

# Menopause: Getting it right for your patients

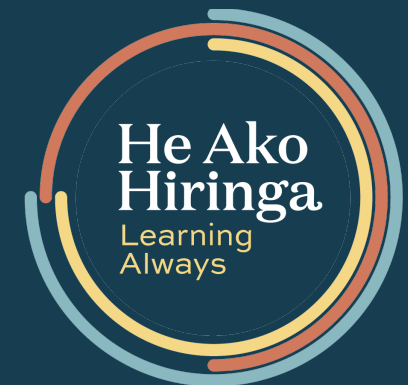
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Professor Bev Lawton, 11 Sep 2023

Te Tātai Hauora O Hine

National Centre for Women's Health

Research Aotearoa



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The logo for He Ako Hiringa is located in the bottom right corner. It features a central circular emblem composed of several overlapping, semi-transparent rings in shades of orange, yellow, and light blue. The text "He Ako Hiringa" is written in a white, serif font, with "Learning Always" in a smaller, white, sans-serif font below it.

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# Presentation overview



- What is menopause and how does it affect women?
- Ask the right questions; encourage discussion
- Useful resources
- Being comfortable with using MHT
- Disparities exist for Māori and Pacific women
- GU and vaginal health



# What is menopause?



- Significant endocrine hormone changes - oestrogen, progesterone, testosterone
- Symptoms can occur 2-5y before the last period
- Average age of menopause is 51 (periods stopped for 12 months)
- Symptoms of menopause are a common presentation to general practice



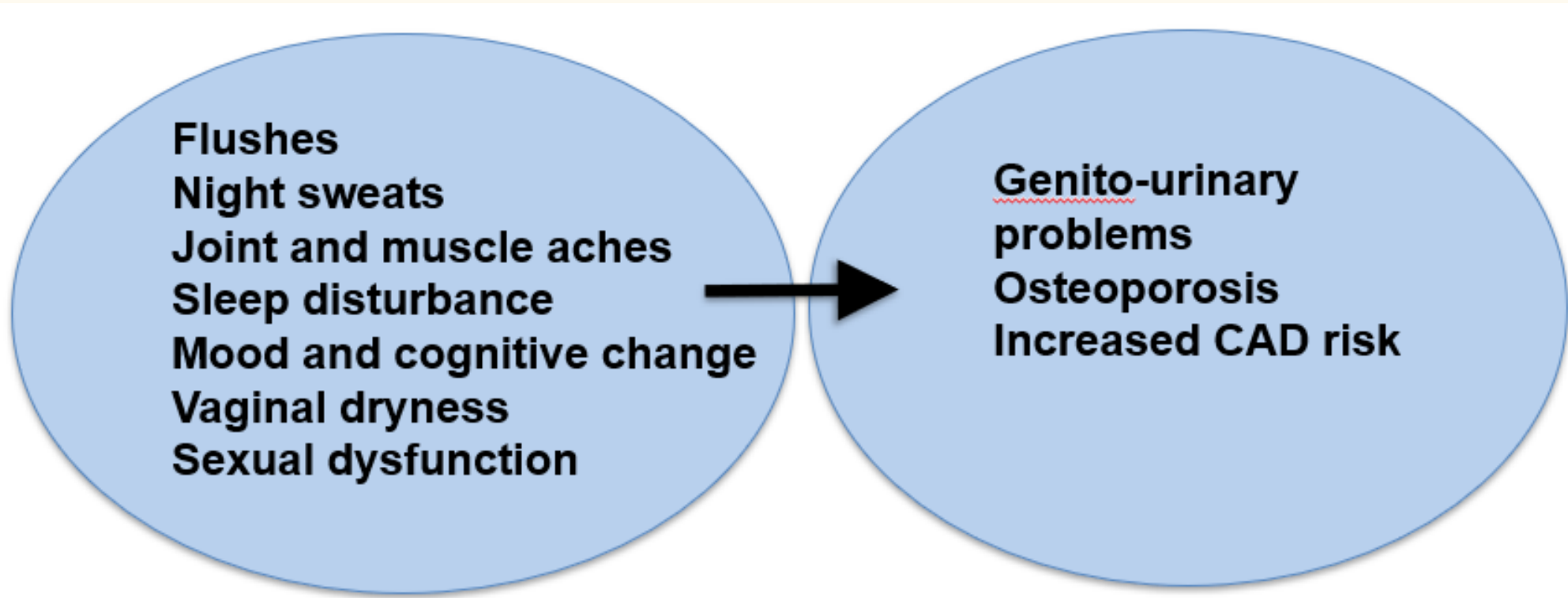
# How are women affected?

