

The background features a gradient from red at the top to blue at the bottom, overlaid with faint, white circular patterns and a scale. The scale is a large arc on the left side, with numbers ranging from 140 to 260 in increments of 10. Several smaller circles and arcs are scattered across the background, some with arrows indicating direction.

# MENOPAUSAL TRANSITION

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# SEARCH FOR MENOPAUSE SYMPTOMS AND YOU FIND...

- Cognitive changes
- Night sweats
- Hot flushes
- Fatigue
- Vaginal dryness
- Anxiety
- Anger
- Painful intercourse
- Decreased orgasmic ability
- Bone loss
- Generalized itching
- Difficulty Sleeping
- General feeling of frustration about life
- Unwell

# HOLISTIC APPROACH TO MENOPAUSAL TRANSITION

- Mind
- Body
- Emotions/spirit

# PATIENTS

- Mary, 51 year old presents c/o irregular periods, and the very bothersome symptom of vaginal dryness and decreased vaginal response. She denies hot flushes or night sweats
- Anne, 40 year old who had chemotherapy for lymphoma presents c/o severe night sweats and daily multiple hot flushes
- Grace, 49 year old with a history of cardiovascular disease (HTN) c/o sleep disturbance and decreased libido

# MIND

- Time of life transitions for many
  - Kids leaving home
  - Divorce
  - Career transition/disappointment
  - Friends under stress may or may not be supportive
  - Questioning if this is where she wanted to be in life at this age

# CAN HISTORY PREDICT RESPONSE TO MENOPAUSAL TRANSITION?

The International Journal of Psychiatry in Medicine

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**Psychologic Distress during Menopause: Associations across the Reproductive Life Cycle**

Donna E. Stewart M.D., Katherine M. Boydell, M.H.Sc.

First Published June 1, 1993 | Research Article | [Find in PubMed](#)  
<https://doi.org/10.2190/026V-69M0-C0FF-7V7Y>

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May be an association with h/o depression/anxiety following reproductive events and psychological symptoms during transition

# PSYCHOLOGICAL DISTRESS IS SIGNIFICANT IN PERIMENOPAUSE

## Results:

Two hundred and fifty-nine menopause clinic women completed the questionnaire: 113 perimenopausal and 146 menopausal women. There was significantly greater psychologic distress on the BSI among perimenopausal as compared to menopausal women on the global severity index, and each of the anxiety, hostility, somatization, depression, paranoid, and psychoticism subscales. Perimenopausal women met BSI caseness severity criteria significantly more often than did menopausal women on the global severity index, and on the subscales for depression, anxiety, and psychoticism. On the BSI, menopausal women showed results similar to those of a normative sample of nonpatient middle-aged women.

## Conclusions:

Perimenopausal women attending menopause clinics have significantly higher levels of psychologic distress meeting case severity criteria on the BSI. Further research is warranted to define the subgroups of perimenopausal women who are at increased risk, in the hopes of developing effective interventions.

Stewart D, Boydell K, et al.  
Psychiatric Distress During  
Menopausal Years In Women  
Attending a Menopause Clinic. *The  
International Journal of Psychiatry  
in Medicine*, 1992.

# MIND

- Resources for patients to consider
  - Menopause.org (NAMS)
  - Brooke Castillo, Life Coach – the Thought Model
  - Katrina Ubell, MD – Weight Loss for Busy Physicians
  - Delane Vaughn, MD – Local life and weight loss coach
  - Local therapists

# BODY

- Garbage in, garbage out?
  - Very little research available
    - Eliminate processed foods/eat real food
    - Limit the insulin surges by limiting the number of meals or eating windows in a day
  - Vitamin D?
  - Exercise

# NAMS

- “Menonotes” on various topics are helpful for patient education
- Video series on various topics
- “Climacteric” journal with a focus on research in menopause

# WHEN TO USE HORMONES

- She has tried nutrition changes and exercise
- No contradictions
  - Estrogen dependent cancer
  - Some genetic disorders, especially pre-mastectomy
  - Severe uncontrolled hypertension
  - Blood clotting disorders
  - Liver disease (can consider transdermal depending on LFT)
- No desire to try SSRI or already on an SSRI with ineffective response

