Today's Hot Topic:

Unique Aspects of Medical Care for the Menopausal Woman

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Menopause

- Cessation of menses for 12 months with an intact uterus and ovary
- Surgical removal of ovaries
- In 1900, the average age at menopause was 51.4 years, and life expectancy was 50 years.
- Today, the average age at menopause is still 51.4 years, but life expectancy is close to 80 years.
- Now, more than 1/3 of a woman's life is spent after menopause!

Attitudes of U.S. Women Regarding Menopause

Positive

- No more fear of pregnancy
- No more menstruation
- New phase of life

Negative

- Physical disturbances
- Emotional changes
- Changes in appearance
- Sexual dysfunction

Menopause

Physiologic Changes

- Vasomotor
  - HALLMARK = hot flashes & night sweats
- Cardiovascular
  - ↑ LDL, ↓ HDL, ↑ Total cholesterol
- Neuro/psych
  - Decreased cognitive functioning, memory loss, depression, and mood swings
- Urogenital
  - Vaginal thinning/dryness, increased incidence of infection
- Skeletal
  - Decrease in bone mineral density

Menopause

Sub-topics of this lecture:

- Hormone therapy for vasomotor symptoms
- Decreased libido
- Dyspareunia
- Osteoporosis

Menopause

Hormone Therapy (HT)

- Previously termed Hormone Replacement Therapy (HRT)
- Estrogen is the key!
  - Indicated for vasomotor symptoms such as hot flashes and night sweats
  - Also indicated in cream transvaginal delivery for urogenital atrophy
  - No longer indicated for primary prophylaxis against osteoporosis and heart disease

Menopause

Hormone Therapy (HT) (cont.)

Absolute Contraindications to Estrogen Usage

- Chronic liver disease
- Vascular thrombosis/emboli
- Nuerophthalmic vascular disease
- Estrogen-dependent tumors

Menopause

Hormone Therapy (HT) (cont.)

Relative Contraindications to Estrogen Usage

- Seizure disorder
- Uncontrolled hypertension
- Familial hyperlipidemias
- Migraine headaches

Menopause

Hormone Therapy (HT) (cont.)

WHI and Beyond

"The Pendulum Swings"

- WHI flawed
  - Large proportion of affected subjects initiated Premarin / Prempro at age 60 or older
  - Average age of menopause is 51.4
- Media reporting of initial findings still lingers
  - Flaws of WHI never reported by media
  - Many patients still reluctant
  - 97.5% of subjects on Prempro had no complications
- Latest studies observed a reduced risk for breast cancer for women who have had a hysterectomy and use HT!

Menopause

Hormone Therapy (HT) (cont.)

Botanicals

- Despite recent studies that show HT has less adverse side effects than originally reported, women still fear HT causes breast cancer.
- Fewer than 1 in 3 women choose to take HT.
- Use of alternatives has become more accessible to many women.
- 1997: FDA rule allowed supplements to make structural/functional claims, but NOT disease claims.
- Botanicals are subject to a higher degree of variation in production.

Menopause

Hormone Therapy (HT) (cont.)

Black cohosh

- One of the leading botanicals sold in Germany and is the top selling menopausal herbal remedy.
- Found to reduce LH levels in post-menopausal women after 8 weeks of use.
- Other studies in humans indicate no estrogenic effects.
- Suggested only for hot flashes, sleep disorders, anxiety and depression.
- Side effects: GI upset, dizziness, visual disturbances and bradycardia.

Menopause

Hormone Therapy (HT) (cont.)

Evening primrose

- AKA: "Evening star"
- Produces seeds rich in gamma linolenic acid (GLA).
- GLA found in placenta and breast milk → suggests GLA is the nutritionally perfect fatty acid for humans.
- Recommended for mastalgia, mastodynia, menopausal symptoms and bladder symptoms.

Menopause

Hormone Therapy (HT) (cont.)

Dong quai

- AKA: "Dong gui" or "Tong Kuei"
- Most commonly prescribed Chinese herbal medicine for "female problems"
- "Balances the menstrual cycle" and "strengthens the uterus"
- Exerts estrogenic activity

Menopause

Hormone Therapy (HT) (cont.)

If a patient presents to you with menopausal vasomotor symptoms and has no contraindications to estrogen usage, PLEASE GIVE HER HT.

Do not try to treat these symptoms with SSRI's alone.

SEX IS GOOD FOR YOU!

(and me!)