- 80% of women have symptoms
- Significant affect on QoL for 20% of women
- Symptoms may persist  $\geq 10$ y in 10-20% of women

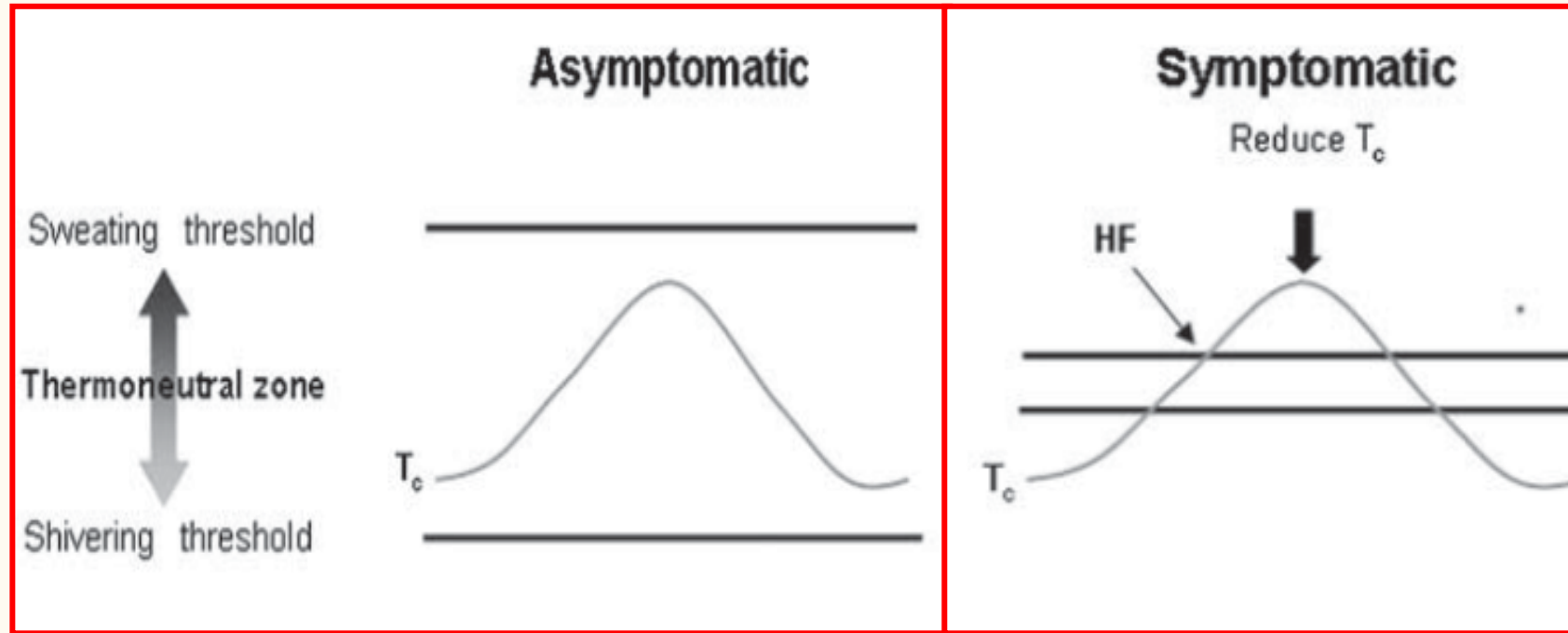
[Australasian Menopause Society, 2016]



# Menopause transition



# Pathophysiology of vasomotor symptoms (1)



Altered hypothalamic thermoregulation with narrowing of thermo-neutral zone  
The hot flush is a thermoregulatory mechanism

[Archer et al, *Climacteric*. 2011;14(5):515-28]



# Pathophysiology of vasomotor symptoms (2)

Significant VMS experienced by:

- 32% peri-menopausal women
- 75% post-menopausal women <55y
- 42% of women aged 60-65y

