Monadnock OB / GYN

NAVIGATING MENOPAUSE: UNDERSTANDING THE TRANSITION AND THRIVING THROUGH WELLNESS

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DISCLOSURE

- I have no actual or potential conflict of interest in relation to this program / presentation.

AGENDA

Overview and influences

Definitions

Common signs and symptoms

Management options

Conclusions

THE ATTITUDE TOWARDS MENOPAUSE CAN DIFFER DRAMATICALLY

MEDICO-CULTURAL

Relying solely on a medical perspective (or disease model) of menopause does not account for the impact of culture and other social influences and may ignore the variety of patient perspective on the menopausal transition

Several studies have found that women who report increased freedom, social status, and mobility after menopause are less likely to report negative symptoms.

In the U.S., fear of aging and higher socioeconomic status are more frequently associated with negative menopausal symptoms than are BMI or history of bilateral oophorectomy

MEDICAL MODEL

- Endocrine disorder
- Estrogen deficiency
- Hormonal imbalance...

"The insistence on viewing menopause as a disease... defines older women as aberrant."

THE WISE WOMAN MODEL

"The joy of menopause is the world's best-kept secret. Like venturing through the gateway to enter an ancient temple, in order to claim that joy a woman must be willing to pass beyond the monsters who guard its gate… as thousands of women from all cultures throughout history have whispered to each other, it is the most exciting passage a woman ever makes."

GRANDMOTHER HYPOTHESIS

Reframing menopause from a "problem" to a "gift" is a direct help to most women

- One-on-one counseling, peer group sessions, teaching, performance arts, storytelling, written word

Women in cultures in which menopause is regarded as a gift have fewer problems with the accompanying physical and emotional changes

- The presence of menopausal women in society provides a survival advantage
- *"The older woman knows the land, and its water, the season, the movement of the game, and the time to harvest each plant, she is not a sentiment, she is a requirement"*
- Among many non-Western groups, the older woman enjoys increased status in the family and greater freedom in society at large

REFRAMING

Loss of fertility	Acquisition of postmenopausal zest
Mood swings and depression	Menopausal women need more time alone
Aggravating hot flash	Movement of energy

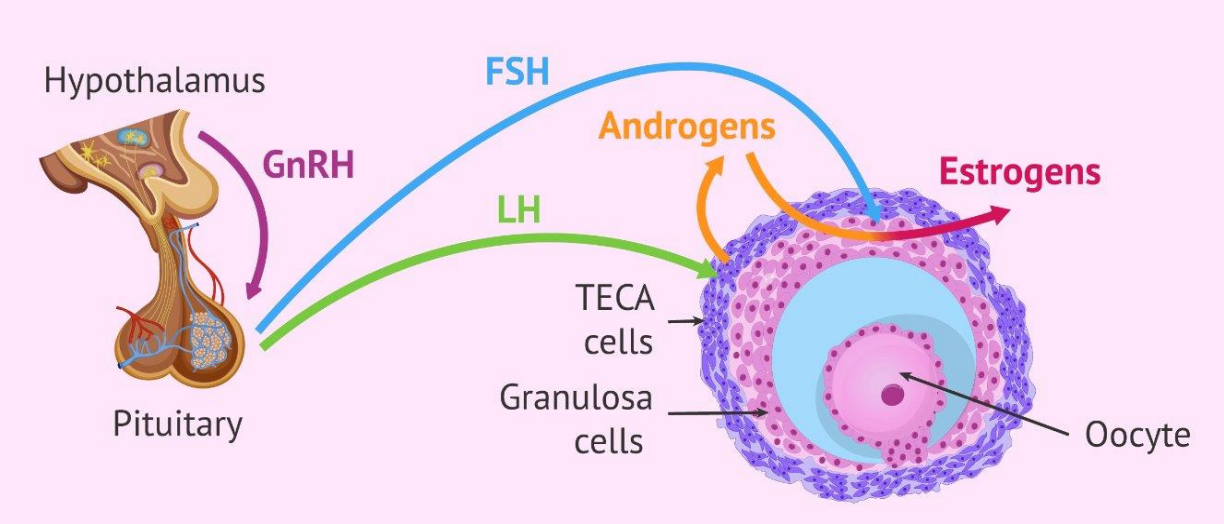
DEFINITION OF MENOPAUSE – NOT BASED ON SYMPTOMATOLOGY

- Permanent cessation of menstruation that occurs after the loss of ovarian activity
  - No menstrual cycle for 12 months due to decreasing ovarian function
    - Surgical, medical, or physiologic
    - Significant decrease of ovarian estrogen production
- Average age in the United States and worldwide = 51 years
  - Ages 40-50 years = “early menopause” (5%)
  - <40 years old = “Premature Ovarian Insufficiency (POI)”
- Lab Indicators:
  - FSH >40 mIU/mL and estradiol <20 pg/mL
  - FSH 60-100 mIU/L on two tests done at least 1 month apart, LH >50 mIU/L, estradiol <50 pg/mL

PERIMENOPAUSE (THE CLIMACTERIC OR MENOPAUSAL TRANSITION)

- The phase leading up to menopause
  - The period when a woman's body begins its natural transition towards menopause
  - Unpredictable fluctuation of ovarian estrogen production
- Can last anywhere from a few months to several years
  - Typically starts in 40s
    - Can begin as early as mid-30s
- Symptoms indicate body's adjustment to changing hormone levels

MENSTRUATION AND MENOPAUSE



- Fixed number of gametes that progressively diminish throughout reproductive life
- With advancing reproductive age, the remaining oocytes become increasingly resistant to FSH
  - Process of oocyte maturation and ovulation become increasingly inefficient
  - Variation in cycle length related to change in follicular phase
- Postmenopausal ovary = NOT quiescent
  - Major product = testosterone
- Predominant estrogen = estrone
  - Extragonadal – directly related to body weight

STRAW+10 Staging System to Determine Reproductive Age In Women

	First Period						Final Menstrual Period			
Stage	-5	-4	-3b	-3a	-2	-1	0 / +1a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early			Late
					Perimenopause					
Duration	*Variable*				*Variable*	1-3 years	2 years (1+1)		3-6 years	*Remaining lifespan*
PRINCIPAL CRITERIA										
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/ Length	*Variable Length* Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of >=60 days	No Period		No Period	No Period
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Low Low	Variable Low Low	↑ Variable Low Low	↑ >25 IU/L Low Low	↑ Variable Low Low		Stabilizers Very Low Very Low	
Antral Follicle Count			Low	Low	Low	Low	Very Low		Very Low	
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor Symptoms *Likely*	Vasomotor Symptoms *Most Likely*			Increasing symptoms of urogenital atrophy

Source: Harlow, S. D., Gass, M., Hall, J. E., Lobo, R., Maki, P., Rebar, R. W., Sherman, S., Sluss, P. M., de Villiers, T. J., & STRAW+10 Collaborative Group (2012). Executive summary of the Stages of Reproductive Aging Workshop +10: addressing the unfinished agenda of staging reproductive aging. Climacteric : the journal of the International Menopause Society, 15(2), 105–114.

