

Back to basics: Menopause

AVON CASH GROUP APRIL 21ST 2021

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Aims:

Define peri-menopause and menopause

Demographics

Physiology

Diagnosis of peri-menopause and menopause

Symptoms

HRT Basic – starting, monitoring and stopping

Menopause: diagnosis and management

NICE guideline
Published: 12 November 2015
www.nice.org.uk/guidance/ng23

Definition of Perimenopause

The time in which a woman has irregular cycles of ovulation and menstruation

May start experiencing menopause symptoms

Leading up to menopause and continuing until 12 months after her final period

Also known as the menopausal transition or climacteric

Definition of Menopause

A biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life.

Usually defined as having occurred when a woman has not had a period for 12 consecutive months (for women reaching menopause naturally).

The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.

Doesn't apply with: mirena IUS, endometrial ablation, after hysterectomy

What is menopause?

“Menopause is a major clinical event that is universally experienced by women, but affects each individual woman uniquely”

Physiology – why does menopause happen?

Oocytes at birth 1-2 million

At puberty 400,000

40+ rapid decline

Testosterone levels do NOT fall rapidly at menopause – levels fall steadily from age 30/35 onwards

Menopause

Average age of menopause in UK 51years

1 in 100 women under the age of 40 (premature ovarian insufficiency)

1 in 1000 women under the age of 30

Surgical menopause

Iatrogenic reasons

Demographics

Life Expectancy and Age at Menopause

In 1850:

Age of menopause – 45 years

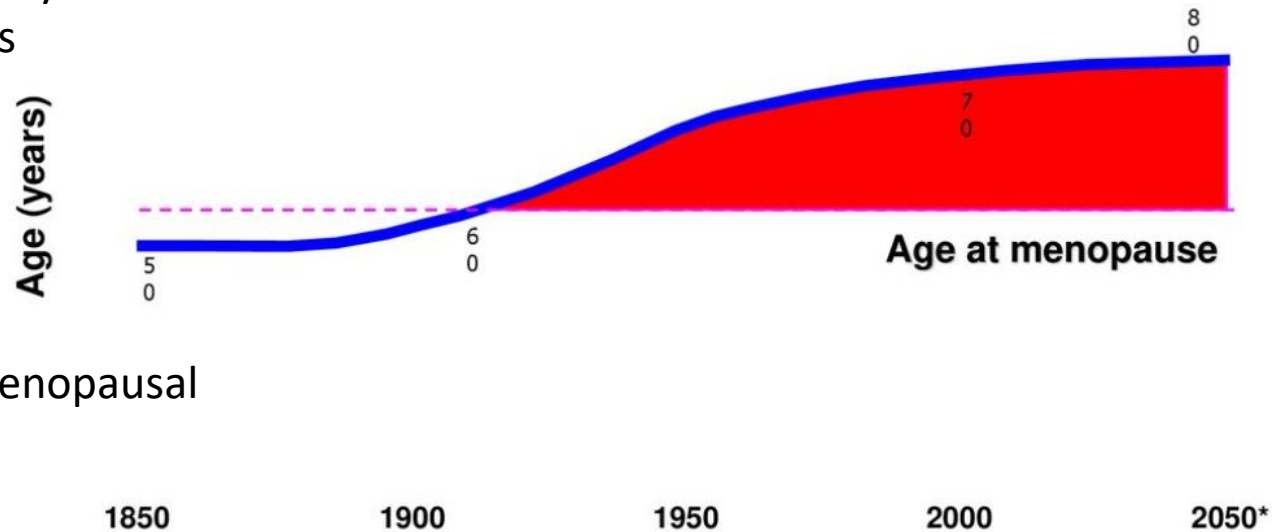
Life expectancy – 45yrs

In 2020

Age of menopause 51

Life expectancy 82

>30% life spent postmenopausal



IMPACT OF MENOPAUSE

Obesity, metabolic syndrome and diabetes

Cardiovascular disease

Osteoporosis and Chronic arthritis

Dementia, cognitive decline and depression

Rationale for prevention

Chronic disease begins to occur around 10 years after the menopause

Major source of morbidity, reduced quality of life , mortality and economic burden

Diagnosing Menopause

Straightforward

Menstrual history

Age

Symptoms – tools available

FSH levels – in some women

FSH Levels – what does NICE say?

FSH < 40 when menopause is suspected

Consider in women aged 40-45

No FSH for women over 45

Do not measure AMH, oestradiol, Inhibin A or B

If taking OCP do not measure FSH

Symptoms

Symptoms can start 3-4 years before final period.