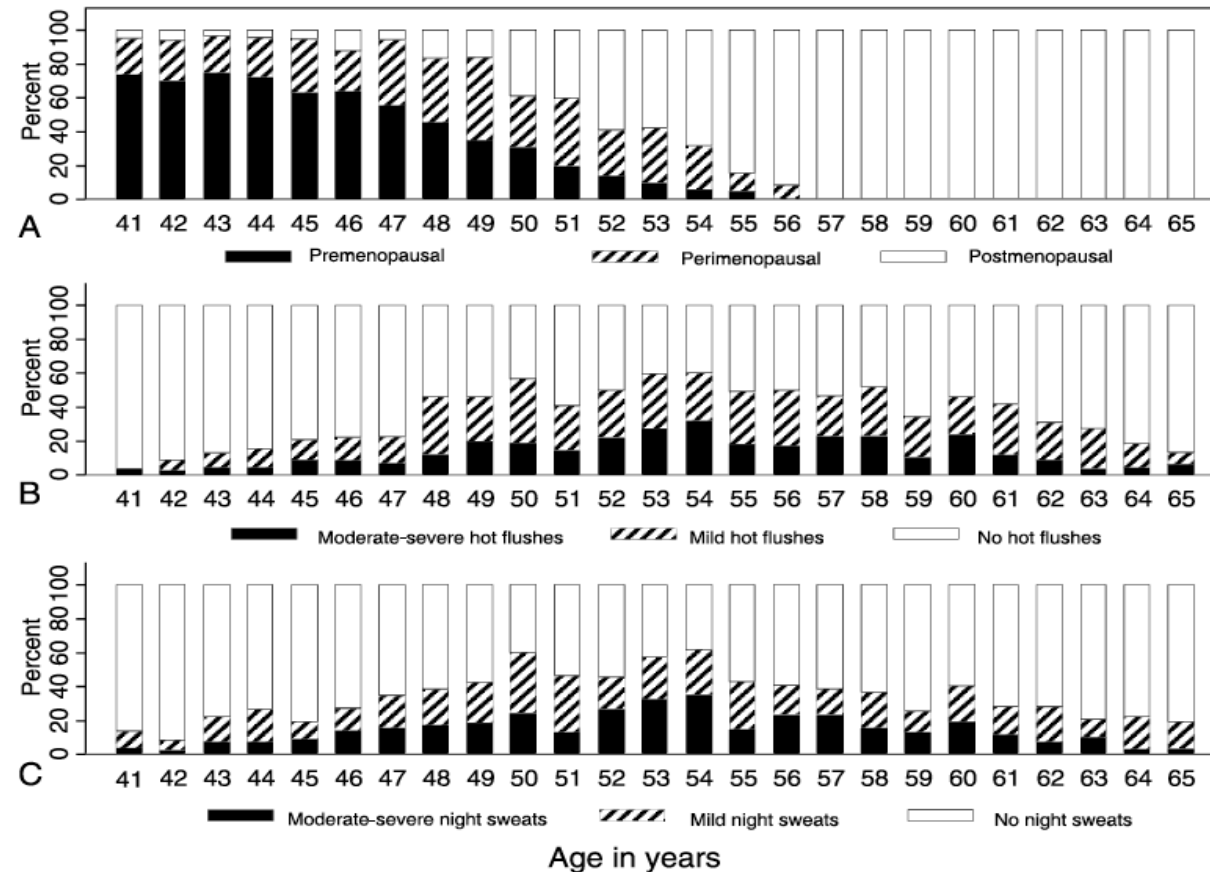


FIG. 2. Menopause status (A; n = 2,020), severity of hot flushes (B; n = 1,728), and night sweats (C; n = 1,728), by age in years.

[Gartoulla P, et al. *Menopause*. 2015;7:694-701]





# Symptoms can be debilitating

- Unable to function
- Sleep or flushes?
- Impacts on partners and children
- Unable to have intercourse due to vaginal dryness/atrophy
- Loss of libido
- Weight gain



# Sleep disturbance

- Increases accidents
- May decrease workplace performance
- Affects family life<sup>1</sup>
- Associated obesity, hypertension and diabetes<sup>2,3</sup>



[1] Rosenthal M. *Menopause*. 2003;10(1):4-5. [2] Ayas NT, et al. *Arch Intern Med* 2003;163(2):205-209. [3] Gottlieb DJ et al. *Arch Intern Med* 2005;165(8):863-867.

# Hormone roller coaster

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# Diagnosis of menopause

- Need to take a good history – timing, symptoms
- Blood tests not helpful
- Need reassurance that this is “normal”
- “Brain fog”, anger, “don’t feel like myself”
- Dr Google can be unhelpful



# Having a conversation

- List the symptoms, concerns – use a “cheat sheet”
- Affecting QoL?
- Home, job, relationships and activities
- Joint decision-making about treatment
- Opportunity to discuss wellness, healthy ageing, chronic disease prevention (osteoporosis, CVD)
- Health professionals need to ask the right questions and invite women to talk about menopause symptoms



# Vasomotor symptoms



Flushes are not benign symptoms

- Significant adverse changes in cerebral blood flow
- Changes in cognitive function

The presence of severe flushes acts as a predictor of future CVD and dementia

[Resnick et al 1998; Maki et al 2008]



# Help with hot flushes

- Open windows
- Reduce coffee
- Avoid hot spicy foods and alcohol
- Plan clothes - layering
- Fan
- HRT (later)
- Exercise makes flushes worse (but increases memory, cognitive function and QoL)



# Menopausal brain

Memory function takes a hit

- hippocampus works harder
- decreased executive functioning and speed of processing

