopausal symptoms may trigger onset or increase in use.
- 💧 Menopause often worsens pain, arthritis, sleep disorders, which are often treated with opioids and benzodiazepines.
- 💧 Women may have a harder time than men accessing treatment and recovering from use disorders.

Gibson, C.J., Li, Y., Huang, A.J. *et al.* Menopausal Symptoms and Higher Risk Opioid Prescribing in a National Sample of Women Veterans with Chronic Pain. *J GEN INTERN MED* 34, 2159–2166 (2019). <https://doi.org/10.1007/s11606-019-05242-w>

Milic J, Glisic M, Voortman T, Pletsch Borba L, Asllanaj E et al. Menopause, ageing, and alcohol use disorders in women, *Maturitas*, Volume 111, 2018, Pages 100-109, ISSN 0378-5122, <https://doi.org/10.1016/j.maturitas.2018.03.006>.

Schoenbaum EE, Hartel D, Lo Y, Howard AA, Floris-Moore M, Arnsten JH, Santoro N. HIV infection, drug use, and onset of natural menopause. *Clin Infect Dis.* (2005) 41:1517–24. 10.1086/497270

Opioid induced hypogonadism

Early transitions & morbidity

- 💧 Menstrual irregularity, amenorrhea, infertility
- 💧 Bone loss
- 💧 Premature ovarian insufficiency and early menopause
- 💧 Depression, psychology of early aging
- 💧 Treatment = hormones, naltrexone, transition to long-acting opioids

1. Seeber B, Böttcher B, D'Costa E, Wildt L. Opioids and reproduction. *Vitam Horm.* 2019;111:247-279. doi: 10.1016/bs.vh.2019.07.001. Epub 2019 Jul 26. PMID: 31421703.
2. Wehbeh L, Dobs AS. Opioids and the Hypothalamic-Pituitary-Gonadal (HPG) Axis. *J Clin Endocrinol Metab.* 2020 Sep 1;105(9):dgaa417. doi: 10.1210/clinem/dgaa417. PMID: 32770254.
3. Antony T, Alzharani SY, El-Ghaiesh SH. Opioid-induced hypogonadism: Pathophysiology, clinical and therapeutics review. *Clin Exp Pharmacol Physiol.* 2020 May;47(5):741-750. doi: 10.1111/1440-1681.13246. Epub 2020 Jan 24. PMID: 31886562.
4. Turner S, Graves V, Tanguay L, Green R, Cook C, et al. Guideline No. 443a: Opioid Use Throughout Women's Lifespan: Fertility, Contraception, Chronic Pain, and Menopause. *J OBGYN Canada* , 45(11):102-143. <https://doi.org/10.1016/j.jogc.2023.05.011>.

Alcohol and tobacco use disorder



Current heavy alcohol use, cumulative tobacco use and current and cumulative marijuana use were associated with increased odds of higher vasomotor symptom frequency



Current heavy alcohol and opioid use was associated with mood disorders during menopause



Current opioid use was associated with musculoskeletal symptoms during menopause

1. Knittel A, Bullington B, Edmonds A, Rahangdale L, Neal-Perry G, et al. Substance use and menopausal symptoms among people with and without HIV in the US, 2008-2020. *Menopause* 31(10): 911-920, October 2024. | DOI: 10.1097/GME.0000000000002405
2. Peltier, M.R., Verplaetse, T.L., Roberts, W. *et al.* Changes in excessive alcohol use among older women across the menopausal transition: a longitudinal analysis of the Study of Women's Health Across the Nation. *Biol Sex Differ* 11, 37 (2020). <https://doi.org/10.1186/s13293-020-00314-7>
3. Epstein, E. E., Fischer-Elber, K., & Al-Otaiba, Z. (2007). Women, Aging, and Alcohol Use Disorders. *J of Women & Aging*, 19(1-2), 31-48. https://doi.org/10.1300/J074v19n01_03

Premature ovarian insufficiency

- ◆ 3 months in a row with no periods in anyone < 40
 - ◆ FSH >40 IU/L and estradiol <50 pg/mL, measured twice at least one month apart
- ◆ “Symptoms of menopause” + decades of lost estrogen protection = bad news for CVD outcomes, overall mortality, dementia risk, fracture risk, and sexual and emotional health
- ◆ Treatment = Hormones to in situ levels + early screening.
 - ◆ Higher doses of E and P than typical for post meno dosing
 - ◆ E ~ 100 to support the bones, heart, vessels
 - ◆ Often a triple prescription of E P and T given the adrenal hit

Premature ovarian insufficiency

- 💧 30yo establishing care + concern for recurrent BV
- 💧 Last menstrual period age 26
 - 💧 Never mentioned to a provider
- 💧 Opioid use started in late teen years, escalated in mid 20s
- 💧 Gap in suboxone coverage for 2 months; has returned to fentanyl recently

Bone support please!