- One act of intercourse burns 180 calories.
  - 30 minutes of jogging
  - Walking 9 holes of golf
- Aerobic activity
  - Cardiovascular health
- Sexual hormones
  - Lowers rates of depression, anxiety, suicide and infections
  - Boosts immunity and increases longevity
- Oxytocin and DHEA: released during orgasm
  - May prevent breast cancer cells from developing into tumors

Menopause

Decreased Libido

(Hypoactive Sexual Desire Disorder (HSDD))

- Sex drive decreases gradually with age in both men and women.
- Women are 2-3 times more likely to be affected as they age.
- During the menopause transition, the fall in estrogen- AND ITS EFFECTS- undermines sexual motivation.
- Age-related decrease in testosterone may reduce desire → plays a role in women's sex drive and sexual sensation

Menopause

Decreased Libido (HSDD) (cont.)

- The most common sexual complaint of women
- Diminished desire and the rareness of sexual thoughts is a source of distress.
- For some, a problem because it frustrates the patient's partner and threatens to weaken their relationship.
- Contributing factors:
  - Conflicts with their partner
  - Medical problems and medications
  - Cultural issues
  - Etc.

Menopause

Decreased Libido (HSDD) (cont.)

Medications that Cause Decreased Libido:

- Psychoactive medications:
  - SSRI's – Biggest culprit!
  - Benzodiazepines
  - Antipsychotics
  - Tricyclic antidepressants
  - Lithium
- Cardiovascular medications:
  - Lipid-regulating medications
  - Beta-blockers
  - Digoxin

Menopause

Decreased Libido (HSDD) (cont.)

HSDD Therapy

- Bupropion
  - Effects norepinephrine and dopamine uptake
  - Increased activity correlates with increased sexual response and orgasm
  - Prosexual effect on dopamine
- BOTTOM LINE → Get off SSRI and get on dopamine agonist

Menopause

Persistent Sexual Arousal Syndrome (PSAS)

- Definition: Spontaneous intrusive and unwanted genital arousal (tingling, throbbing, pulsating) in the absence of sexual interest and desire
- Any awareness of subjective arousal is typically, but not invariably, unpleasant.
- Arousal is unrelieved by one or more orgasms, and the feelings of arousal persist for hours or days.

Menopause

PSAS (cont.)

- PSAS is related to abrupt SSRI cessation.
- Uncommon, thankfully
- Please place patient on a dopamine agonist and taper the SSRI.
- Treatment for PSAS → Reglan or Chantix

Menopause

Decreased Libido (HSDD) (cont.)

HSDD Therapy (cont.)

- Testosterone
  - 4.1 million prescriptions for testosterone written for women in the U.S.
  - Studies:
    - Shorr (1938): Testosterone treatment increased sexual desire.
    - Loeser (1940): Androgens play physiological role in enhancing libido and arousal in women.
    - Greenblutt (1942): Androgens increase libido in women.

Menopause

Decreased Libido (HSDD) (cont.)

HSDD Therapy (cont.)

- Testosterone (cont.)
  - Transdermal T Patch
    - Testoderm – 150 µg/day
  - Oral
    - Estratest, Android
  - Buccal/sublingual
  - Topical gel → OTC

Menopause

Decreased Libido (HSDD) (cont.)

HSDD Therapy (cont.)

- Testosterone (cont.)
  - Adverse effects
    - Virilization in women
      - Reversible: Acne, oily skin, hirsutism
      - Irreversible: Male-pattern baldness, voice changes, clitoromegaly
    - Women with a history of breast cancer:
      - Caution due to aromatase conversion to estrogen

Menopause

Decreased Libido (HSDD) (cont.)

HSDD Therapy (cont.)

- Future developments:
  - Maca Root
    - Aphrodisiac available at GNC
  - Yohimbine
    - Originally used to treat male E.D.
    - Not available in U.S.
    - Can ↑ BP, so do not give if patient has hypertension.

Menopause

Post-Menopausal Dyspareunia

- Women are living 30 years or longer in their menopausal years.
- A demographic issue
- Most common cause → Vulvovaginal atrophy

Menopause

Vulvovaginal Atrophy

Your post-menopausal patients:

- Some have heart disease
- Many are obese
- Some have breast cancer
- A few have ovarian cancer

BUT…

- 100% OF YOUR PATIENTS HAVE VULVOVAGINAL ATROPHY !!
  - Most are too embarrassed to address

Menopause

Vulvovaginal Atrophy (cont.)

Treatment

- Many products have indication from FDA for treatment of vulvovaginal atrophy
- 1942 – FDA approved oral Premarin 1.25 mg dosage
- Now – Vaginal cream delivery at 0.625 mg dosage

Menopause

Vulvovaginal Atrophy (cont.)

Treatment (cont.)

