



Menopause

Menopause represents the stage of life when the ovaries stop producing estrogen and a woman no longer has periods for 12 consecutive months. The average age of menopause is 51 years of age.

Perimenopause is the time leading up to menopause when women frequently experience symptoms caused by the decrease in hormones. It can last from months to years. Some women make this transition to menopause easily and gracefully, while others experience significant physical and emotional changes.

Some of the common symptoms include:



- Changes in menstrual patterns and flow
- Hot flashes or night sweats
- Vaginal dryness
- Potential for weight gain
- Mood changes or irritability
- Changes in memory or concentration
- Decreased energy
- Change in libido or sex drive
- Bone or muscle aches
- Skin or hair changes

Although changes in menstrual bleeding are normal during perimenopause, these variations should be discussed with your health care provider. Abnormal bleeding may signify a problem.

Other options to help hot flashes:

*“Chillow” pillow
bed fan
wicking sheets and clothing*

For many women, hormone therapy is an important option to relieve these symptoms. Hormones have been proven to be an effective treatment and should be tailored to meet individual symptoms. It is important to reevaluate treatment periodically as specific needs will change with time and hormone therapy will be decreased or eliminated.

Several types of treatment options are available and are driven by symptoms, not laboratory levels. Hormone therapy comes in a variety of forms including pills, skin patches, gels, sprays and creams. Frequency of use varies on the type of delivery system, typically daily to weekly. Hormones may be used locally (ie, vaginally) to treat local symptoms or systemically, where hormones are released into the bloodstream to treat multiple organs and tissues. Estrogen and progesterone may be prescribed individually or used together in the same pill or patch. When the uterus is present and both estrogen and progesterone are required, they can be given together as continuous therapy or on a cyclic basis.

CONTRAINDICATIONS TO HORMONE THERAPY

Pregnancy (even suspected)
Undiagnosed unusual vaginal bleeding
Breast cancer (history or suspected)
Estrogen-sensitive tumors
Blood clots *ie: stroke, heart attack, deep vein thrombosis (DVT), pulmonary embolism (PE)*
Liver disease

Estrogens are proven to:

- Relieve hot flashes, that can disrupt normal daily activities or interfere with sleep
- Relieve vaginal dryness, which often makes intimacy uncomfortable
- Prevent bone loss that rapidly accelerates after menopause

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Estrogen and/or progesterone are not right for all women. They **increase** the potential risk for blood clots, heart attack, stroke and breast cancer. Hormone therapy is usually limited to the shortest duration of time consistent with treatment goals and individual risk. Women who have undergone a hysterectomy do not need progesterone therapy. **Any woman who still has a uterus will need to take estrogen and progesterone.**

Progestin is the synthetic form of progesterone that is similar to the hormone produced naturally by the body.

“Bioidentical” hormones do not have a clear definition but typically refers to being chemically identical to the hormones produced in the body. It is more of a **marketing term** and may not be approved by the Food and Drug Administration (FDA), meaning there is no government regulation of these types of hormones. The effectiveness and safety of “bioidentical hormones” may be less predictable. **Natural** usually means that the hormone is derived from a plant or animal source, rather than being made in a lab. Many natural formulations require commercial processing or compounding in order to be used by the body.

Over-the-counter (OTC) plant and herbal products (ie: soy, black cohosh and Chinese herbal remedies) have limited studies regarding their effectiveness and safety. These types of supplements are not regulated and may or may not help symptoms and potentially cause other unwanted side effects. For women who do not want the risks of OTC supplements or hormone therapy, other medications may be helpful in minimizing the symptoms of menopause, including antidepressants, certain blood pressure medications or anti-seizure medications.

Several OTC products are available to help with vaginal dryness. These do not contain hormones and are used to restore moisture and the natural acidity of the vagina. Moisturizers can be used as needed and lubricants should be used with each act of intercourse. There are water-soluble, silicone-based and oil-based lubricants available, depending on personal preferences. Oil-based lubricants can weaken latex condoms and cause the condom to break.

After menopause, three cardinal things should be remembered:

1. **The protective cardiovascular effect of estrogen diminishes over time and within 10 years**, women are at equal risk (compared to men) for some type of cardiovascular event, such as a heart attack or stroke. Metabolic changes also accompany menopause and may affect blood pressure, cholesterol and increase the risk for diabetes.
2. **Bone loss** can rapidly occur within the first few years of menopause if adequate exercise, calcium and vitamin D are not maintained. A DEXA scan, which is a specific type of X-ray to evaluate bone density and the risk for a fracture, is typically recommended by age 65 for men and women. Women with specific risk factors may be advised to have a DEXA scan sooner.
3. After a woman is declared menopausal, **vaginal bleeding is not normal** and always requires evaluation.

Some types of hormones may pose less risk than others. More research is needed to clearly establish this. Therefore, hormones as a whole all carry the same risks. The following chart outlines the increase or decrease in health events observed in the Women's Health Initiative (WHI) study* per 10,000 women annually for those taking estrogen and progesterone versus those taking placebo.

	10,000 women/year taking placebo	10,000 women/year taking estrogen & progesterone	Difference per year
Breast Cancer	30	38	8 more
Heart Attacks	30	37	7 more
Strokes	21	29	8 more
Blood Clots	16	34	18 more
Colorectal Cancer	16	10	6 fewer
Hip Fracture	15	10	5 fewer

*Writing Group for Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women. Principal results from the Women's Health Initiative randomized controlled trial. JAMA. 2002;288:321-333

Regular follow up when taking hormone therapy is recommended as individual needs, benefits and risks will change over time. New symptoms or changes in overall health should be continually evaluated and potential side effects, especially vaginal bleeding, should be reported right away.