Hot flushes linearly associated with memory errors

- treating hot flushes increases memory performance

Optimise brain function with exercise etc

18 year follow up of WHI shows decreased death from Alzheimers for women on oestrogen-only therapy

[Maki PM. *Obstet Gynecol.* 2018;132(6):1323-1324]





# Depression, psychiatric disorders

Rate of first episode of depression during peri-menopause 2-14 times higher than in pre-menopause years

Altered mood and cognitive function - oestrogen deficiency vs sleep deprivation

Menopause is associated with a worsening of bipolar illness

Oestrogen for women with schizophrenia: treatment sex differences

[Worsley 2014; Gibbs 2013; March 2012; Weiser 2019]



# What do women want?



Information

Quality of Life

Treatment

Choices

Evidenced based!

What are useful resources, websites, supports for clinicians and patients?



# Australasian Menopause Society

www.menopause.org.au



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Information Sheet

## Diagnosing Menopause

### KEY POINTS

- A diagnosis of menopause is made on the basis of new onset vasomotor symptoms and a change in the pattern of menstrual bleeding
- Measuring sex steroids or gonadotrophins is not helpful as these fluctuate on a daily basis
- A symptom score sheet can be helpful in measuring the severity and impact of symptoms and assessing response to any intervention

### DO NOT

- Measure FSH, LH, AMH (anti-Müllerian hormone), oestradiol or testosterone levels in a woman with symptoms of 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 prior menstrual history
- Take a good history of menopausal symptoms, preferably using a standardised symptom measurement system
- Ask how the symptoms are affecting quality of life, particularly sleep disturbance
- Record personal medical history and risk factors for breast cancer, cardiovascular disease, thromboembolic disease and osteoporosis
- Ask about absolute or relative contraindications to MHT: uncontrolled hypertension, undiagnosed abnormal bleeding, previous breast or endometrial cancer and personal history or high inherited risk of thrombo-embolic disease
- Ensure that screening (breast, cervical) is up to date

### Introduction

Frequently, the woman herself has already made the diagnosis of menopause. She attends her doctor with symptoms such as hot flushes or night sweats interrupting her sleep, together with changes in her menstrual cycle. Not all women with menopausal symptoms will need treatment. Most women will be glad of information

[www.menopause.org.au](http://www.menopause.org.au)

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## Complementary medicine options for menopausal symptoms

The term *complementary medicine* (CM) is used to describe a wide range of health care medicines, therapies (forms of treatment that do not involve medicines) and other products that are not generally considered as part of conventional medicine (National Health and Medical Research Council). Some women think about using CM to manage their menopausal symptoms because they do not want to use prescribed medications or are unable to use them. If you are thinking about using CM, ask your doctor if it will affect other medications you might be taking. Some CM are promoted as natural and safe with little evidence the therapy works. Often there is no way to know if CM are safe or uncontaminated, especially if bought online. Your doctor can help you to understand the benefits and risks of a CM. The table provides a summary of commonly used CM for menopausal symptoms.

### THE TRAFFIC LIGHT COLOURS INDICATE:

- Red** – Do not use (insufficient evidence that it works and/or safety concerns)
- Orange** – Use with caution (may work but safety concerns)
- Green** – OK to use (some evidence that it works and safe for most women)

Medicine/Therapy	Symptom	Comments	Recommendation
<b>Botanical/herbal/vitamin supplements</b>			
Vitamin E	Hot flushes	Vitamin E can decrease the number of hot flushes by one per day.	Green
St John's Wort	Mood symptoms	St John's Wort can improve mood and may help with mild depression. This therapy interacts with many prescription medicines.	Orange
Soy isoflavones or phyto-oestrogens	Menopausal symptoms	May help hot flushes. Not helpful for sleep. Do not take if you can't take prescribed MHT or HRT for safety reasons.	Orange
Wild yam cream or progesterone cream	Endometrial (lining of the uterus) protection	No evidence that it is effective.	Red
Red clover	Menopausal symptoms	Inconsistent evidence that it is effective.	Red
Omega-3 supplements	Hot flushes	No evidence that it is effective.	Red
Black cohosh	Menopausal symptoms	Inconsistent evidence that it is effective and possible safety concerns.	Red
Evening primrose oil	Hot flushes	No evidence that it is effective.	Red

Information obtained from the Cancer Australia website ([www.cancer.gov.au/publications-and-resources/clinical-practice-guidelines/menopausal-guidelines](http://www.cancer.gov.au/publications-and-resources/clinical-practice-guidelines/menopausal-guidelines)) and the North American Menopause Society (Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society).

