Menopause Handout – for providers

Wendy Kohatsu, MD

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Three levels of Menopausal symptoms

Typically occur in order (but not always) around transition time from peri-menopausal to full cessation of menses after 12 months.

Level 1: Hot flushes/vaginal dryness

Level 2: Mood swings/ "brain fog"

Level 3: Sleep disturbance – if routinely disrupted, quality of life goes down rapidly.

Treatment approach for Menopausal Symptoms

Level 1

Mostly for **mild** menopausal symptoms, ie mild – moderate hot flushes (not severe flushes, mood swings nor sleep disturbance)

- Increase cruciferous vegetables (helps with metabolic balance of estrogen metabolism)
- Avoid/reduce alcohol consumption (same)
- Consider acupuncture with TCM provider
- Increase consumption non-GMO minimally processed soy foods (miso, tempeh, not soymilk or soy 'dogs') Can eat 1-2 traditional soy servings/day
- Regular exercise – 150 minutes/week cumulative
- Herbal medicine:
    - Black cohosh -- 80 mg bid
        - (Nature's Way brand was clinically studied) as first line herbal Rx)
    - Second line herbal Rx: Chaste tree berry (Vitex) 175- 225 mg per day
        - Solaray and NOW brands have standardized chaste tree supps -- available via Vitacost.com.
    - Herbal combination Hoffman recommends tincture (alcohol or glycerin extract) of:
        - 2 parts vitex (Chaste tree berry), 1 part *Cimicifuga racemosa* (black cohosh), 1 part *Hypericum perforatum* (St. John's wort)
        - +/- 2 parts Leonurus cardiaca (Motherwort) for palpitations
        - Take 5 ml tid
        - Can find at Rosemary's garden (sebatopol), Farmacopia (Montgomery Rd)

For **vaginal dryness alone**,

- Prescribe (unopposed) estrogen cream – Estrace® is the bioidentical version of the vaginal cream; the generic 17-beta estradiol is cheaper but make sure it's 17-beta estradiol.
    - Start at 1 gram of cream PV qhs x 7 days to build up vaginal lining, then drop to qod – q week, then as needed (q 14 days).

Level 2 – Brain fog, emotional lability, mood swings

- Consider treating adrenal fatigue [whole separate topic and handout]
- Continue lifestyle and herbal, TCM treatments.
- Pharma option if appropriate for your patient: venlafaxine (best evidence)

Level 3 – Debilitating sleep disturbance. If this is significantly affecting her quality of life, and other measures above not helpful, time to consider HRT – hormone replacement therapy.

***Rule zero:** First rule out other causes for her 'hot flash' and mood symptoms – substance use, including alcohol, depression, bipolar, anxiety, social stressors, major life transitions. THESE MUST BE ADDRESSED FIRST, OR CONCOMITANTLY.

HRT RULES:

1. **Do benefits of estrogen outweigh the risks?** [see below]

2. **Does she have an intact uterus?**
    - **YES → Must also give progesterone**
    - **NO → Ok to give estrogen alone**
        - Estrogen unopposed increases endometrial hyperplasia by 20-50% in 1 year

3. **Agrees to routine women's health screening?**
    If HRT is strong enough to have benefit, may also cause harm.

4. **How to prescribe: "As little as needed, for as short as possible"**
    - Prescribe only when symptomatic
    - Lowest effective dose possible
    - Shortest treatment length possible.

5. **Utilize bio-identical hormones when possible**
    At least equal if not superior effects compared to pharmaceutical options, and much less side effects.