Country: **US (Caucasian)**

Name/ID:

[About the risk factors](#)

Questionnaire:

1. Age (between 40 and 90 years) or Date of Birth

Age:

Date of Birth:

Y:

M:

D:

2. Sex

Male

Female

3. Weight (kg)

4. Height (cm)

5. Previous Fracture

No Yes

6. Parent Fractured Hip

No Yes

7. Current Smoking

No Yes

8. Glucocorticoids

No Yes

9. Rheumatoid arthritis

No Yes

10. Secondary osteoporosis

No Yes

11. Alcohol 3 or more units/day

No Yes

12. Femoral neck BMD (g/cm²)

Select BMD



Clear

Calculate

1. FRAX Calculator. frax.shef.ac.uk/FRAX/tool.aspx?country=9
2. Peach EJ, Pearce FA, Gibson J, Cooper AJ, Chen LC, Knaggs RD. Opioids and the Risk of Fracture: A Self-Controlled Case Series Study in the Clinical Practice Research Datalink. *Am J Epidemiol.* 2021;190(7):1324-1331. doi:10.1093/aje/kwab042
3. Hsu W, Lin C, Kao C. Association between opioid use disorder and fractures: a population-based study. *Addiction.* 2019;114(7):2008-2015. <https://doi.org/10.1111/add.14732>

My wish list for PCPs



Don't forget about pregnancy!

- 💧 Perimenopause = Can ovulate without bleeding
- 💧 Hormone therapy is NOT necessarily contraception
- 💧 45% of pregnancies in America are unintended
- 💧 1 in 4 women will have an abortion

Don't forget about comfort and pleasure

- 💧 More than vaginal dryness
- 💧 What are you doing to support your sex life right now?
- 💧 What's your ideal sex life? What are your goals?
- 💧 Vulva and vagina = very sensitive self-cleaning ovens

Estrogen, lubricants, moisturizers – oh my!

- Astroglide
- Good clean love (Balance wash)
- KY jelly
- Uberlube
- Slippery stuff
- At home already: olive oil, coconut oil
- Estradiol (Estrace) cream 0.5mg twice a week.
 - And keep forever!
 - May change discharge initially or cause a yeast infection
 - Helps avoid UTIs
 - Helps support orgasm
- Estradiol rings, pills