### For further information about CM see the following websites:

National Center for Complementary and Integrative Health ([www.nccih.nih.gov](http://www.nccih.nih.gov))  
 Better Health Channel ([www.betterhealth.vic.gov.au/ourwork/ourwork/complementary-and-herbal-medicine](http://www.betterhealth.vic.gov.au/ourwork/ourwork/complementary-and-herbal-medicine))  
 National Institute of Complementary Medicine ([www.nicm.com.au/health\\_professionals.htm](http://www.nicm.com.au/health_professionals.htm)) or [www.nicm.com.au/health\\_professionals.htm](http://www.nicm.com.au/health_professionals.htm)

The AMS website also has fact sheets for information about other treatment options. For any concerns or questions about options to manage your menopausal symptoms, visit your doctor or go to the Find an AMS Doctor service on the AMS website.

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## MAIN POINTS

- Complementary medicine is used to describe a wide range of healthcare medicines, therapies (forms of treatment that do not involve medicines) and other products that are not generally considered as part of conventional medicine.
- Some complementary medicines may help with mild symptoms, but there is little evidence that many popular complementary medicines help with symptoms or are safe.
- Speak with your doctor before using complementary medicine because it might affect other medications.
- Avoid buying online products – their safety cannot be guaranteed.
- You should not use soy/phytoestrogen products if you can't take prescribed hormone therapy for safety reasons such as breast cancer.
- Bioidentical compounded hormone therapies cannot be recommended because their safety is unknown.
- No complementary medicine is as effective as oestrogen therapy for menopausal symptoms.

Medicine/Therapy	Symptom	Comments	Recommendation
<b>Mind-body therapies</b>			
Acupuncture	Hot flushes	Studies show that acupuncture is no better than sham acupuncture. May help sleep.	Orange
Cognitive behavioural therapy	Menopausal symptoms	Cognitive behavioural therapy (CBT) and mindfulness-based stress reduction can help some women with menopausal symptoms (especially hot flushes).	Green
Hypnosis	Menopausal symptoms	Hypnosis might be helpful for some women but the evidence is inconsistent.	Green
Yoga	Menopausal symptoms	Yoga might be helpful for some women but the evidence is inconsistent.	Green
Herbal therapy	Menopausal symptoms	No evidence that it is effective.	Red
Magnetic therapy	Menopausal symptoms	No evidence that it is effective.	Red
<b>Other</b>			
Bioidentical compounded hormone therapy	Menopausal symptoms	Do not take if you can't take prescribed hormone therapy (MHT) or hormone replacement therapy (HRT) for safety reasons.	Red

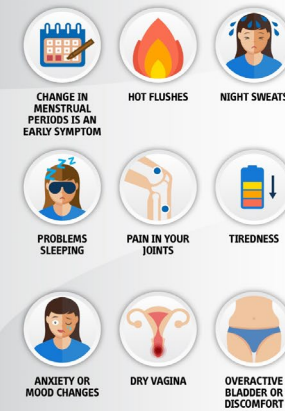


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[www.menopause.org.au](http://www.menopause.org.au)

## MENOPAUSE what are the symptoms?

Menopause occurs when you have not had a menstrual period for 12 months.

### Symptoms:



## MENOPAUSE AT A GLANCE

The average age of menopause is 51 years but you can enter menopause earlier.  
 Hormonal changes cause menopausal symptoms.  
 Most women will have some symptoms.  
 Most women have symptoms for 5 to 10 years.  
 Symptoms may vary during the menopause.

## WHAT CAN YOU DO ABOUT YOUR SYMPTOMS?

LIFESTYLE CHANGES IMPROVE OVERALL HEALTH AND MAY MAKE SYMPTOMS EASIER TO TOLERATE. SEE AMS FACT SHEET: LIFESTYLE AND BEHAVIOUR CHANGES FOR MENOPAUSAL SYMPTOMS.



**MENOPAUSAL HORMONE THERAPY (MHT)**  
 MHT is the most effective treatment for menopausal symptoms (see AMS fact sheet: What is MHT and is it safe?)

**NON-HORMONAL TREATMENT OPTIONS**  
 See AMS fact sheet: Non-hormonal treatment options for menopausal symptoms

**COMPLEMENTARY THERAPIES**  
 Some complementary therapies for hot flushes may be helpful. See AMS fact sheet: Complementary medicine options for menopausal symptoms.

## FIND AN AMS DOCTOR

If your symptoms are bothering you, your doctor can help. If you have any concerns or questions about your menopausal symptoms, visit your doctor or go to the Find an AMS Doctor service  
[www.menopause.org.au/health-info/find-an-ams-doctor](http://www.menopause.org.au/health-info/find-an-ams-doctor)  
 on our AMS website.