# SYMPTOMS DETERMINE ROUTE

- Vaginal dryness/superficial dyspareunia
  - Vaginal hormones: prasterone, estrogen, estrogen/testosterone combination
- Sleep disturbance only bothersome symptom
  - Consider progesterone (avoid progestin)
- Hot flushes, night sweats, mood instability
  - Estrogen alone if no uterus, estrogen + progesterone if uterus

# VAGINAL HRT

- Can effectively treat, even in setting of E2 dependent cancers
  - Prasterone/DHEA cream
  - Low dose estrogen-tablet or cream-systemic absorption is transient and minimal
- Multiple forms available if no h/o cancer:
  - Ring
  - Tablet
  - Cream
  - Suppositories
- Cost can be high and not covered well by some insurance
  - Consider compounded creams
- Orgasmic function declining
  - Consider topical E/T combo: 0.01/0.1

# SYSTEMIC THERAPY

- Still having menses, but irregularly and symptoms worse premenstrual or when not having cycles
  - Consider cyclic progesterone (not progestin), taken cycle day 16-26
- No menses for several months, or infrequent, hot flushes worst symptom
  - If no uterus, can do E alone
  - If uterus, consider IUD for endometrial suppression, or give E+progesterone
    - Many forms: pills, gels, patches, vaginal ring

# PRACTICAL TIPS

- Consider one month of E alone, low dose or Progesterone alone
  - Helps patient know how she feels on the hormone
  - No refills on E alone, must call and discuss how she is doing so progesterone is added (unless IUD in place or no uterus)
  - Start low, consider levels if it seems increasing dose does not improve symptoms
    - Women can feel improved with E levels of only 30 mg, avoid levels above 100mg
- Low sex drive is the only symptom
  - Consider systemic testosterone

Clinical Trial > [Circulation](#). 2007 Feb 20;115(7):840-5.

doi: [10.1161/CIRCULATIONAHA.106.642280](https://doi.org/10.1161/CIRCULATIONAHA.106.642280).

## Hormone therapy and venous thromboembolism among postmenopausal women: impact of the route of estrogen administration and progestogens: the ESTHER study

Marianne Canonico <sup>1</sup>, Emmanuel Oger, Geneviève Plu-Bureau, Jacqueline Conard, Guy Meyer, Hervé Lévesque, Nathalie Trillot, Marie-Thérèse Barrellier, Denis Wahl, Joseph Emmerich, Pierre-Yves Scarabin, Estrogen and Thromboembolism Risk (ESTHER) Study Group

Affiliations + expand

PMID: 17309934 DOI: [10.1161/CIRCULATIONAHA.106.642280](https://doi.org/10.1161/CIRCULATIONAHA.106.642280)

Consider transdermal E when VTE risk is a concern  
Progesterone and progestins are not the same  
VTE is increased with progestins, breast cancer may be increased with progestins  
Micronized progesterone is only available as oral or vaginal and is metabolized extensively so a small dose will not prevent ovulation but can help alleviate symptoms

**Conclusions:** Oral but not transdermal estrogen is associated with an increased VTE risk. In addition, our data suggest that norepregnane derivatives may be thrombogenic, whereas micronized progesterone and pregnane derivatives appear safe with respect to thrombotic risk. If confirmed, these findings could benefit women in the management of their menopausal symptoms with respect to the VTE risk associated with oral estrogen and use of progestogens.

# TIMING IS IMPORTANT

- Closest to LMP is safest start time
- No new hormone starts >10 years since LMP unless compelling reason and negative workup of new symptoms
- No specific stop time for HRT – patient specific plan of care
  - Osteoporosis
  - Severe emotional disturbance when therapy stopped
  - Family h/o colon cancer

# MONITORING AND RELATIONSHIP

- Annual visits
  - More frequent if changing dosing
- Labs when things do not make sense
  - Patient calling saying hot flushes not improved on moderate dose E
- Educated staff addressing questions
  - Mode and dose are important
- Relationship with oncologists
  - Must be trust so that they will give patients confidence in your treatment
- Know your local therapists – who can help whom

# TREATING OUR PATIENTS

- Mary, 51 year old presents c/o irregular periods, and the very bothersome symptom of vaginal dryness and decreased vaginal response. She denies hot flushes or night sweats
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# PLACES FOR YOU TO GO

- [ISSWSH.org](http://ISSWSH.org)
- [ACOG.org](http://ACOG.org)
- [NAMS: Menopause.org](http://NAMS: Menopause.org)