Herstasis® HEALTH FOUNDATION

Definitions of terms in the table:

Menarche – first period
FMP (0) – final menstrual period = menopause
Amenorrhea – missing a period
Endocrine – hormone
FSH – follicle stimulating hormone
AMH – Anti-Mullerian hormone. A hormone produced in the ovarian follicles; used as a proxy to measure 'ovarian reserve' or the number of follicle+eggs left
Inhibin B – a hormone associated with the development of eggs
IU/L – International units per litre - a measure used in some lab reports
Antral follicle count (AFC) – the number of follicles that contain eggs

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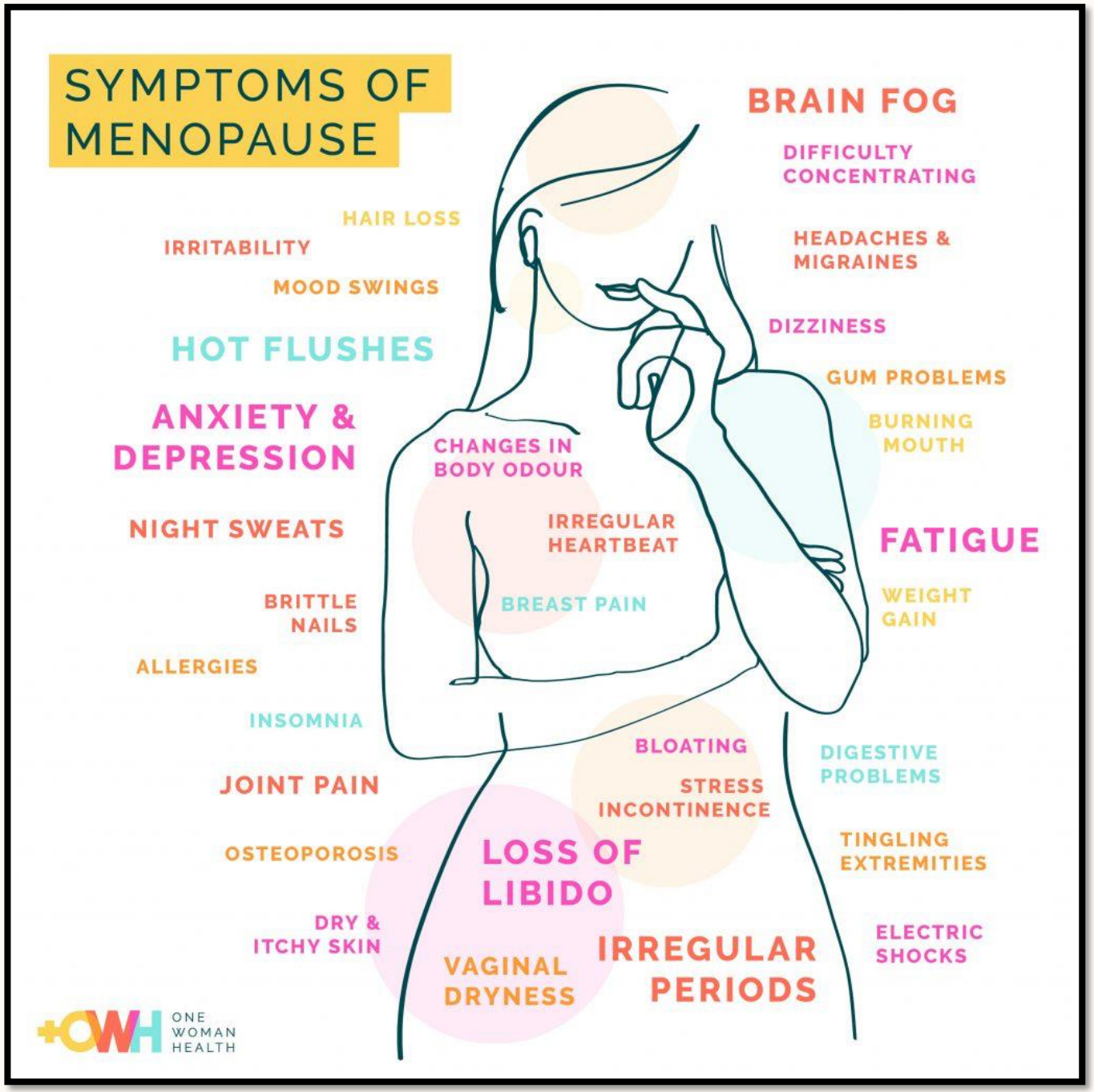
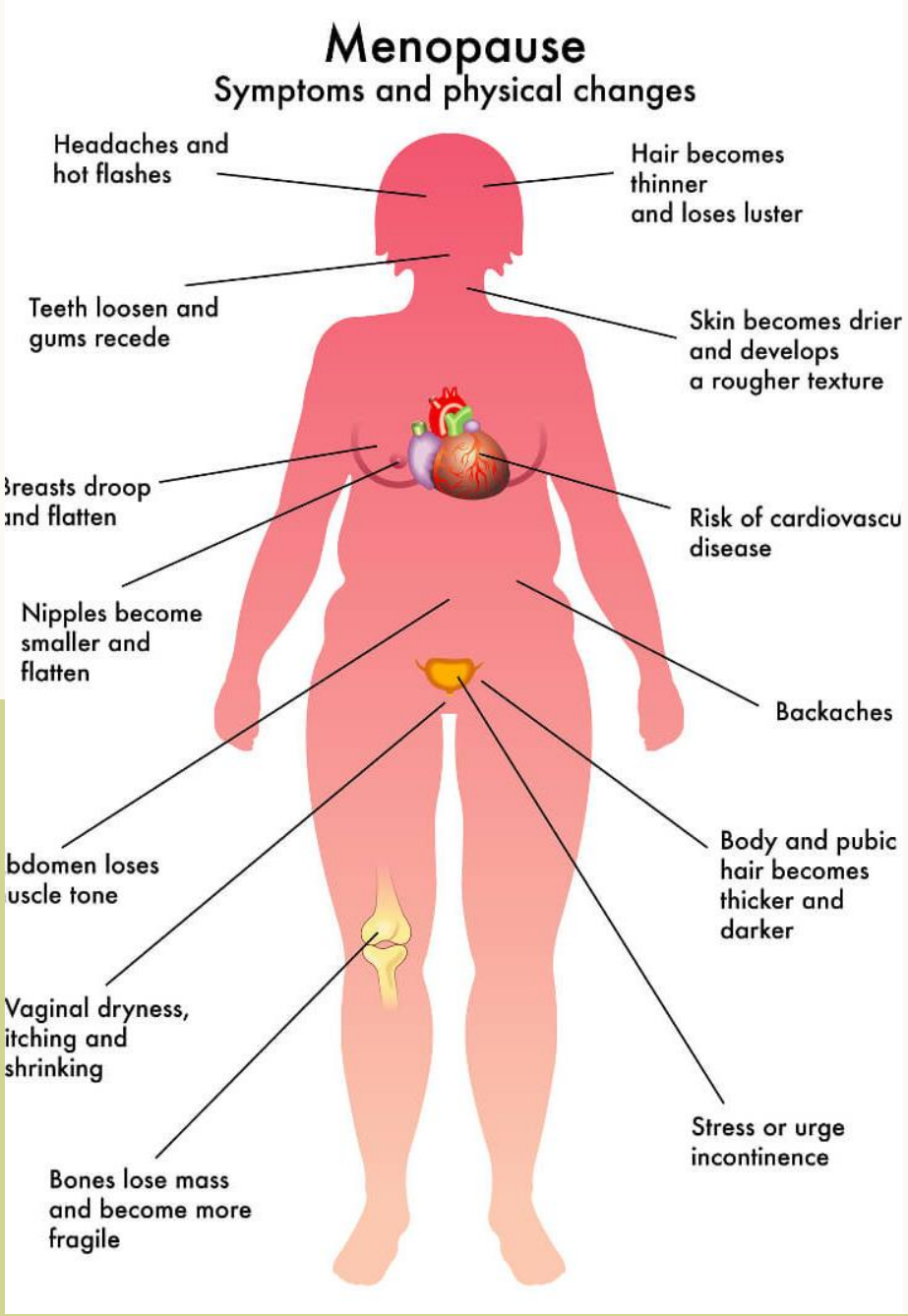