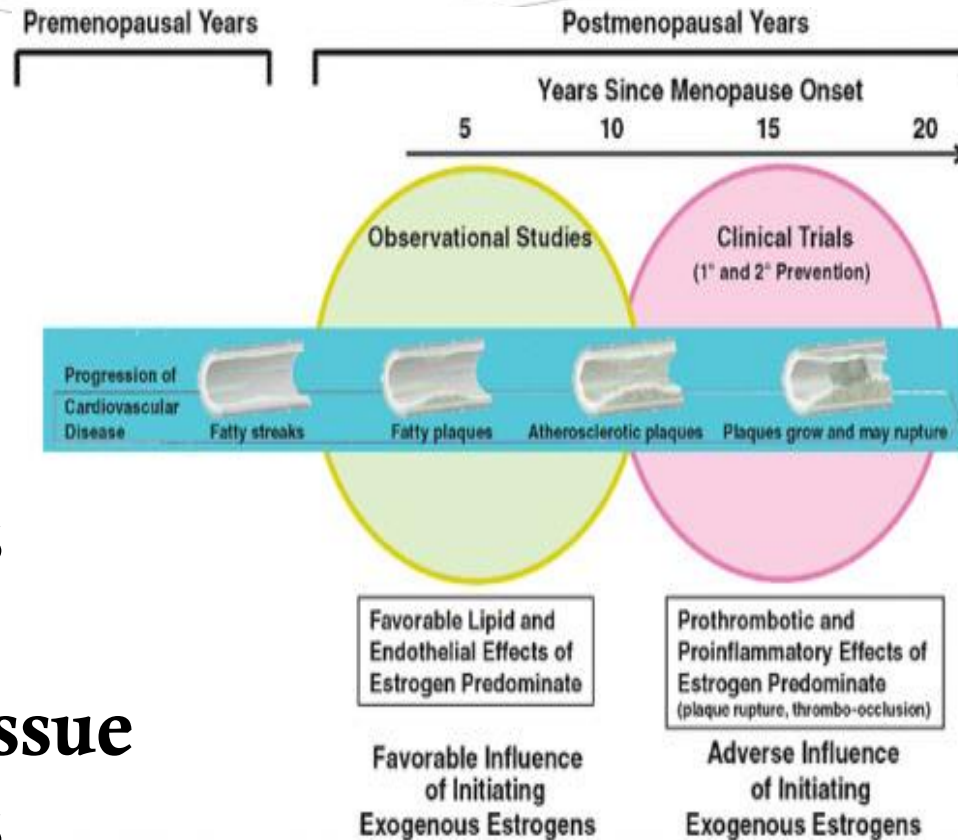
Hormone pearls



Indications for HT

- ✓ Relief of menopausal symptoms
- ✓ Prevention of osteoporosis
- ✓ Maintain quality of life
- ✓ Premature ovarian insufficiency (NOT failure!)
- ✓ Surgical or radiation-induced menopause

Should I be worried about HT?



Timing Hypothesis

Healthy Tissue Hypothesis

Don't be so scared of breast cancer

Collaborative Group on Breast Cancer

58 observational studies, 568,859 women

424,972 without breast cancer

143,887 cases of invasive breast cancer

All forms, dosages, regimens of estrogens and progestogens combined

Estrogen alone

0.25 additional cases/1,000 women/year of therapy

Estrogen + Progestogen sequential



0.7 additional cases/1,000 women/year of therapy

Estrogen + Progestogen daily

1 additional case/1,000 women/year of therapy

Rare adverse events = <1/1,000 (<0.1%)

Ground your risks

Factor	Relative Risk
Body mass index ≥ 30 kg/m ²	1.5
Age ≥ 65 years	5.8
2 Alcoholic drinks per day	1.2
Current smoker	2.2 
Current smoker + ≥ 7 alcoholic drinks per week	7.0 
Diabetes	2.3
Diabetes before age 54 years	6.2
Calcium Channel Blockers ¹ (Ductal breast cancer)	2.4 (1.2–4.9)
Calcium Channel Blockers ¹ (Lobular breast cancer)	2.6 (1.3–5.3)
WHI CEE+MPA	1.26

Singletery SE. *Ann Surgery* 2003;237:474-482.

¹Li CI, et al. *JAMA Internal Medicine* 2013;173:1629-1637.

Contraindications and risks of HRT

◆ Contraindications

- ◆ unexplained vaginal bleeding
- ◆ liver disease
- ◆ prior estrogen- sensitive cancer
- ◆ prior coronary heart disease , stroke, MI, or VTE
- ◆ personal history or inherited high risk of thromboembolic disease

◆ Potential risks

- ◆ Slight elevation in baseline breast cancer with EPT
- ◆ endometrial hyperplasia and endometrial cancer with inadequately opposed estrogen
- ◆ VTE
- ◆ gallbladder disease

My #1 hormone prescriptions

Perimenopause

- Levonorgestrel IUD or Slynd
- Add micronized progesterone (Prometrium) to help with sleep, mood 100mg qhs
- Add estrogen as VMS start increasing
 - 0.025, 0.0375, 0.05mg twice weekly estradiol (Vivelle Dot)
 - 0.3, 0.45 0.625mg conjugated equine estrogen (Premarin)

Menopause

- Estradiol patch with micronized progesterone
- Duavee (conjugated EE / bazedoxifene)
 - Bone support
 - Breast cancer risk reduction
 - More stable endometrium
 - If you don't have a clot hx or risk

Thank you!

