



Welcome

Menopause Overview
2022

Thank you

Menopause Overview



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BMS – Past Chairman

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Peppy

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Northwick Park Hospital

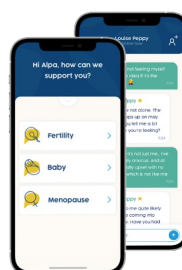
- A multidisciplinary approach to menopause management
- Co
- Cli
- GP
- Re
- Ph
- Psychotherapist



Stronger
Together

London North West Healthcare NHS Trust

Menopause support with Peppy



Unlimited instant messaging with expert practitioners



1-to-1 virtual consultations with a practitioner



Peer support via moderated group chat (optional)



Access to vetted links & resources



Weekly live broadcast events



Specialist mental wellbeing support

www.peppy.health/menopause
hello@peppy.health

Programme

Assessment - what's normal?

Break

Treatment options – HRT overview

5 min break

Non hormonal overview

Discussion

Close

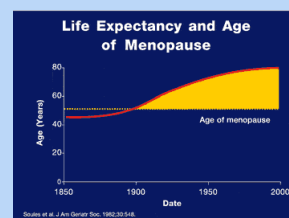
Demographics 1

1900s

- Age of menopause - 45 yrs.
- Life expectancy - 45 yrs.

2020

- Age of menopause - 51 yrs.
- Life expectancy - 82 yrs.
- > 30% life postmenopausal
- 1/3 UK pop' n >50yrs (Age UK 2014)





Reality



- "I'm not looking to turn back the clock"
- "I need to be able to do my job"
- "I need to be able to sleep"
- "I'm not myself"
- "I'm hanging on in there, but only just"
- "I just want to feel normal"



Impact of menopause on future health?

- Obesity, Metabolic Syndrome and Diabetes
- Cardiovascular Disease
- Osteoporosis and Chronic Arthritis
- Dementia, Cognitive Decline and Depression
- Cancer

British Menopause Society

- *Modernizing the NHS: observations and recommendations from the British Menopause Society 2011*
- *Every woman should be offered a health check at 50 for a health and lifestyle consultation*

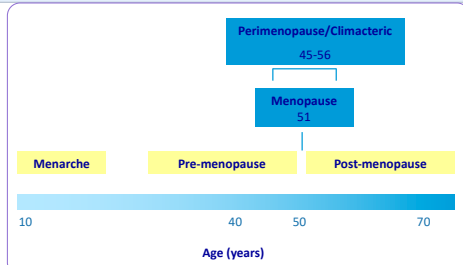
Information and advice NICE 2015

- an **explanation** of the stages of menopause
- common symptoms and **diagnosis**
- **lifestyle changes and interventions** that could help general health and wellbeing
- **the benefits and risks of treatments** for menopausal symptoms.
- **Explain** to women that as well as a change in their menstrual cycle they may experience a variety of symptoms associated with menopause, including: (list of symptoms..)
- **Offer treatment....**

Quality Standards

- February 2017
 - Diagnosis over 45
 - Diagnosis under 40
 - Three month follow up of HRT
 - Young women - treat with HRT or OCP
 - Women about to be rendered menopausal- advice

Definitions



Defining the menopause

- Last menstrual period (LMP) – 12 months
- Can only be established retrospectively
- Hormonal assays might help but not definitive

Types of menopause

- Spontaneous
- Surgical
- Iatrogenic

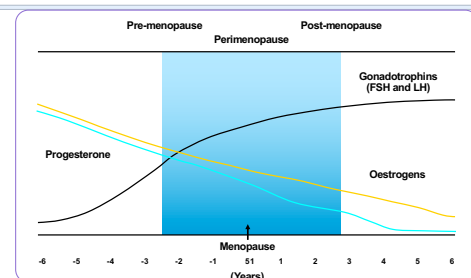
Decline in follicle numbers with age

AGE	Numbers of oocytes
20 weeks	2 million
Birth	1 million
Puberty	500,000
Age 40	84,000
Menopause	<1000