Australasian Menopause Society: [menopause.org.au](http://menopause.org.au)



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# Resources



Google: ThisWayUp Menopause Radio NZ

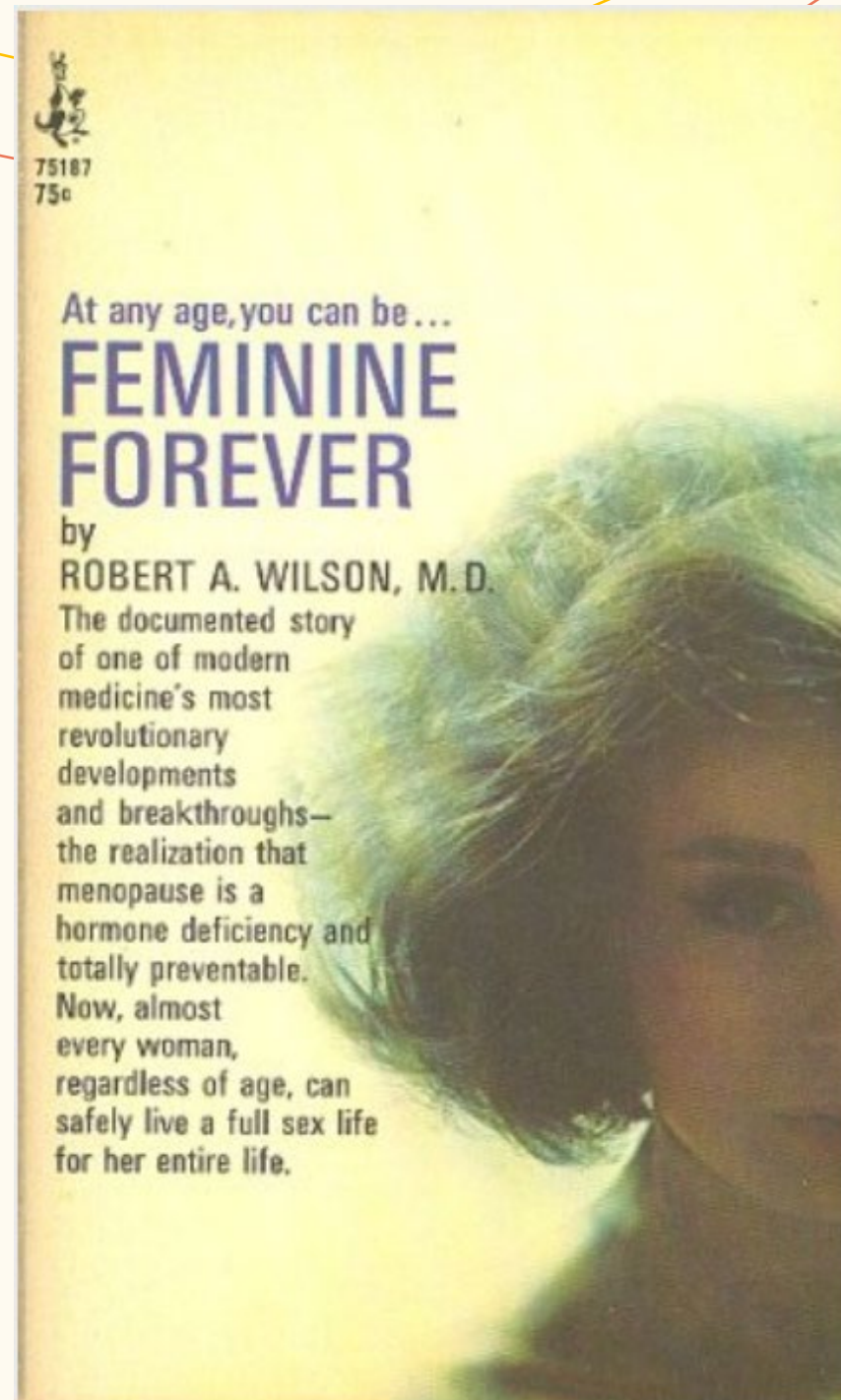
AMS: Guide to MHT Equivalent Doses (New Zealand only)

AMS: Risks and Benefits of Menopausal Hormone Therapy



# Universal HRT?

- 1941: oral estrogens
- 1966: *Feminine Forever*
- 1975: endometrial Ca
- 1995: PEPI
- 1998: HERS no benefit secondary prevention
- 2002: WHI EPT
- 2007: WHI age ?
- 2023: ?



# WHI Study 2002



Average age was 63y

Largely asymptomatic women

Majority well past menopause

## Results

- Increased risk of cardiac events, stroke, clotting, breast cancer – E+P non-statistical
- Possible increased Alzheimer's disease

JAMA. 2002;288(3):321-333



# Window of opportunity for MHT

- Risk modified by years since menopause<sup>1</sup>
- Supported by animal studies and observational studies
- <10 years from menopause may have a reduction in CHD events and a reduction in mortality (age 50-59y)
- Lower risk of stroke in women aged 50-59y
- For most women, the benefits of hormone treatment will outweigh the risks

Rossouw et al, *JAMA* 2007.  
NAMS 2022 HRT Position Statement, *Menopause*.