SYMPTOMS OF MENOPAUSE
BRAIN FOG
DIFFICULTY CONCENTRATING
HAIR LOSS
IRRITABILITY
HEADACHES & MIGRAINES
MOOD SWINGS
DIZZINESS
HOT FLUSHES
GUM PROBLEMS
BURNING MOUTH
ANXIETY & DEPRESSION
CHANGES IN BODY ODOUR
IRREGULAR HEARTBEAT
NIGHT SWEATS
FATIGUE
BRITTLE NAILS
BREAST PAIN
WEIGHT GAIN
ALLERGIES
INSOMNIA
BLOATING
DIGESTIVE PROBLEMS
JOINT PAIN
STRESS INCONTINENCE
OSTEOPOROSIS
LOSS OF LIBIDO
TINGLING EXTREMITIES
DRY & ITCHY SKIN
ELECTRIC SHOCKS
VAGINAL DRYNESS
IRREGULAR PERIODS
ONE WOMAN HEALTH



PHYSICAL SIGNS OF MENOPAUSE & CONSEQUENCES OF LONG-TERM ESTROGEN LOSS

GENERAL COPING STRATEGIES

- Dress in layers and use breathable bedding materials
- Stay cool (including sprays and gels)
- Mind your diet
  - Potential triggers: Caffeine, alcohol, spicy foods
- Regular exercise
  - Including weight-bearing
- Stress management
- Sleep hygiene

LIFESTYLE MODIFICATIONS

Nutritional recommendations – whole foods diet

- Calcium and vitamin D
- Good-quality oils
- Iron
- Fiber
- Water
- Phytoestrogens (from healthy sources)

Exercise – never too old or never too unfit to begin benefiting!

- Cardiovascular
- Strength training
- Balance and flexibility

Diet

High fiber	Low fat	Rich in antioxidants	Increase soy
Decreases heart disease and constipation; helps maintain weight	Improves cholesterol, helps maintain weight	May decrease hot flashes and other menopausal symptoms	May decrease hot flashes, part of a heart-healthy diet

Exercise

Other lifestyle factors

Cardiovascular	Weight-bearing and strengthening	Smoking cessation	Decrease alcohol consumption	Maintain regular sexual activity
Decreases CAD risk, improves mood, aids sleep, helps maintain weight	Improves bone health, may decrease hot flashes, helps maintain weight	Decreases heart disease, smoking-related cancers, osteoporosis risk; may decrease hot flashes	May decrease hot flashes, decreases osteoporosis risk	May decrease vaginal dryness, may improve depressive symptoms

- Menopause support groups
- Personal empowerment
- Time for reflection
- Pursuing one's dreams

VASOMOTOR SYMPTOMS

Hot flushes: A hallmark menopause symptom

VASOMOTOR SYMPTOMS

Sudden sensation of extreme heat in the upper body, particularly in the face, neck, and chest

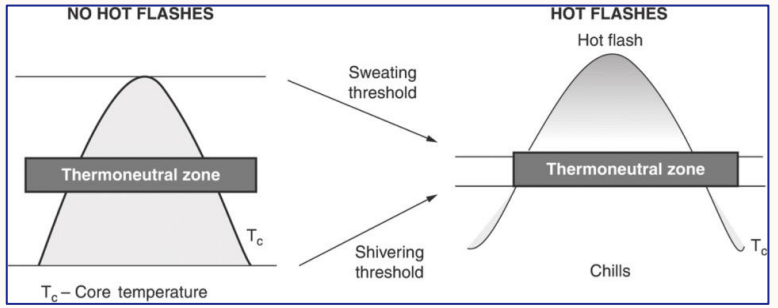
- Lasts 1-5 minutes
- Characterized by perspiration, flushing, chills, clamminess, anxiety, and (on occasion) heart palpitations

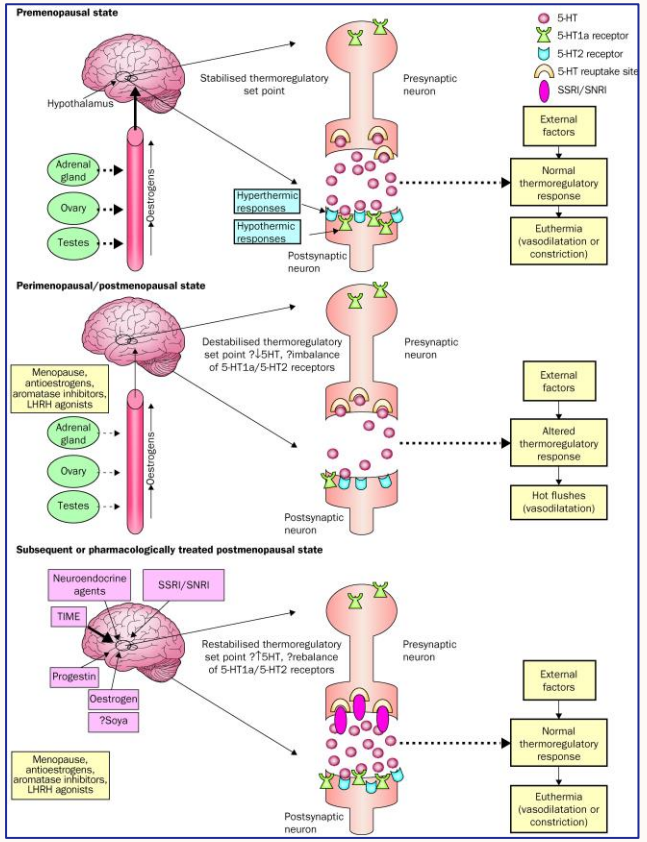
Associated with

- Diminished sleep quality
- Irritability
- Difficulty concentrating
- Reduced quality of life
- Poorer health status

PATHOPHYSIOLOGY

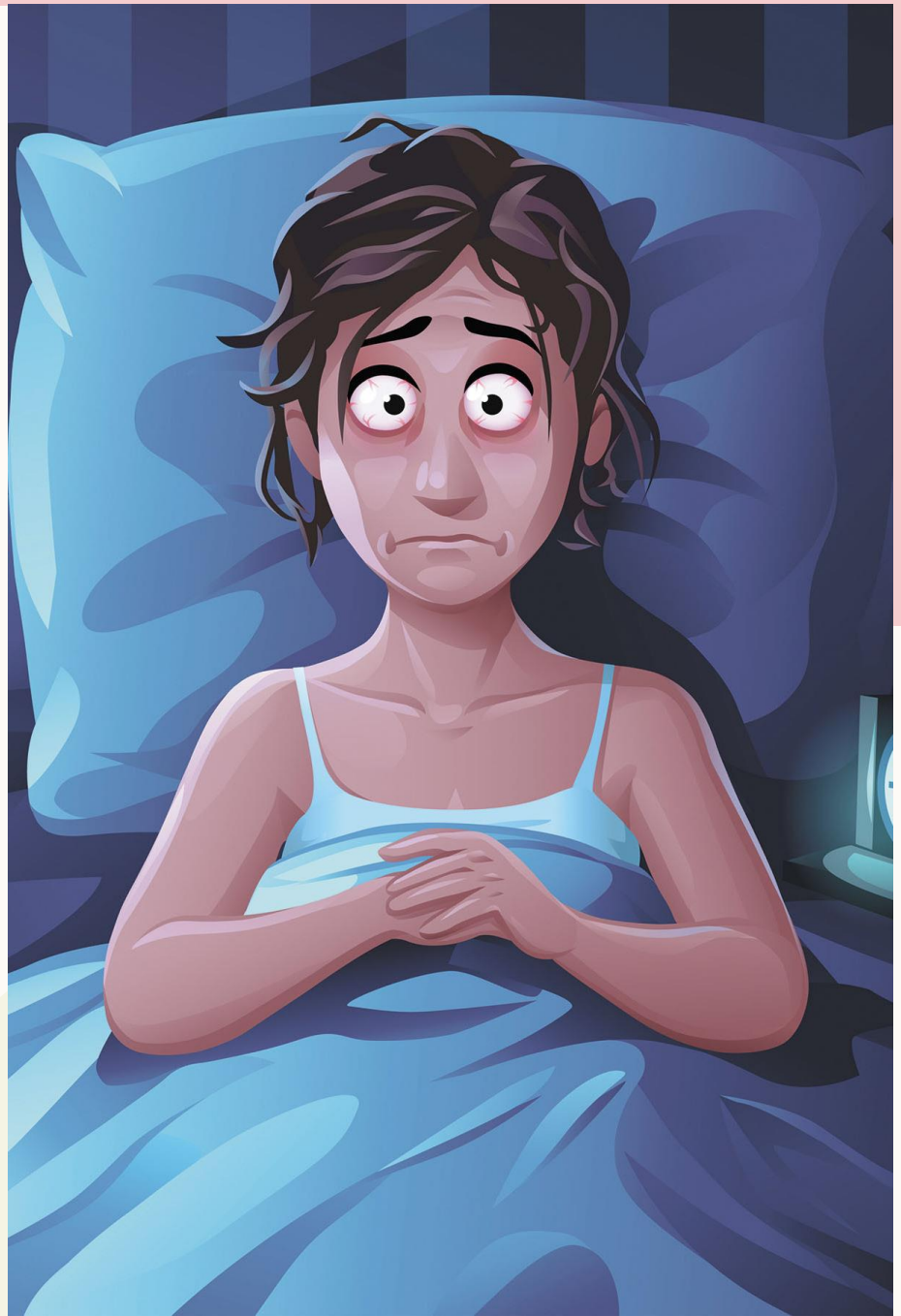
- Changes in reproductive hormones
- Narrowed thermoregulatory zone --> more sensitive to subtle changes in core body temperature
- Serotonergic, noradrenergic, opioid, adrenal, and autoimmune system mechanisms
- Genetic predisposition
- Racial and ethnic contributions
  - Most symptoms: African American females
  - Fewest symptoms: Asian females
- Obesity
- Anxiety and depression, low socioeconomic status, tobacco use