Pathophysiology of Menopause

- Fewer and fewer follicles are available until no follicles develop at all
- FSH and LH levels become persistently elevated
- Estradiol levels stabilize at low level

Hormonal changes during the climacteric



Diagnosis

- Menstrual history
- Symptoms
- Age
- Hormone assay NICE 2015
- NICE 2015 – Care Algorithm

Diagnosis NICE 2015

Diagnose menopause on history and symptoms

• >45yrs with menopausal symptoms No FSH (or other hormones) **Quality Standard**

• < 40yrs when menopause suspected – 2x FSH min **Quality standard**

• age 40-45, with meno symptoms Consider FSH

NB OCP or high dose prog – do not use FSH

Hormone Assays NICE 2015

- No assay - >45yrs with menopausal symptoms
- > 45yrs do not use – AMH, Oestradiol, Inhibin A,B, Antral follicle count,
- OCP or high dose prog – do not use FSH
- Consider FSH age 40-45, with meno symptoms
< 40 when menopause suspected

Premature Ovarian Insufficiency

Diagnosis NICE 2015

Menopause symptoms +/- no or irreg periods

And

2 x raised FSH 4-6 weeks apart

No – routine AMH

Take into account clinical history

“If diagnosis is in doubt – refer to specialist”

Physical symptoms

- Hot Flashes
- Night sweats
- 80% of women mod-severe
- Average 5 years
- 30% for over 10yrs
- 3% none
- Penn Ovarian Ageing Study 2014



Other causes of flushes

Thyroid conditions
Epilepsy
Infection
Some cancers
Medications
Autoimmune disorders

Physical symptoms

- Headaches
- Fatigue
- Joint pains
- Palpitations
- Formication

Psychological symptoms

- Poor memory
- Poor concentration
- Low mood/ Mood swings
- Irritability
- Panic attacks



Sexual symptoms

- Reduced sex drive
- Dyspareunia
- Vaginal irritation
- ?body image change

Influence on symptoms

Diet and lifestyle
Stressors
Culture and attitude
Support



Physical symptoms

- Bladder
 - Frequency
 - Urgency
 - Leakage
- Recurrent UTI

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"I've reached that age where I've given up on Mind Over Matter and am concentrating on Mind Over Bladder."

Vaginal Atrophy

- Clinically apparent 4 years+ post meno
- Affects 40% of women
- Few actively seek help
- Easy to treat

How do you assess symptoms?

Greene Climacteric Score
Menopause Rating Scale
Symptoms assessment Score (NPH)

"How much is it affecting your life at home and at work?"

Assessment

- Describe symptoms
- Discuss menses pattern
 - Is it menopause?
- Is there anything else it may be?
- What does she want to do?

Investigations?

- Hormone assay
- FBC
- TFT
- Lipids
- Thrombophilia
- Pelvic exam/TVU
- Auto-antibodies
- Chromosomes
- AMH

What women want...

- Explanations
- Information
- Choices
- 'Signposting'

Signposting

- Weightwatchers/Slimming Club/Gym
- www.menopausematters.co.uk
- www.womens-health-concern.org.uk
- www.daisynetwork.org
- Specialist Clinic/Gynaecologist

Time for a break



NICE Guidance Menopause symptoms

- Vasomotor Symptoms
- Joint pains
- Low mood
- Low sexual desire
- Urogenital symptoms

HRT/Local
oestrogen/Testosterone/CBT

-Do not offer SSRIs or Clonidine 1st line
-BI cohosh/soyflavones – product safety discussion

Remit of NICE 2015 (reviewed 2019)

Diagnosis and information needs
Treatment of short term symptoms
Average age women

Long term health
POI in depth
After cancer
Late postmenopause

Not



Rule out contraindications

Common Contraindications

- Hormone dependent malignant tumours
- Undiagnosed vaginal bleeding
- Active or recent arterial thromboembolic disease
- Acute liver disease
- Caution starting in over 60s