FDA-approved local vaginal estrogen therapy:

- Premarin cream
- Estrace cream
- Vagifem
- Estring

Menopause

Vulvovaginal Atrophy (cont.)

Treatment (cont.)

Lubricants:

- Water-based
  - Astroglide
  - Liquid Silk
- Silicon-based (last longer)
  - Wet Platinum – stains sheets
  - Eros
- Oil-based
  - Do not use – tears condoms

Menopause

Vulvovaginal Atrophy (cont.)

Treatment (cont.)

New development:

- Ospemifene (Osphena)
  - SERM
  - Marketed for dyspareunia related to vulvovaginal atrophy
  - ??? Increase in bone density and decrease in breast cancer risk
  - Dosage: 60 mg PO daily with food

Menopause

Vulvar Dystrophies

- Lichen simplex chronicus
  - Red!
- Erosive lichen planus
  - Weepy
- Lichen sclerosis
  - Absence of minora or clitoral head

Menopause

Vulvar Dystrophies (cont.)

Treatment

- Treat secondary bacterial/fungal infections
- Clobetasol cream 0.05% q HS
  - Only use once/day
  - Can cause inflammation and atrophy
- Lichen sclerosis – Chronic, pre-cancerous condition
  - F/U q 6-12 months

Menopause

Osteoporosis

- "Porous bone" – Reduction in quantity of bone
- Risks:
  - (#1) Female and menopausal
  - Caucasian or Asian
  - Family history of osteoporosis
  - Smoking and excessive alcohol intake
  - Low-calcium diet
  - Medications for treatment of:
    - RA
    - Endocrine disorders
    - GERD

(cont.)

Menopause

Osteoporosis (cont.)

- Risks (cont.):
  - Slender/thin habitus
  - S/P oophorectomy or radiated ovaries
  - Nulliparous women
  - Physical inactivity

Menopause

Osteoporosis (cont.)

- Some interesting facts:
  - 25% of white females over 60 years of age have spinal fractures.
  - Average white female will shrink 2.5 inches because of spinal compression fractures.
  - 20% of women who develop a hip fracture will die from complications.

Menopause

Osteoporosis (cont.)

- Medical conditions that increase the risk of osteoporosis (to name a few):
  - AIDS / HIV
  - COPD
  - Cushing's disease
  - Eating disorders
  - Female athlete triad
  - Gastrectomy
  - Inadequate diet
  - Inflammatory bowel disease

(cont.)

Menopause

Osteoporosis (cont.)

- Medical conditions that increase the risk of osteoporosis (cont.):
  - IDDM
  - Lymphoma / leukemia
  - Multiple myeloma
  - Multiple sclerosis
  - RA
  - Sprue
  - CVA
  - Weight loss

Menopause

Osteoporosis (cont.)

- Medications that increase the risk of osteoporosis:
  - Aluminum
  - Anticonvulsants
  - Cytotoxic drugs
  - Glucocorticosteroids
  - GnRH agonists
  - Immunosuppressants
  - Lithium
  - Long-term heparin

(cont.)

Menopause

Osteoporosis (cont.)

- Medications that increase the risk of osteoporosis (cont.):
  - Long-acting progesterone
  - High thyroxine doses
  - Tamoxifen (pre-menopausal)
  - TPN

Menopause

Osteoporosis (cont.)

Screening

- Bone mineral density testing should be recommended to:
  - All post-menopausal women aged 65 or older (every 2 years)
  - Post-menopausal and younger than 65 who have one or more risk factors (every 2 years)
  - All post-menopausal women with fractures
- Treatment in those post-menopausal women with T-scores less than -2 without risk factors, and less than -1.5 in the presence of one or more risk factors

Menopause

Osteoporosis (cont.)

Prevention & Treatment

- First-line options per FDA to be safe/effective for *prevention:*
  - Bisphosphonates
  - Raloxifene
  - Estrogen
- First-line options per FDA to be safe/effective for *treatment:*
  - Bisphosphonates
  - Raloxifene
  - Calcitonin
  - PTH

Menopause

Osteoporosis (cont.)

Prevention & Treatment (cont.)

- Calcium – 1200 mg/day, obtaining most through diet
  - Max. absorption is approximately 500 mg every 5 hours
- Vitamin D – 1000 IU/day
- Weight-bearing exercise
  - Walking or line-dancing
- Strength training with weights
  - 8-10 full body exercises 2-3 days/week, with 48 hours of rest between days
- Estrogen (off-label)
  - Decreases bone loss of calcium, increases intestinal absorption of calcium, decreases urinary loss of calcium

Menopause

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