SLEEP DISTURBANCES

Lengthened latent phase (time required to fall asleep) with alterations in REM patterns = difficulty falling asleep with early waking



SLEEP DISTURBANCES

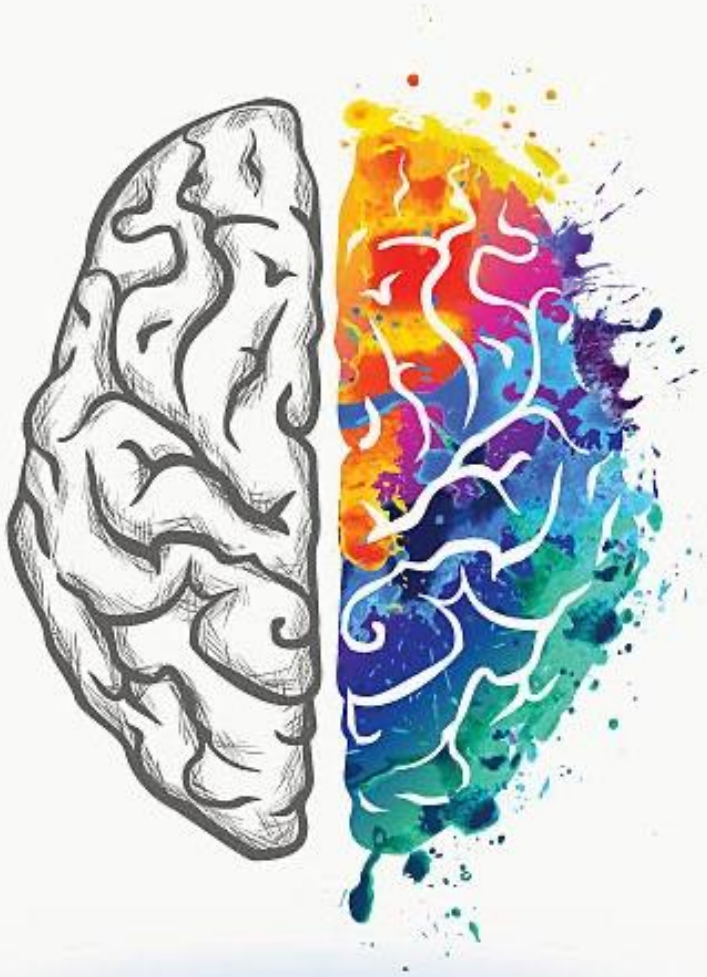
Sleep is CRUCIAL for maintaining overall health, especially during the transition of menopause

Non-drug related measures to enhance sleep

- Maintain a regular sleep schedule
- Create a sleep-conductive environment
- Avoid stimulants
- Limit screen time
- Exercise regularly
- Stress-reduction techniques
- Bedtime rituals

MOOD SWINGS AND DEPRESSION

The most important predictor of positive mood at the phase of late perimenopause or post-menopause was a positive mood in the pre-menopause



MENTAL HEALTH & MENOPAUSE – A HOTLY DEBATED TOPIC

- Although sex steroid hormone receptors are present in the CNS, there is insufficient evidence about the role of estrogens in CNS function to implicate a direct affective mechanism

- Clinical depression criteria not more frequent during menopause
  - In fact, prevalence greater among young adults than midlife women

SUBTHRESHOLD DEPRESSION – depression symptoms that are less severe or fewer than required for classification of depression

- Menopausal--related mood syndrome = less-severe depressed mood, anxiety, insomnia, irritability, fatigue, forgetfulness, decreased self-esteem, decreased libido
  - Possibly related to vasomotor symptoms

- Other factors strongly associated with depression in menopause = impaired health, vasomotor symptoms, physical inactivity, history of depression and stressful life circumstances, PMDD

NAVIGATING EMOTIONAL CHANGES

** If you find that emotional changes are interfering with your daily life and function, it may be time to seek professional help **

- Monitor mood changes and note patterns or triggers
- Practice self-care techniques
- Stay connected with friends and family
- Consider joining a support group for women going through menopause

SUPPORTING THE ADRENALS

Adrenal stress -- often overlooked as a factor possibly contributing to increased stress and irritability, panic attacks, emotional lability, fatigue, night waking, night sweats

SEXUAL FUNCTION

- Decreased libido
- Vaginal dryness
- Painful intercourse
- Difficulty achieving arousal & orgasm

Table 1

Causes of Female Sexual Dysfunction

Desire
Psychological factors Emotional or physical distress Menopause, decreased hormone levels Medications (including antidepressants and anxiolytics, antihypertensive agents)
Arousal
Psychological factors Trauma or surgery Medications (including antidepressants and anxiolytics, antihypertensive agents)
Orgasm
Emotional or sexual abuse Decreased hormone levels Trauma or surgery Medications (including amphetamines, antipsychotics, antidepressants and anxiolytics, antihypertensive agents)
Sexual Pain
Psychological factors Infection Endometriosis Medications that cause decreased vaginal lubrication