Cautions

- Fibroids
- Uncontrolled hypertension
- Migraine
- Epilepsy
- Endometriosis
- VTE personal/family history

Risks

- Endometrium
- VTE
- Breast
- CVD
- Stroke



CVD and NICE 2015

- CV risk factors are not a contraindication for HRT as long as they are optimally managed”
- eg Smoking
- Obesity
- BP
- Migraine

NICE Guidance

- 1.4.21
- Consider referring women to a HCP with expertise in menopause if they have menopausal symptoms and contraindications to HRT
- NG 23 Diagnosis and management of menopause 2015

NICE 2015 - Breast

- HRT with oestrogen alone is associated with little or no change in the risk of breast cancer
- HRT with oestrogen and progestogen can be associated with an increase in the risk of breast cancer
- any increase in the risk of breast cancer is related to treatment duration and reduces after stopping HRT.
- (NICE – 1000/7.5 yrs – 5 extra cases with E+P)
- Baseline 22.5)

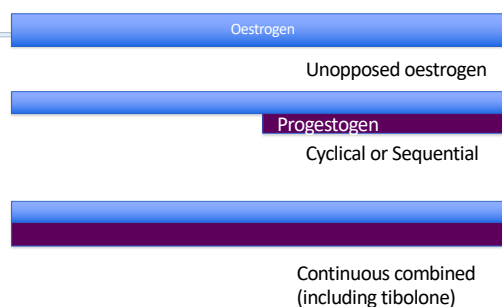
HRT Choices

- Which regimen
- Which route
- Which progestogen
- Which dose
- How long for

Investigations?

- Hormone assay
- FBC
- TFT
- Lipids
- Thrombophilia
- Pelvic exam/TVU
- Auto-antibodies
- Chromosomes
- AMH

Regimens



Route - Oral

Convenient, calendar packs
Choice of doses
E, P and E+P
Cyclical and continuous

Who **should** Have Transdermal?

- Gastric upset eg Crohns
- Need for steady absorption eg migraine/epilepsy
- Perceived increase risk of VTE, including BMI >30 (NICE)
- ?Patient choice

Routes

IUS

- Progestogen
- Licensed for HRT use 4yr FSRH – 5 years
- Alongside any oestrogen route

Implant

- Not widely available
- High doses
- Intermittent absorption
- Tachyphylaxis if unmonitored

Vaginal Oestrogen

- Long term treatment, regular use
- No need for progestogen or review ultrasound...
- Can increase dose (specialist advice suggested)
- Caution with Aromatase inhibitors
- Lancet 2019 – no increase br ca risk
- 2 new ones 2019 – Imvaggis and Blissel



Progestogen/progesterone

• Only given for endometrial protection

- But will influence
 - Thrombosis risk
 - Lipids
 - Metabolic profile
 - Side effects
 - bleeding

Schumacher M et al (2007). Novel perspectives for progesterone in hormone replacement therapy, with special reference to the nervous system. Endocr Rev 28:387–439!

Testosterone

- No licensed products for women
- NICE 15 – use unlicensed where indicated
- Eg Testogel 50mg divided doses over 7-8 days, Tostran 10mg every other day
- Measure? – FAI $T / SHBG \times 100$ – no guidelines
- Safety – short term good, long term, limited data

GP prescribing?

HRT Monitoring

Annual review once settled
Effective?
Bleeding/Side effects
Any changes in health?
Dose/Type still appropriate?
Is it time to stop?

How long ?

- MHRA 2007 and 2019
- “...lowest effective dose,...shortest possible time...” “annual review required”
- “No single recommendation on duration of treatment or safe upper-age limit..... Will be specific to every woman’s circumstances “
- No arbitrary limits BMS Guidelines 2020

Ospemifene (Senshio)

- A Selective Estrogen Receptor Modulator (SERM)
- 60 mg tablet daily
- Improves pain on intercourse and vaginal dryness
- Same low thrombosis risk as oestrogen and tamoxifen
- May occasionally aggravate flushes and sweats initially
- ? With breast cancer

Prasterone 6.5mg (Intrarosa)

- DHEA vaginally
- *"treatment of vulvar and vaginal atrophy in post-menopausal women having moderate to severe symptoms"*
- Daily dose



A statistically significant decrease in percentage of parabasal cells. increase in percentage of superficial cells, decrease in vaginal pH.