# HRT / MHT

**Oestrogen alone** (oral or transdermal) if had hysterectomy

**Oestrogen + progestogen** (oral or IUS) if uterus intact

Benefits:

- Oestrogen reduces flushes by 70%, improves vaginal dryness
- Reduces fracture risk and all-cause mortality
- Oestrogen alone reduces breast cancer risk
- ?Reduces risk of colon cancer, risk of CAD

Risks:

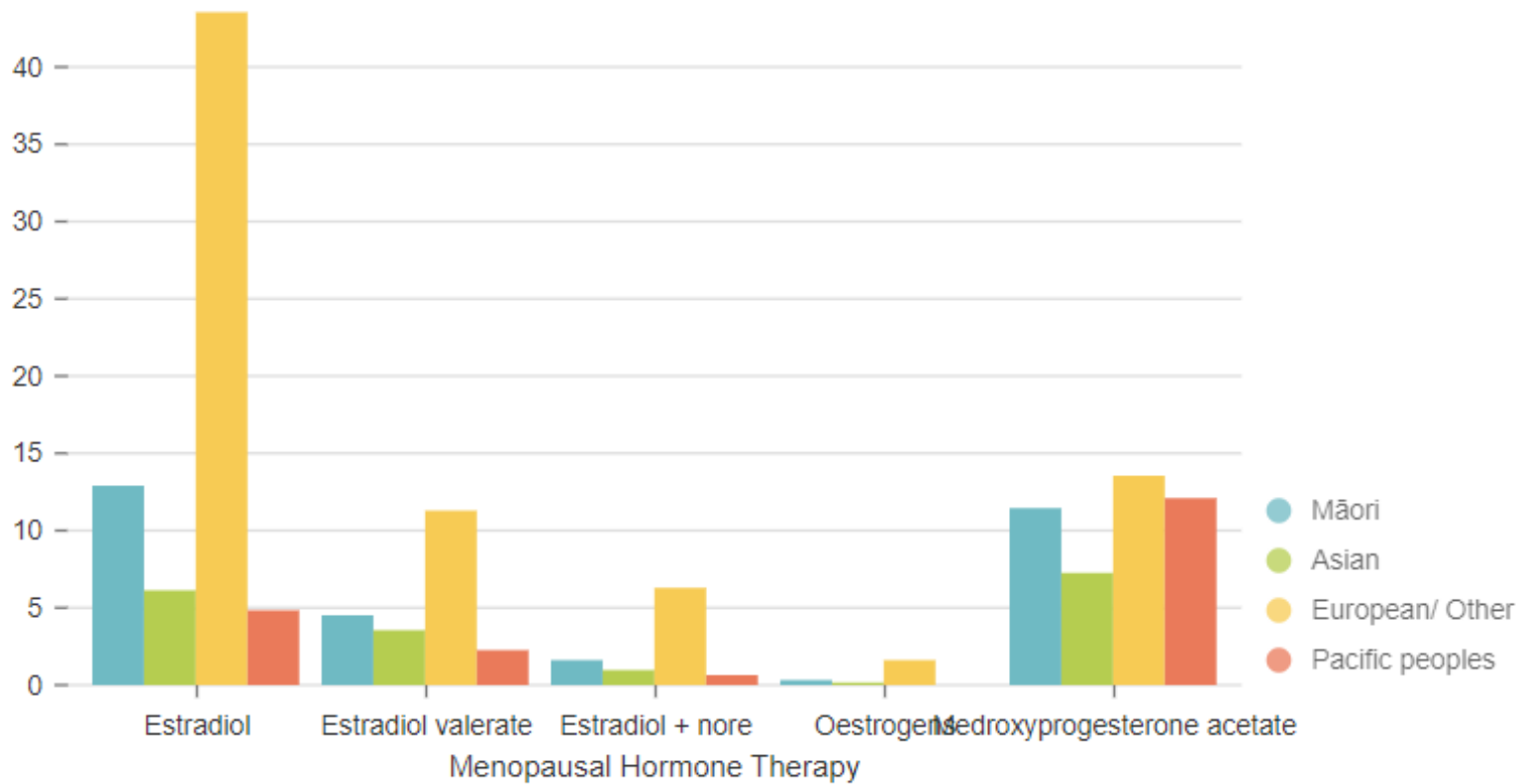
- Age related – CVA/VTE, stroke, gallbladder
- Progestogen related – breast cancer?