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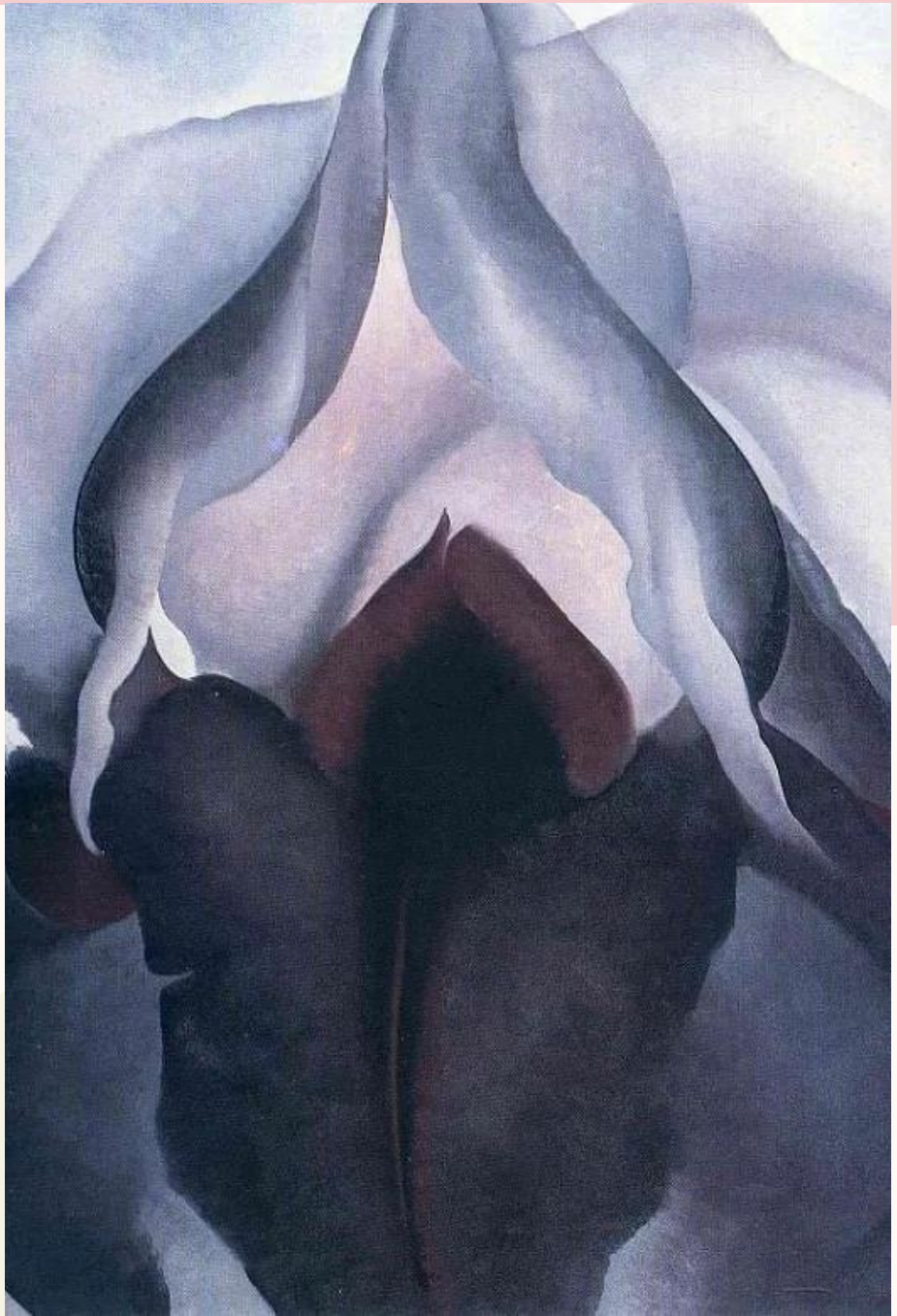
GENITOURINARY SYNDROME OF MENOPAUSE

Vulvovaginal atrophy



HYPOESTROGENIC STATE

Epithelial tissue more fragile

- **Tears, bleeding, fissures**

Loss of subcutaneous fat in labia majora

- **Narrowing of the introitus, flushing of labia minora, shrinking of clitoral hood**

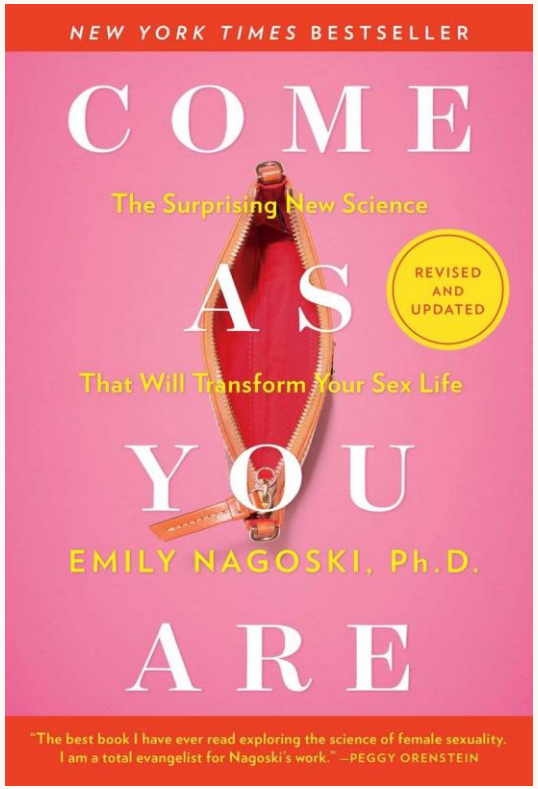
Vaginal pH more alkaline

- **Alters flora resulting in infections (vaginal and urinary)**

MANAGEMENT FOR VAGINAL DRYNESS

- Vaginal moisturizers and lubricants
- Topical estrogen therapy
- Stay hydrated
- Regular sexual activity

LOW SEX DRIVE IN WOMEN



EVERYONE'S SEX DRIVE IS DIFFERENT – THERE IS NO STANDARD!

- Main symptom: Not having as many thoughts, desires, or fantasies about sex as before
  - Disorder = DISTRESS

- Diagnosis
  - Sexual and medical history, as well as biological, physical, and mental health
  - Pelvic exam, blood tests
    - Gynecological issues, thyroid changes, underlying medical conditions, hormone fluctuations

FOUR FACTORS OF SEXUAL DESIRE

Physical

- Acute or chronic diseases... & associated meds
- Surgery, including body-altering procedures
- Vaginal wellness (acute or chronic)
- Alcohol
- Exhaustion

Biological

- Decreased estrogen levels... and associated physical changes

Psychological

- Anxiety, depression, stress... & associated meds
- History of abuse or unpleasant sexual experiences
- Low self-esteem, body image

Relationship

- Poor communication, lack of trust, leaving arguments unresolved, lack of understanding about sexual preferences

LOW LIBIDO DERIVED FROM ONE, SOME, OR ALL THESE FACTORS

TREATMENT

- Treat underlying illness(es), medication adjustments
- Counseling – individual or couples
- Treat pelvic floor dysfunction
- Dilator therapy = improves blood flow and vaginal wall flexibility
- Lubricant
- Use of sexual aids (vibrators, books)
- Reconnect with partners in meaningful way = sex becomes less stressful and more spontaneous
- Improve communication between partners
  - Increased foreplay
- Self-care
  - Increased exercise, learning to relax and release stress with yoga or meditation, drinking less alcohol
- Improve body image

HORMONE THERAPY

Androgens (testosterone, methyltestosterone, DHEA)

- Limited data of safety and efficacy
- NOT FDA-approved for female sexual dysfunction

Estrogens

- Evidence does not support for treatment of sexual problems… but if improves other symptoms, may lead to improvement in sexual problem

Tibolone

- NOT FDA-approved; used in Europe & other countries
- Benefits < risks

SEROTONERGIC OR DOPAMINERGIC AGENTS

Flibanserin (Addyi)

- **FDA-approved for PREmenopausal women**
- **0.4-1.0 additional SSEs per month**
- **Daily dosing**
- **SE: Somnolence, dizziness, nausea, fatigue**
- **NO ALCOHOL**