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Resource zone



Resources for PCPs

- ◆ The North American Menopause Society → Menopause Society: <https://www.menopause.org/for-women>
- ◆ International Society for the Study of Women's Sexual Health www.isswsh.org
- ◆ The American College of Obstetricians and Gynecologists: <https://www.acog.org/womens-health/faqs/the-menopause-years>
- ◆ International Menopause Society: <https://www.imsociety.org/>
- ◆ Society for Women's Health Research: https://swhr.org/swhr_resource/menopause-toolkit-video-series/
- ◆ National Menopause Foundation: <https://nationalmenopausefoundation.org>
- ◆ Office on Women's Health: <https://www.womenshealth.gov/menopause>
- ◆ Speaking of Women's Health: <https://speakingofwomenshealth.com/>
- ◆ Hormone Health Network - Menopause Map: <https://www.endocrine.org/menopausemap/index.html>
- ◆ MsMedicine www.msmedicine.org
- ◆ Let's Talk Menopause: <https://www.letstalkmenopause.org>

Patient resources - websites

- <https://www.augs.org/> and <https://www.voicesforpfd.org/>
- International Society for the Study of Women's Sexual Health website: <https://www.isswsh.org/resources/books>
- Black Girl's Guide to Surviving Menopause: <https://blackgirlsguidetosurvivingmenopause.com>
- British Menopause Society: <https://thebms.org.uk>
- Daisy Network: <https://www.daisynetwork.org>
- Inspire Social Network Communities: <https://www.inspire.com>
- Menopause Café: <https://www.menopausecafe.net>
- Menopause Matters: <https://www.menopausematters.co.uk>

Books – get prepared and be positive

- ◆ The Menopause Guidebook, by NAMS
- ◆ The Menopause Manifesto: Own Your Health with Facts and Feminism, by Dr. Jen Gunter
- ◆ The Natural Menopause Method: A Nutritional Guide Through Perimenopause and Beyond, by Karen Newby
- ◆ What Fresh Hell is This? Perimenopause, Menopause, Other Indignities and You, by Heather Corinna
- ◆ The Complete Guide to the Menopause: Your Tool Kit to Take Control and Achieve Life-Long Health, by Annice Mukherjee
- ◆ Magnificent Midlife: Transform Your Middle Years, Menopause and Beyond, by Rachel Lankester
- ◆ Second Spring: The Self-Care Guide to Menopause, by Kate Codrington

Books – menopause and hormones

- ◆ Avrum Bluming MD – breast oncologist and pioneer in the importance and safety of estrogen (controversial – where family doctors thrive)
 - ◆ Estrogen Matters
- ◆ Marie Claire Haver
 - ◆ Galveston Diet
 - ◆ The New Menopause
- ◆ Heather Sandison – Reversing Alzheimer's
- ◆ Lisa Mosconi The Menopause Brain
- ◆ Holly Thacker, MD, The Cleveland Clinic Guide to Menopause
- ◆ Stephanie Faubion, MD, Mayo Clinic's The Menopause Solution
- ◆ Anna Cabeca, DO, The Hormone Fix

Books – sexual health

- ◆ Lori Brotto PhD Better Sex through Mindfulness
- ◆ Emily Nagoski PhD Come as you are (podcast, audio books)
- ◆ Lonnie Barbach 'For Yourself'
- ◆ Stephanie Buehler 'Heart Pounding Guide Passionate Sex'
- ◆ Lauren Streicher MD, 'Sex Rx, hormones, health, and your best sex ever'
- ◆ Sandra Leiblum 'Getting the sex you want'
- ◆ Alex Comfort 'Joy of Sex'
- ◆ Pepper Schwartz and Janet Lever 'Getaway Guide to the Great Sex Weekend'
- ◆ On pelvic and/or vaginal pain: When Sex Hurts, Drs Andrew and Irwin Goldstein