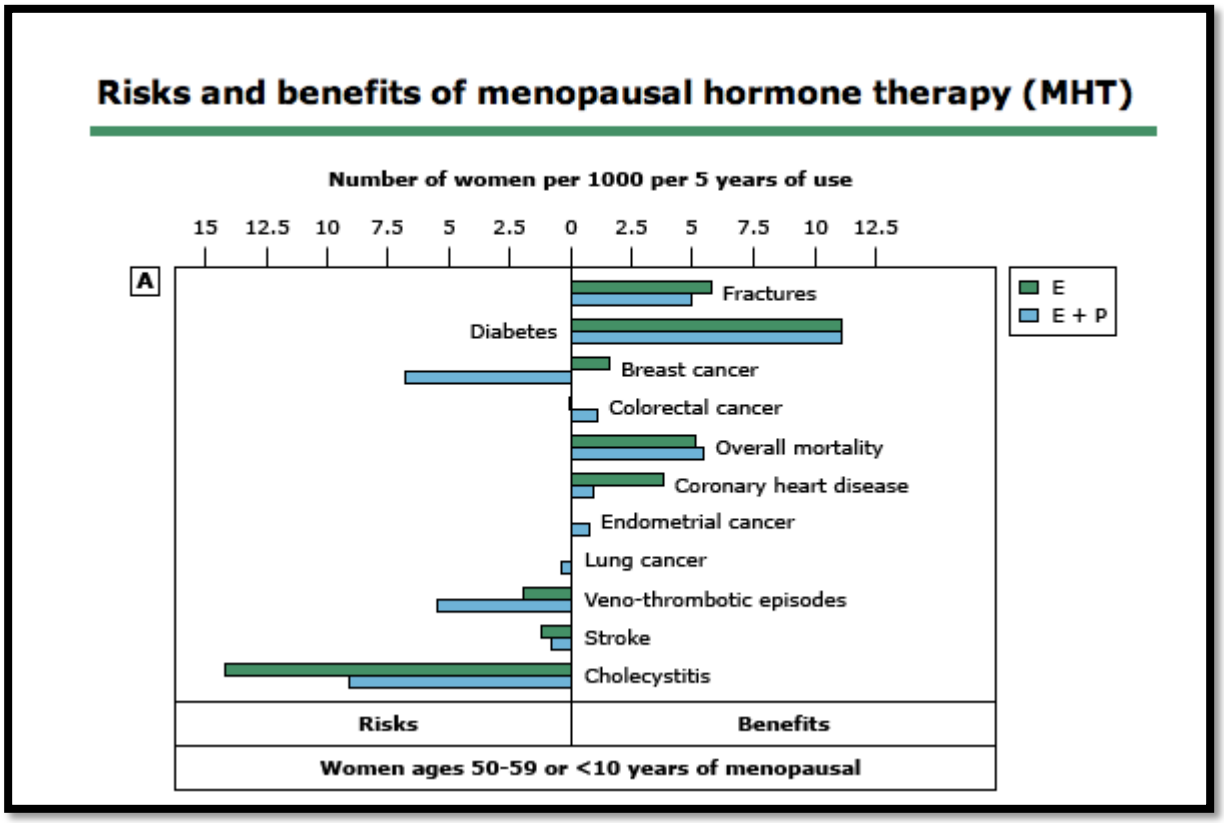
6. **Have a taper plan (limit to 5 years)**

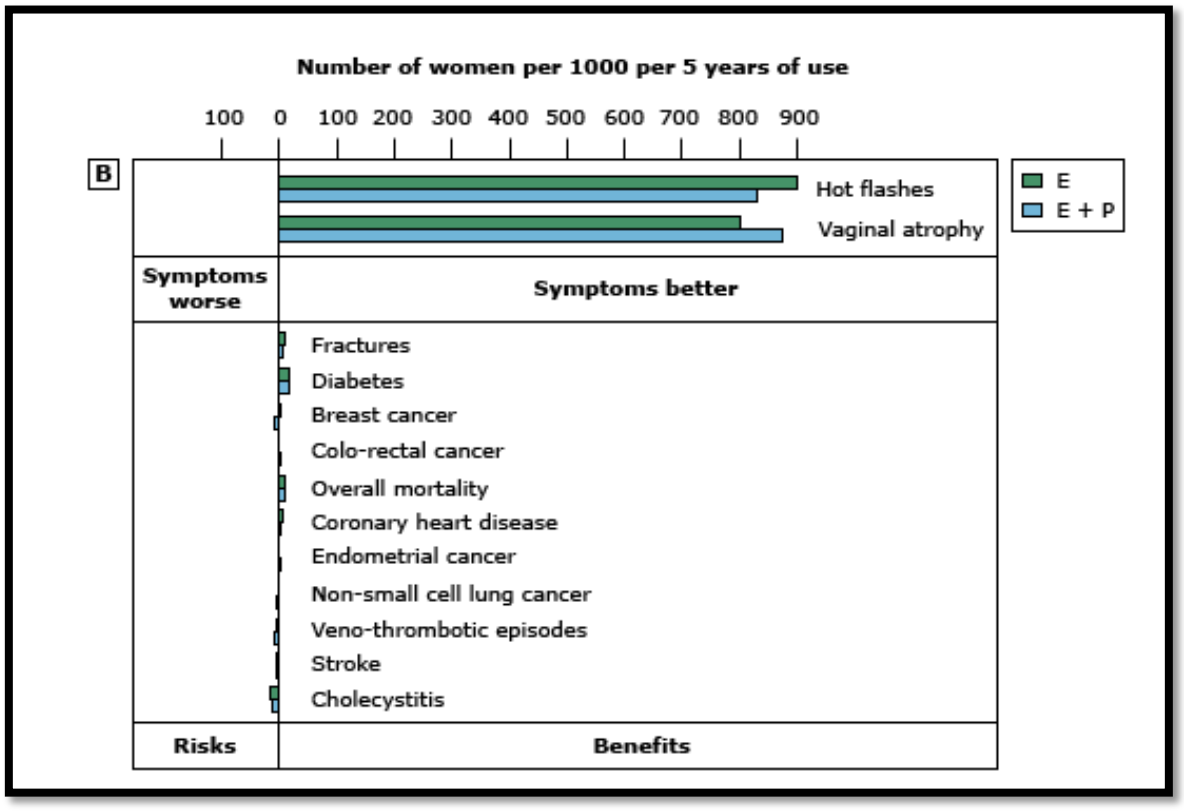
Rule 1: HRT Benefit > Risk?