Bupropion

- **OFF-LABEL use for sexual dysfunction**

Buspirone

Apomorphine

- **Limited data of efficacy and significant side effects**

ADDITIONAL OPTIONS

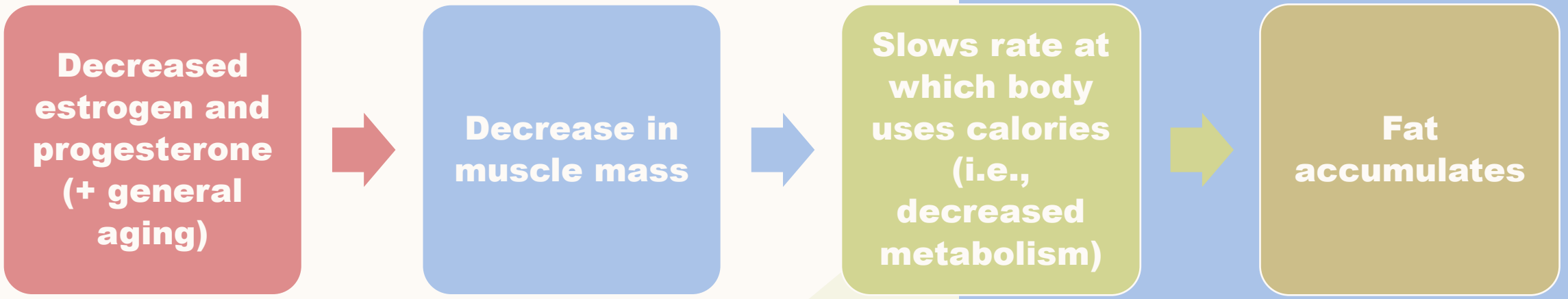
Bremelanotide (Vyleesi)

- **FDA-approved for PREmenopausal women**
- **SubQ injection 45 min before anticipated activity**
- **Increase in desire & improvement in sexual satisfaction… but NO significant difference in SSEs**
- **SE: Nausea, vomiting, flushing, headache, hyperpigmentation**
- **Not with HTN, CVD, pregnancy**

Phosphodiesterase inhibitors

- **NOT FDA-approved for use in females**
- **Inconsistent results**

WEIGHT GAIN


Decreased estrogen and progesterone (+ general aging)
Decrease in muscle mass
Slows rate at which body uses calories (i.e., decreased metabolism)
Fat accumulates

TIPS FOR MANAGING WEIGHT THROUGH DIET AND EXERCISE

Adopt a balanced diet

Increase physical activity

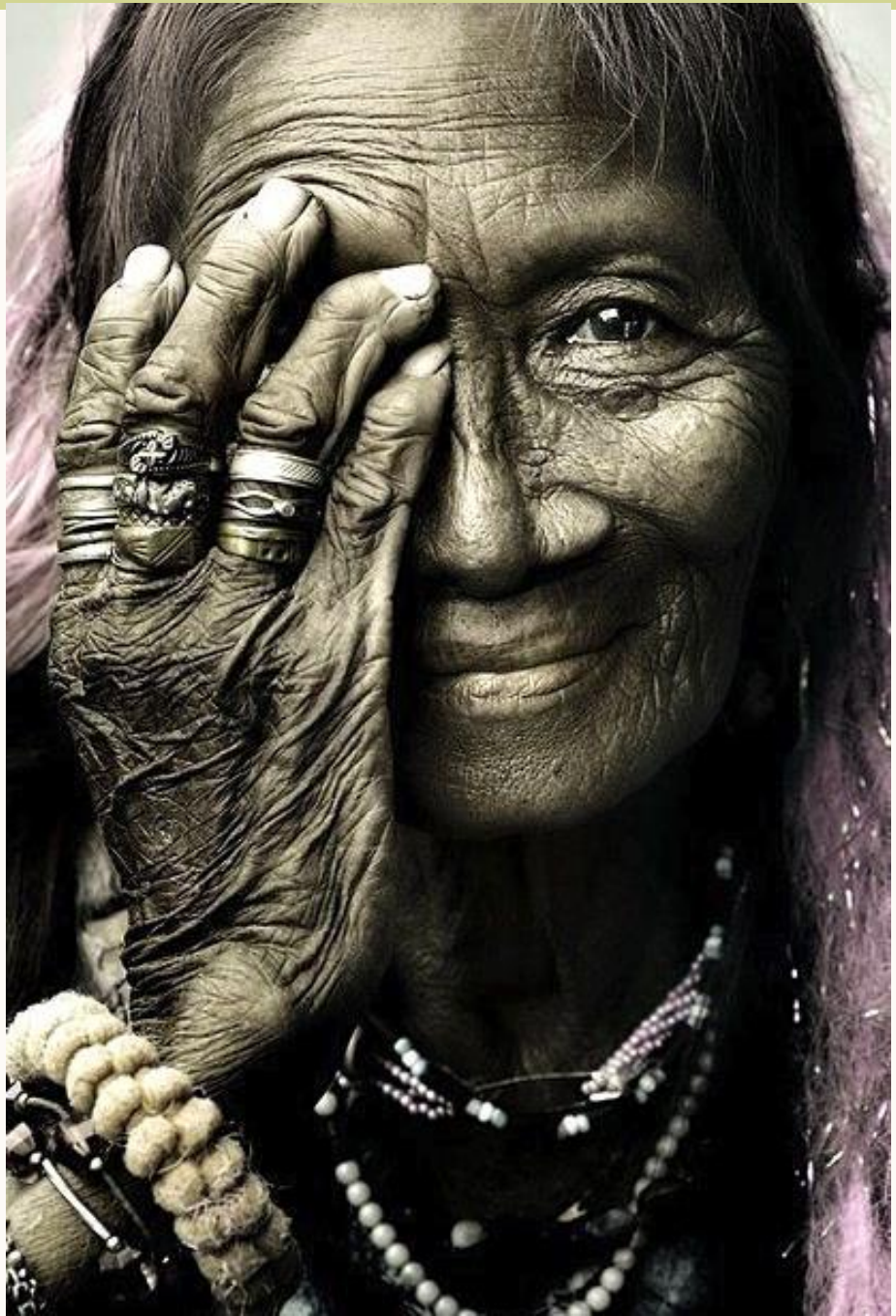
Monitor portion sizes

Stay hydrated

Limit alcohol and caffeine

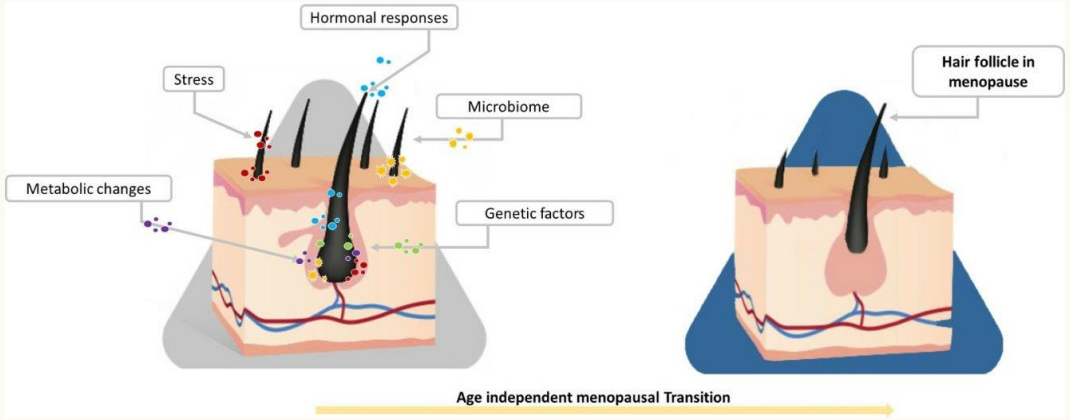
SKIN CHANGES

- Decrease in collagen --> thinner skin
- Decrease in glycosaminoglycans --> decrease in skin elasticity and vascularity
- Increased dihydrotestosterone (DHT) -- a key hormone for facial hair
    - Higher DHT = facial hair conversion from vellus to terminal hair production
    - REPRODUCTIVE YEARS: E>T = low DHT
    - MENOPAUSE: Decrease in E = increase of DHT in hair follicles