## NATIONAL PATIENTS – MOST DISPENSED MEDICINES BY ETHNICITY (PER 1000 PATIENTS)

Use the filters to view the top five medicines by medicine class



Top five medicines dispensed (by medicine class and ethnicity) to patients in the last 12 months (items per 1000 patients).

# Ethnic variation in MHT use



# Transdermal route

Transdermal route is the **BEST PICK** (VTE risk is less)

## With a uterus:

- Oestradiol patch 50 mcg twice weekly
- Utrogestan (progesterone) 100mg daily or 200mg for 14d/month

## Without a uterus (total hysterectomy):

- Oestradiol patch 50 mcg twice weekly

# Recent - will it change practice?

## Danish study

- 5589 incident cases of dementia; 55,890 age matched controls
- MHT positively associated with development of all cause dementia and Alzheimer's disease
- Even in women who received treatment at age 55y or younger
- The increased rate of dementia was similar between continuous and cyclic treatment.

Pourhadi N et al. *BMJ*. 2023;381:e072770



# Premature Ovarian Insufficiency

Premature menopause (before age 45y)

- Increased risk of overall mortality, dementia, Parkinson disease, CVD, psychiatric illness, sexual dysfunction, osteoporosis and sequelae
- Use MHT unless contraindications
- May need higher oestrogen dose for surgical menopause



# Don't forget what we sit on!



Vaginal dryness is common

- Intercourse can be painful, if not impossible
- Vaginal lubricants can help
- In most cases topical or oral oestrogen will be needed

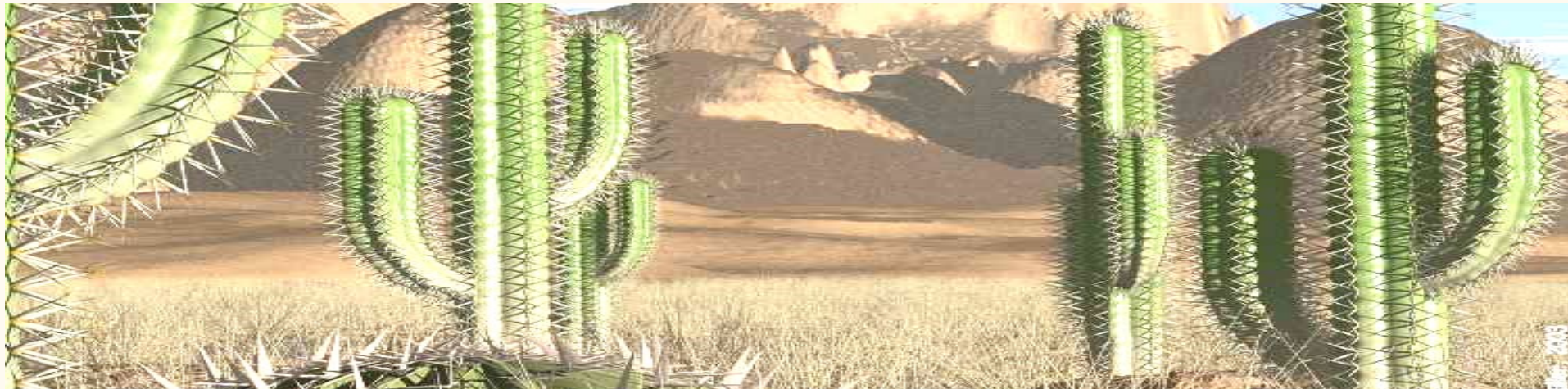
Libido



# Vaginal treatments

Ovestin – oestriol cream

80-90% will achieve improvement in symptoms



# Other treatment options

## Some evidence of benefit:

- Hypnosis, CBT, mindfulness
- SSRIs: escitalopram, paroxetine\*, venlafaxine
- Gabapentin
- Stellate ganglion blockade

## No evidence of benefit, or evidence of harm

- Complementary and Alternative Medications (Remifemin, St John's Wort)
- Acupuncture
- Cetirizine, clonidine
- Bioidenticals / “Natural” HRT/ compounded therapies **experimental**
- Progesterone cream – conflicting efficacy data



# A quick word about Complementary and Alternative Medications (CAMS)





# CAMS key points

- No herbal treatment has been shown to consistently reduce hot flushes
- All therapeutic agents have risks, benefits, side-effects and interactions
- Check for drug interactions
- Support women, but they need the facts
- Practice evidence-based medicine



# Summary



- Menopause has a significant effect on the QoL of many women
- Information is power
- Treatment options are available if needed
- For most women with significant symptoms, the benefits of MHT will outweigh the risks
- Not every woman will want or be suitable for MHT, but no one should have to suffer because it's not accessible to them



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The EPIc dashboard



Our monthly newsletter



Capture – our CPD recording function



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