Women's Health Initiative (WHI) in 2002 stopped the then-routine practice of HRT to postmenopausal women. It demonstrated increased breast ca, stroke, venous thromboembolism in large RCT. However average age of study pts was 63. Need to re-analyze HRT based on AGE—typically start HRT when menopause starts around age 52.

- Risks of HRT
  - INCREASED breast & endometrial cancer
  - INCREASED cholecystitis
  - Increased DVT and PE
  - Increased risk for stroke.

- Would not offer HRT to women with h/o breast cancer, gallbladder dx, clotting d/o, PE or DVT, stroke, or smokers.





How to prescribe: **"As little as needed, for as short as possible"**

Effective starting dose options:

	ESTROGEN	PROGESTERONE/PROGESTIN
Pharma PO	0.625 mg CEE	2.5 - 5 mg MPA
Bio-identical PO	1 mg 17-beta estradiol (Estrace®)	100 mcg micronized progesterone* (Prometrium®)
Bio-identical transdermal	50 mcg/day 17-beta estradiol PATCH (Vivelle Dot®) (Climara®)	

CEE = Conjugated equine estrogen, Premarin® MPA = Medroxyprogesterone acetate, Provera®
Shaded boxes = ideal choices for efficacy, benefit and least adverse side effects.

Choose ONE of the estrogen options above, add progesterone/progestin if still has uterus.

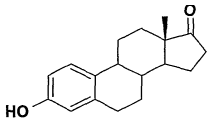
- Estrogen delivery via Transdermal patch – bypass liver metabolism, less detrimental effects on coagulation, less VTE. Choose patch when feasible for either pharma or bio-identical options.

- The progesterone/progestin agent can be taken cyclically – first 1-12, or 1-21 days of the cycle, which would cause subsequent withdrawal bleed, but why? She is in menopause. Continuous progesterone regimen is easier to use, no withdrawal bleed. Progesterone is a big molecule – does not come in transdermal patch.

Rule 5: Explore bioidentical hormones

SR and meta-analysis: bio-identical estrogen equally effective for treatment of hot flushes cp to CEE.
JAMA 2004;291:1610

CEE contain horse hormones beyond E2, E1, E3.
More side effects, per patients.



Bio-identical progesterone cp to MPA.

- 30% less sleep problems
- 50% less anxiety
- 60% less depression
- 25% less menstrual bleeding
- 40% reduction in cognitive difficulties
- 50% improvement in sexual function

– *J Womens Health Gend Based Med 2000; 9(4):381*

Rule 6: Make a taper plan

Data suggests putting women on HRT less than 5 years may be safest.
Suggested starting doses above; you can start even lower if pt gets relief.

Depending on severity of menopausal symptoms, can choose to taper every 3-6 months or more rapidly. Remember to keep up routine women's health screening.

If you taper the E by half, then also taper your P by half. For example, for 0.5 mg Estrace PO regimen, you would match with 50 mcg PO Prometrium® (1/2 tab of the 100 mcg Prometrium®).