HAIR CHANGES

- Hair from scalp normally lost and replaced in ASYNCHRONOUS way
  - With changes in estrogen production, hair is shed and replaced in SYNCHRONOUS way
    - Results in appearance of increased scalp hair loss at a given point in time
- Proportional rise in androgens = localized reduction in hair renewal and growth
- Blood flow to hair follicles declines = hair more susceptible to damage
    - Increase hydration, avoid harsh chemical or dyes, avoid heat-based curlers and straighteners, eat healthy, avoid tight hairstyles



BONE HEALTH

Population	Recommendation	Grade
Postmenopausal women	The USPSTF recommends against daily supplementation with 400 IU or less of vitamin D and 1000 mg or less of calcium for the primary prevention of fractures in community-dwelling, postmenopausal women.	D
Men and premenopausal women	The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of vitamin D and calcium supplementation, alone or combined, for the primary prevention of fractures in men and premenopausal women.	I
Postmenopausal women	The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of daily supplementation with doses greater than 400 IU of vitamin D and greater than 1000 mg of calcium for the primary prevention of fractures in community-dwelling, postmenopausal women.	I

PREVENTIVE MEASURES & TREATMENTS FOR BONE HEALTH

- Calcium and vitamin D intake
- Regular exercise
  - Weight-bearing and muscle-strengthening are particularly effective
- Medications
- Lifestyle changes
  - Smoking cessation
  - Alcohol reduction

CARDIOVASCULAR HEALTH

Estrogen is believed to have a protective effect on the heart, supporting healthy blood vessels and cholesterol levels

STEPS TO MAINTAIN HEART HEALTH THROUGH MENOPAUSE

Regular exercise

- 150 minutes of moderate aerobic exercise each week

Healthy diet

- Fruits, vegetables, lean proteins, whole grains
- Limit saturated fats & processed foods

Avoid smoking

Maintain healthy weight

Monitor blood pressure

Manage stress

Regular health screenings

MENOPAUSE MANAGEMENT

Table 1. Treatment Options for Menopausal Vasomotor Symptoms

Treatment	Dosage/Regimen	Evidence of Benefit*	FDA Approved
Hormonal			
Estrogen-alone or combined with progestin			
• Standard Dose	Conjugated estrogen 0.625 mg/d	Yes	Yes
	Micronized estradiol-17β 1 mg/d	Yes	Yes
	Transdermal estradiol-17β 0.0375–0.05 mg/d	Yes	Yes
• Low Dose	Conjugated estrogen 0.3–0.45 mg/d	Yes	Yes
	Micronized estradiol-17β 0.5 mg/d	Yes	Yes
	Transdermal estradiol-17β 0.025 mg/d	Yes	Yes
• Ultra-Low Dose	Micronized estradiol-17β 0.25 mg/d	Mixed	No
	Transdermal estradiol-17β 0.014 mg/d	Mixed	No
Estrogen combined with estrogen agonist/antagonist	Conjugated estrogen 0.45 mg/d and bazedoxifene 20 mg/d	Yes	Yes
Progestin	Depot medroxyprogesterone acetate	Yes	No
Testosterone		No	No
Tibolone	2.5 mg/d	Yes	No
Compounded bioidentical hormones		No	No
Nonhormonal			
SSRIs and SSNRIs		No	No
Paroxetine	7.5 mg/d	Yes	Yes
Clonidine	0.1 mg/d	Yes	No
Gabapentin	600–900 mg/d	Yes	No
Phytoestrogens		No	No
Herbal Remedies		No	No
Vitamins		No	No
Exercise		No	No
Acupuncture		No	No
Reflexology		No	No
Stellate-ganglion block		Yes	No

Abbreviations: FDA, U.S. Food and Drug Administration; SSRIs, selective serotonin reuptake inhibitors; SSNRIs, selective serotonin norepinephrine reuptake inhibitors.

*Compared with placebo.

NON-HORMONAL MEDICATION / TREATMENT

Vasomotor Symptoms

- **SSRI / SNRI**
- **Veozah (fezolinetant)**
- **Clonidine**
- **Gabapentin**

Paroxetine (7.5 mg/d) and Veozah are the ONLY nonhormonal therapies that are FDA-approved for the treatment of vasomotor symptoms.

Vaginal Symptoms

- **Lubrication**
- **Physical therapy**
- **Acupuncture**
- **Exercise**
- **Rejuvenation?**
- **Herbal / soy?**

Table 1. FDA-Approved Drugs for the Treatment of VMS

Drug	Dosage and Administration	Contraindications	Common Adverse Reactions
Paroxetine	7.5-mg capsule, once daily	• Concurrent use with MAOIs, or use within 14 days of MAOI treatment • Use with thioridazine • Use with pimozide • Hypersensitivity to paroxetine or other ingredients in the formulation • Pregnancy	• Headache • Fatigue • Nausea/vomiting
Fezolinetant	45-mg tablet, once daily	• Known cirrhosis • Severe renal impairment or end-stage renal disease • Concomitant use of CYP1A2 inhibitors	• Abdominal pain • Diarrhea • Insomnia • Back pain • Hot flush • Hepatic transaminase elevation

Abbreviations: FDA, US Food and Drug Administration; MAOI, monoamine oxidase inhibitor; VMS, vasomotor symptoms.

SSRIs and SNRIs

- RCTs support effectiveness for treatment of menopausal hot flashes in healthy, nondepressed females
- Adverse effects: Nausea, dizziness, dry mouth, nervousness, constipation, somnolence, sweating, sexual dysfunction
  - Generally resolve with time or dose adjustment

Clonidine (antihypertensive)

- Limited safety and efficacy data for management of vasomotor symptoms
  - Small benefit compared to placebo
- Adverse effects: Dry mouth, insomnia, drowsiness

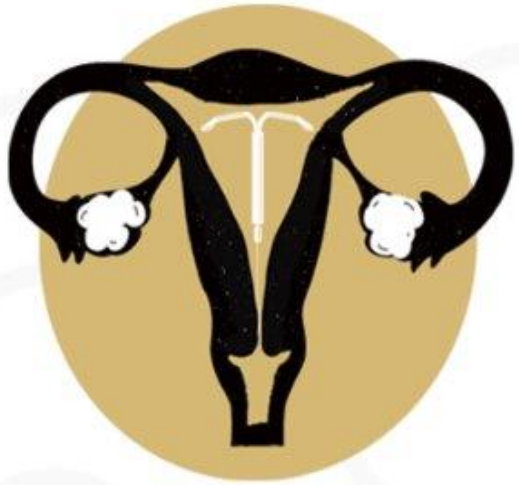
Gabapentin (anticonvulsant)

- 45% reduction in hot flush frequency
- 54% reduction in symptom severity
- Adverse effects: Dizziness, somnolence, peripheral edema

Gabapentin, SSRIs, and SNRIs have similar treatment efficacy for vasomotor symptoms – but majority of women prefer venlafaxine

HORMONE THERAPY (HT)

Estrogen (+/- progestin) = the most effective therapy for vasomotor symptoms related to menopause



ESTROGEN HT SHOULD NOT BE USED FOR PRIMARY OR SECONDARY DISEASE PREVENTION – RISKS >> BENEFITS

Dose	Risks	Discontinuation

• Lowest effective dose for the shortest duration needed
• Transdermal > oral
• Adverse effects: Breast tenderness, vaginal bleeding, bloating, headaches
	• Thromboembolic disease
	  • Coronary artery disease
	  • Stroke
	  • Venous thromboembolic events
	• Breast cancer
	• DECREASED: Fractures, colon cancer
		• 50% recurrence of vasomotor symptoms regardless of age and duration of use
		• Individualized, based on symptoms and risk:benefit