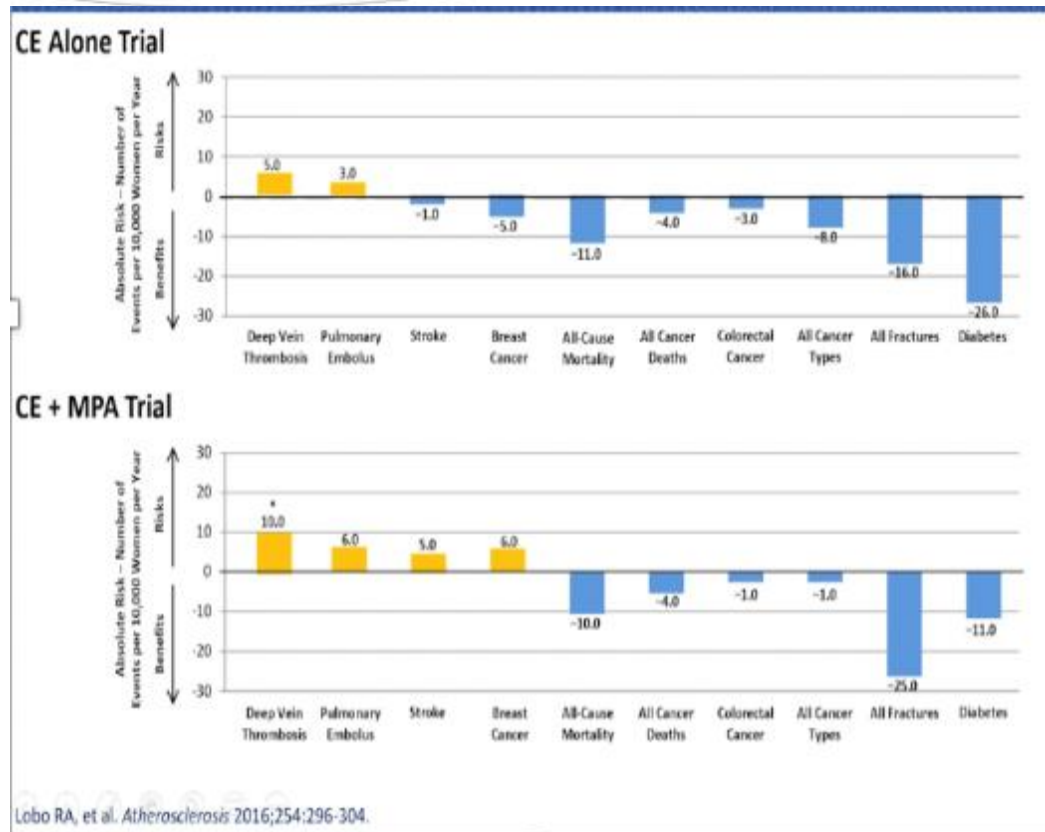
Podcasts/Blogs

- ◆ Rachel Rubin – urologist, sexual health expert. Blog, does lots of social media. www.rachelrubinmd.com
 - ◆ Also great for teens!! Consent, periods, changing bodies
- ◆ The Hurt Podcast by The female pain doctors
- ◆ Black Girl's Guide to Surviving Menopause – blog and podcast
- ◆ Heather Hirsch, MD:
https://www.youtube.com/channel/UCrAeWep_qZiP7QeR7ogcCPA
- ◆ My Menopause Doctor, Newsom Health Menopause & Wellbeing Center (podcast, UK menopause providers)
- ◆ Menopause: Unmuted Podcast: <https://www.menopauseunmuted.com>

Vaginal estrogen

- ◆ Discard the applicator.
- ◆ You are going to use a clean finger with a toothpaste amount of cream (fingertip amount).
- ◆ Place your finger halfway up your vagina (or as far as you feel is comfortable) and make a sweep to spread the cream throughout the vaginal walls.
- ◆ Any cream left on the finger smear anywhere outside that is bothering you
 - ◆ Clitoris for arousal/stimulation
 - ◆ Urethra for GSM
 - ◆ Vulvar skin for irritated friable thin skin
- ◆ It is often easiest to do this at night so that you are lying down and the tissue fully absorbs the medication without messing up your clothing, or being washed off after a trip to the bathroom. Rub the medication into your skin, just like you would sunscreen.
- ◆ If you are going to be intimate with yourself or partner after application, allow 45 minutes for absorption. It is not dangerous to your partner regardless of gender to touch or handle this medication (unlike testosterone).

WHI absolute benefits and risks



Protect the uterus – no E without P

- ◆ Endometrial hyperplasia
- ◆ Endometrial cancer
- ◆ Sequential therapy v daily together
 - ◆ Some data that sequential reduces breast cancer risk ever so slightly but it is also easy to forget, be confusing
 - ◆ With today's prescriptions, this risk is smaller and smaller
 - ◆ With today's obesity epidemic, the endometrial cancer risk is higher and higher