A statistically significant improvement of moderate to severe dyspareunia and most bothersome VVA symptom to her at screening and at baseline

Remote prescribing

It is OK to prescribe up to 12 months of HRT providing you are happy with the HRT check.
This is based on NICE guideline [NG23] Published date: November 2015

Review each treatment for short-term menopausal symptoms:

- at 3 months to assess efficacy and tolerability
- annually thereafter unless there are clinical indications for an earlier review (such as treatment ineffectiveness, side effects or adverse events).

Cardiovascular – If it is less than 10 years since LMP, then benefits are likely to outweigh risks. Stopping and restarting HRT is less safe than staying on it. If in doubt swap to patch or gel.
If no recent BP reading available, if personal arterial or venous risk factors including hypertension use non orals, if no problems in the past and no risk factors oral may be reasonable (HRT does not raise BP).

PRIMARY CARE WOMEN'S HEALTH FORUM

How to manage HRT provision without face to face consultations during COVID-19 healthcare restrictions

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"Compounded Bioidenticals"

Sold to women as "natural and therefore safer"

'tailor made'

Costly



NICE - Explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown.

BMS – Statement March 2017

Some conventional HRT is 'bioidentical'

Questions?

Options

1. Lifestyle
2. Prescribed medication other than HRT
3. Dietary & herbal.
4. Complementary therapies

Lifestyle management

- Identify triggers
- Exercise
- Weight management
- Stress management



Exercise



- Yoga type – Syst Review 2010,8/9 showed improved mood and sleep
- Aerobic - Improves mood, sleep.
- Improves memory/concentration
- Controls weight
- Protects bones/cardioprotective
- Cochrane Review 2014 – 'insufficient evidence'

Ref: Daley et al Maturitas 2009;63:176-80

Innes, Maturitas 2010; 66(2) 135-49

Obesity

- Increased vasomotor, and menopausal symptoms in general
- Increased risk CVD, independent of other factors
- Increased risk VTE
- Increased risk cancer
- No magic cure
- May need to control symptoms before changes can be made

EMAS position statement: Managing obese postmenopausal women
Lambrinoudaki et al. Maturitas 66 (2010) 323-326

Smoking

- Increased menopausal symptoms (vasomotor, insomnia, psychological)
- Increased CVD risk
- Increased osteoporosis risk
- Mechanisms—toxicity to ovarian follicles, reduced estrogen, earlier age of menopause

Non HRT choices

- Clonidine
- SSRI/SNRI- low doses antidepressants for hot flashes
- Vaginal oestrogen
- Vaginal moisturisers and lubricants
- CBT
- Phytoestrogens and herbal remedies

Clonidine

- Mixed evidence
- 25-50mcg bd
- Stop gradually
- Side effects
- NICE 2015 – *in the absence of data, discuss with those who don't want pharmacological treatments*

SSRIs / SNRIs

- Venlafaxine 37.5-150mg
- Paroxetine 10mg *
- Fluoxetine/Citalopram
- 50-70% flush improvement

Side effects

- *Caution with Tamoxifen – inhibits enzyme for metabolism

SSRIs/SNRIs

- NICE 2015

Do not routinely offer first line

No clear evidence for use for mood/anxiety in absence of depression

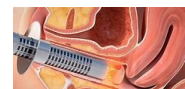
Discontinuation rates high

Gabapentin

- Anti-epileptic
- Short term trials show benefit (60%)
- Dose titration up to 900mg over three days or more
- Side effects – drowsiness, nausea
- ?Extended release – USA
- NICE 2015 - Evidence sparse – specialist use in women with breast cancer