CONTRAINDICATIONS TO HT

- Undiagnosed abnormal genital bleeding
- Known or suspected estrogen-dependent neoplasia (except in appropriately selected patients)
- Active DVT, PE, or history of these conditions
- Active or recent thromboembolic disease (stroke and MI)
- Liver dysfunction or liver disease
- Known or suspected pregnancy
- Hypersensitivity to hormone therapy preparations

Progestin

- Primarily an add-on agent to estrogen to prevent endometrial hyperplasia / cancer
- Evidence progestin is independently effective in reducing vasomotor symptoms
- Limited safety data = NOT first-line therapy

Testosterone

- NO benefit for vasomotor symptoms
- Improved sexual function scores and number of satisfying sexual episodes
- Potential adverse effects: Detrimental effects on lipid parameters, clitoromegaly, hirsutism, acne
- Testosterone alone NOT FDA-approved for use in women

Tibolone

- NOT FDA-approved and NOT available in U.S.
- Limited safety and efficacy data

Compounded bioidentical hormones (plant-derived)

- Lack of FDA oversight = lacking evidence to support over conventional HT

COMPLEMENTARY BOTANICALS AND NATURAL PRODUCTS

In the U.S., none of these complementary therapies are regulated by the FDA and have not been testing for safety, efficacy, or purity because they are considered nutritional supplements.

DATA DO NOT SHOW EFFICACIOUS FOR THE TREATMENT OF VASOMOTOR SYMPTOMS…

Black cohosh (Actaea racemosa or Cimicifuga racemosa)

- Hot flashes & night sweats
- Potential liver toxicity

Phytoestrogens (Soy, red clover)

- Contains isoflavones (mimic estrogen)
- Mixed research on efficacy

Evening primrose oil, borage, black currant

- Gamma-linolenic acid (GLA)
- Reduce night sweats & improve sleep quality
- Studies have found no benefit

Ginseng

- May improve mood & sleep disturbances
- No found improvement of vasomotor symptoms

Chinese herbal medicine treatments

- Dong quai (Angelica sinensis)
  - Adverse effects: Photosensitivity, increased risk of bleeding with warfarin
- Dang gui bu xue tang
  - Has been found to be more effective than placebo
- One study showed herbal medicine plus acupuncture was as effective as HT!

St. John's Wort

- Mood swings and depression
- Can interact with other meds

Vitamin E

- One less hot flush per day

BLACK COHOSH

The results are mixed, but most studies show benefit

- Clinical trials generally of poor methodically quality, small, and lack a control group

Reassuring safety profile, although long-term use cannot be presumed to be safe until appropriate safety studies are conducted

PHYTOESTROGENS

- Hormones made by plants for their own biological needs – UBIQUITOUS IN PLANTS
  - Weekly activate estrogen receptors in mammals
  - Found in ordinary foodstuffs (whole grains, legumes (not just soy), root vegetables, seeds (flax), nuts, herbs
- Prevent osteoporosis, high blood pressure, heart disease, senility
- Phytoestrogenic foods are generally considered safe for long-term, daily use…
  - HOWEVER, herbs and supplements may not be safe for daily or long-term use for women at risk of developing estrogen-dependent cancers

SOY

- Lower estrogen levels and longer menstrual cycles
- Menopausal symptoms are reported to be less problematic in cultures in which the diet is predominantly plant based and contains a lot of soy
- Appears to be effective in reducing hot flashes, bone loss, and total and low-density lipoprotein (LDL) cholesterol
- May reduce frequency, severity, and incidence of hot flashes
    - Clinical studies and systematic reviews have showed mixed results
- Whole food sources are optimal – supplements are not recommended
    - Isoflavones – soy foods and other legumes (chickpeas, pinto beans, lima beans)
    - Lignins – whole grains, seeds (flax) some fruits and vegetables

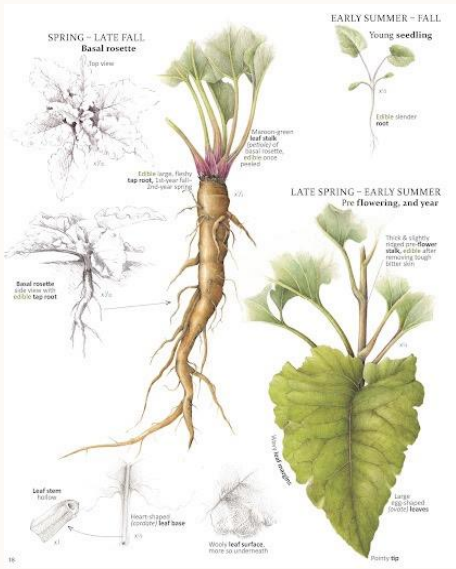
PANAX GINSENG

- Mixed studies
  - One study with significant improvements of depression and well-being…
    - Another study with no effect…
  - Majority of studies showed no effect of vasomotor symptoms
- Adverse reactions: Nervousness, GI upset or diarrhea, insomnia, dizziness, headache, euphoria, blood pressure effects, and vaginal bleeding
  - Linked to postmenopausal bleeding

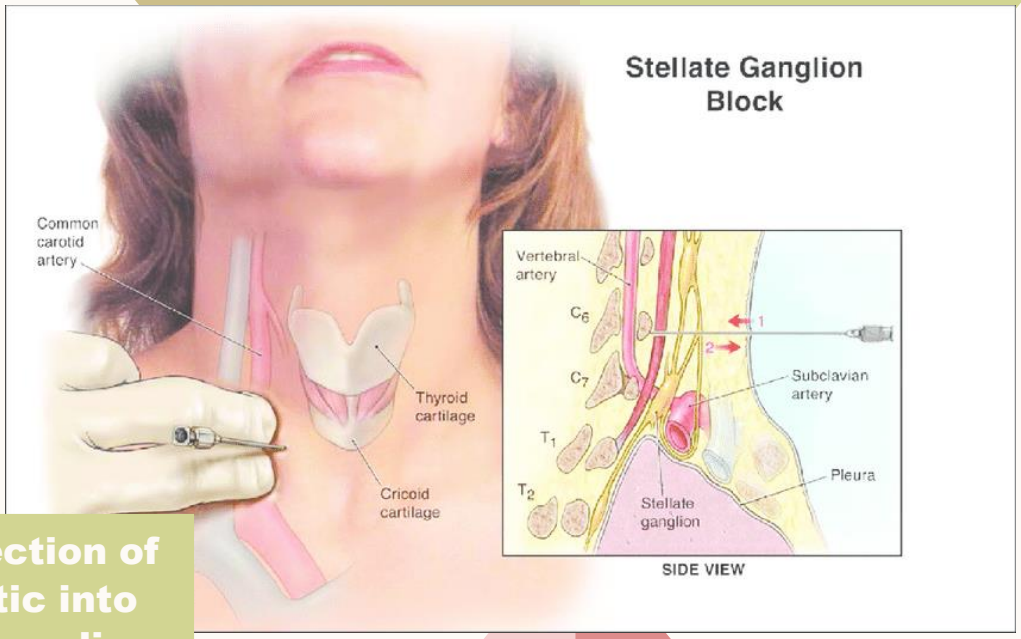
TRADITIONAL CHINESE MEDICINE (TCM)

Menopausal symptoms are a result of liver qui stagnation, excess liver fire, and blood and yin deficiency

- Women can be referred to acupuncturists and TCM herbalists



ALTERNATIVE TECHNIQUES



Acupuncture	Reflexology	Local injection of anesthetic into stellate ganglion
• No benefit over placebo	• No significant improvement compared with non-specific foot massage	• PROMISING data – additional studies needed

CONCLUSION

The menopausal transition is a natural yet complex experience, with a spectrum of signs and symptoms

Management is based on individualized goals, and can include an array of psychosocial, lifestyle, and medical options

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