MENOPAUSE MANAGEMENT

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WHAT IS MENOPAUSE?

• Definition: Permanent cessation of the menstrual cycle
  Retrospective diagnosis: 12 months after last menstrual period
  From the Greek *menos*, meaning month, and *pausos*, meaning an ending

• Other terms you might hear:
  • Perimenopause
  • Premenopause or postmenopause
  • Early menopause
  • Surgical/induced/iatrogenic menopause
  • Premature ovarian insufficiency (premature menopause)
WHO DOES THE MENOPAUSE AFFECT?

Average age of the menopause in the UK: 51 years
SYMPTOMS OF MENOPAUSE

• **Vasomotor:** 70% of women affected by hot flushes/night sweats

• **Psychological:** sleep problems, low mood, anxiety, irritability, loss of energy, reduced libido

• **Physical:** joint pains, headaches, palpitation, dry skin, urinary symptoms, crawling skin sensation (‘formication’)

• **Vaginal:** dryness, burning, itching, painful sex

• **Periods:** more frequent, less frequent
What tests are needed?

For most women, menopause is a clinical diagnosis and does **NOT** require any blood tests.

During the perimenopause blood tests can be misleading!

When is a test helpful?
- younger women (<40yrs, consider when <45yrs)
  using hormonal contraception

Blood test: **FSH** follicle stimulating hormone costs the NHS £9.6million!
LIFESTYLE INTERVENTIONS

Focus on cardiovascular health and bone health

- **Eat Healthily:**
  - Protein-rich diet to help muscle strength
  - Calcium and vitamin D to help bones
  - Reduce alcohol

- **Exercise:**
  - 150 mins moderate exercise each week
  - Weight-bearing and strengthening exercise to help maintain bone density
ALTERNATIVE THERAPIES?

- Cognitive Behavioural Therapy (CBT)
  - Hot flushes, mood/anxiety problems
- Acupuncture
- Phytoestrogens
  - Isoflavones (soy, red clover), lignans (flaxseed)
- Herbal remedies
  - Black cohosh (unclear mechanism of action)
  - Sage
  - Wild yams
WHAT IS HRT?

Hormone Replacement Therapy: Estrogen +/- Progestogen

• What hormones are used?
  
  • Estrogen: Estradiol, estrone, estriol: synthesised from soybeans or yams but structure same as natural hormones
  
  • Progestogen: Most are synthetic, derived from plants, structurally different
    
    Micronised progesterone – ‘natural’ progesterone
  

‘Body-identical’ vs ‘Bio-identical’
BENEFITS OF HRT

Most effective treatment for menopause symptoms: physical and psychological

Treatment for osteoporosis in women under 60 (long term effect)

Reduced cardiovascular risk: ‘window of opportunity’

Potentially improved cognition/Alzheimer’s risk in early menopause/POI

Reduced colorectal cancer risk in oral combined HRT

Reduced ‘all-cause’ mortality
RISKS OF HRT

Breast Cancer

Biggest concern for most women – sadly, a lot of misinformation out there!

- 2002 and 2004 - Women’s Health Initiative (WHI) (placebo controlled, randomized)
- 2003 - Million Women’s Study – (observational data, criticized for significant bias)

Increased risk of breast cancer with combined HRT (‘over 30% increase’)

![Image showing additional breast cancer cases with combined HRT and other factors]
OTHER RISKS OF HRT

Venous thromboembolism – oral HRT increased risk (highest in first year)

Use of transdermal HRT shows no increased risk and can be used in those with history of thrombosis

Stroke – higher risk if oral HRT started >10 years after menopause

Cardiovascular – potential increased risk when started in older women

Other cancers
  Ovarian – small increased risk (extra 1 case per 5000 women)
  Endometrial cancer – small increased risk if cyclical HRT used for >5 years

OVERALL: BENEFITS OUTWEIGH RISKS FOR MOST WOMEN
WHAT TYPE OF HRT TO USE?

Estrogen-only HRT

History of hysterectomy?

YES

NO

Combined HRT (E+P)

LMP < 12 months

Cyclical HRT

LMP > 12 months

Continuous HRT
FORMS OF HRT IN THE UK

- Tablets
- Gel
- Patches
- Mirena coil
- Topical: pessaries and creams
Considerations:

- Medical history: obesity, cardiovascular, thrombosis, gut problems
- Vaginal symptoms: use vaginal treatment alongside systemic HRT
- Need for contraception
- Previous hormone use
- Personal preference/lifestyle

Gold Standard: transdermal oestradiol + micronised progesterone - ‘body identical’
CONSIDER TESTOSTERONE

- Testosterone contributes to libido, metabolic function, muscle and bone strength, urogenital health, mood and cognitive function.

- Loss of testosterone is particularly profound after iatrogenic menopause and premature ovarian insufficiency when testosterone production decreases by more than 50%.

Blood tests: total testosterone and SHBG
Free Androgen Index = Total Testosterone x 100 / SHBG.

No licensed product for women in the UK
- Male products: Testogel, Tostran
- AndroFeme