Vaginal radiofrequency and laser- thermal or non thermal treatment

- “Remodel collagen, restore tissue”
- Private sector - Er-Yag/CO2/RF
- Usually three treatments over 12 weeks
- Duration of effect/comparison/safety/cost effective?
- NICE 2021 – for research
- Aug 2018 – FDA Alert



Women with breast cancer

- Lifestyle changes
- Therapy approach
- Venlafaxine/Paroxetine
- Gabapentin
- Vaginal oestrogens - with care
- Vaginal moisturisers
- Support and information
- *Practical clinical guidelines for assessing and managing menopausal symptoms after breast cancer M. Hickey Annals of Oncology June 2008*

NICE – breast cancer and menopausal symptoms

- HRT in exceptional cases
- SSRIs
- SNRIs
- Clonidine, Gabapentin
- *Tibolone, progestogens, isoflavones, vitamin E and magnets not advised - NICE CG 80*

NICE 2015

- Isoflavones
- Black Cohosh
- *'may have evidence for relief of vasomotor symptoms....discuss quality of product'* NICE 2015

Isoflavones

- Naturally occur – soybeans, chickpeas flaxseeds, cereals/brans
- Supplements – quality variable
- Usual OTC dose 40-80mg
- Trial doses – to 200mg
- (40mg=700ml soy milk, 10 cups chickpeas, 2 cups split peas)

Isoflavones

- RCTs - marginally beneficial effect
- Syst Review – No sig benefit [Cochrane Database Syst Rev. 2013](#)
- Reduction in frequency [Chen 2015 Syst rev](#)
- Vasomotor symptoms - [Lipovac 2011- Gynae Endo 2011 1-5](#),
- Mood and anxiety improvement – [Lipovac 2010 Maturitas](#)
- Vaginal dryness – improved (90mg)
- [Menopause. 2014 Nov 24.](#)

Black Cohosh

- Cochrane Review - September 2012

Insufficient evidence to support the use of black cohosh for menopausal symptoms

- poor quality studies
- further work justified

After Cancer?

- Does not appear to effect breast density
- Safety and effectiveness in women with breast cancer , not clear
- "Is black cohosh oestrogenic"?
- Mixed evidence

Other OTC remedies

Ginseng(mood)	Cochrane 2014
Oil of evening primrose (-)	Chenoy 1994
Vitamin E (marginal benefit) (+)	Barton 1998
Multivitamin and minerals	No studies
Sage (-/+)	Bommer 2011
Pollen extract (+)	Hellstrom 2012
Natural progesterone gel (-)	Benster 2009
Magnets	nil

Beware of interactions

- **BLACK COHOSH** Caution with salicylate sensitivity
- **?caution with chemo/Tamoxifen**
- **DONG QUAI** Caution with warfarin.
- **GINKGO BILOBA** Has anti-coagulation effect.
- **ST JOHNS WORT** DIGOXIN, THEOPHYLLINE, WARFARIN, ANTIEPILEPTICS, IMMUNOSUPPRESSANTS, CYCLOSPORIN and HIV DRUGS. Be cautious with antihypertensive therapy. Photosensitivity has been reported.

Traditional Herbal Registration

- Registered with MHRA (not food supps)
- Meets standards in terms of quality and safety
- 'Traditionally used for', not evidence based



Therapy approach

- Reflexology
- Massage
- Acupuncture
- Music therapy
- CBT
- Mindfulness
- QOL or symptoms?

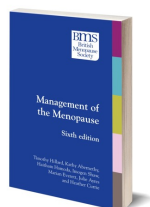
Looking ahead

- Neurokinin 3 receptor antagonist –
- For vasomotor symptoms
- Non oestrogen treatment
- Pre-licensing stage

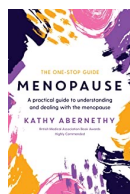
Summary

- Women want to make informed choice about natural options as well as medications
- Non-drug options should be viewed as a different approach not as a substitute for HRT
- Select a small number of well-researched natural products
- Be specific in your recommendation knowing you are safe

Thank you



www.thebms.org.uk



www.kathyabernethy.com