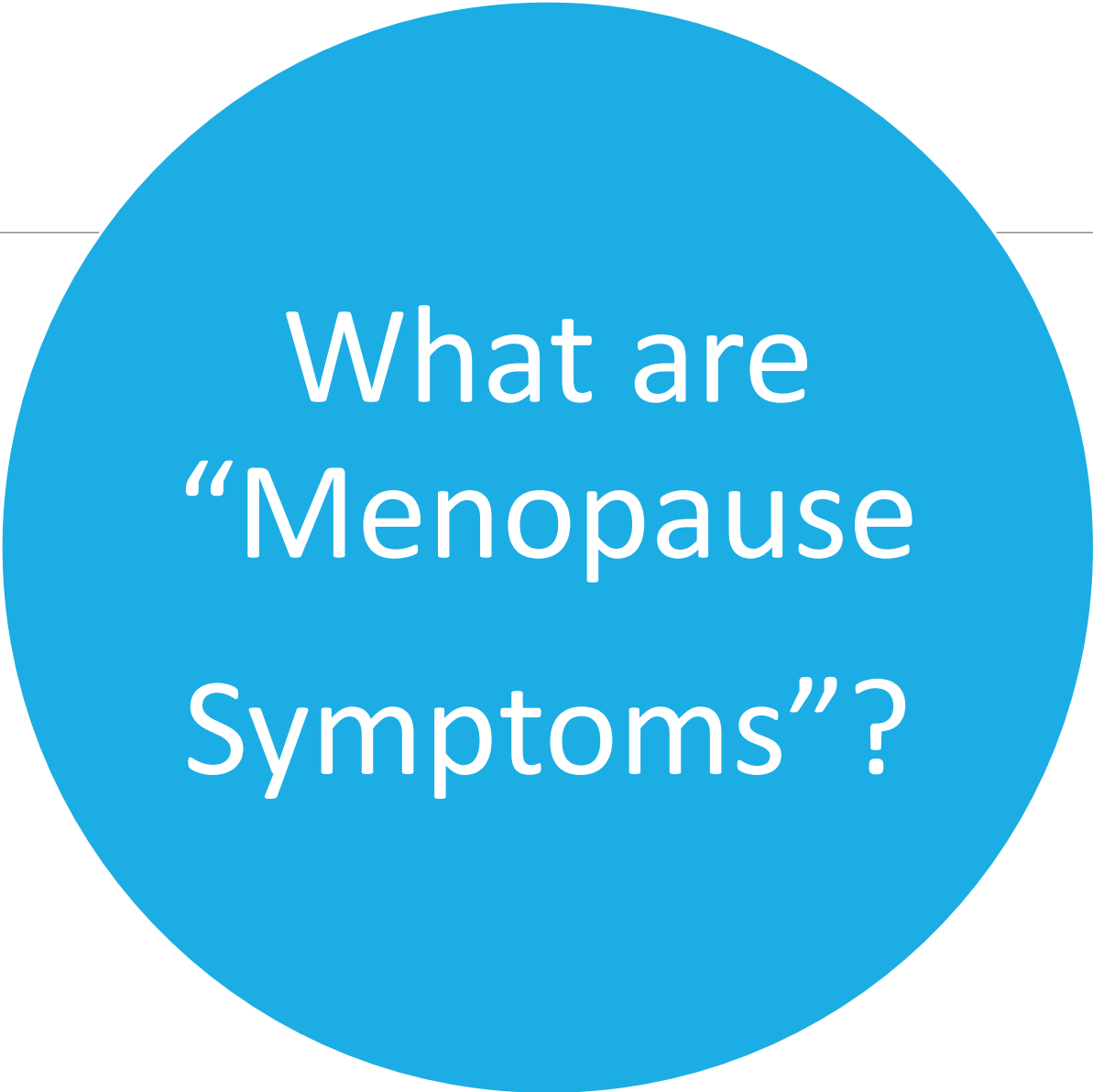
Around age 47-48

Average length of symptoms 4-5 years after final periods

20% of women – no symptoms

80% of women – mild to severe

What are
“Menopause
Symptoms”?



Menopause Symptoms

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graph TD; MS[Menopause Symptoms] --> M[Menstrual]; MS --> P[Psychological]; MS --> V[Vasomotor]; MS --> U[Urogenital symptoms]; MS --> O[Other];
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Menstrual

- Irregular periods
- Heavier periods
- Long gaps of amenorrhoea

Psychological

- Nervousness
- Anxiety/Panic attacks
- Mood changes
- Depression
- Poor self esteem
- Deterioration in memory and concentration
- Psychosexual dysfunction

Vasomotor

- Hot flushes
- Night sweats
- Shivering
- Increased pulse
- Palpitations
- Feeling faint
- Nausea
- Insomnia
- Sleep Disturbances

Urogenital symptoms

- Vaginal infections
- Post-coital bleeding
- Dyspareunia
- Itching/irritation
- Decreased/loss of libido
- Atrophic vaginitis
- Urinary frequency
- Stress and urge incontinence

Other

- Skin itching/crawling sensation
- Joint pains
- Headaches

Self-management of Symptoms

Lifestyle

General screening

Hot flushes and sweats: be aware of triggers factors

- caffeine
- alcohol
- spicy food
- being under pressure : anxiety, stress
- intense exercise
- smoking

Lifestyle advice – weight management

OBESITY

- ↑ flushes and sweats
- ↑ risk of cancer
- ↑ joint pain
- ↑ risk cardiovascular disease, clots/stroke

EXERCISE

- Controls weight
- Yoga and meditation helps mood, wellbeing and sleep
- Aerobic exercise – cardio protective, weight bearing exercise bone health & strength
- Improves memory, concentration & can reduce anxiety

Diet/Phytoestrogens

Naturally occurring, oestrogen-like compounds derived from plants

Similar to oestrogen

High amount in diet in Japan and Asia – women report less vasomotor symptoms

Isoflavins – chickpea, legumes, lentils, soy

Lignans – oats, barley, fruit and veg

Isoflavins such as red clover are not recommended in women with breast cancer

Alternative therapies

Cognitive behavioural therapy

Placebo effect

Aromatherapy, acupuncture

Do not prevent or treat osteoporosis



Other medications

Anti – depressants

Clonidine

Anti-epileptic

Side effects



Hormone Replacement Therapy

Comprises of 2 hormones – oestrogen and progestogen

Oestrogen improves symptoms. Same as the oestrogen produced by the body. Different to the synthetic oestrogens used in the contraceptive pill. Relieves symptoms

Progestogen prevents endometrial hyperplasia

Hysterectomy = Oestrogen only HRT

Routes – oral, transdermal, subcutaneous, intrauterine

Contraindications

Current breast cancer

Pregnancy

Undiagnosed vaginal bleeding

Active thromboembolic disorder or acute phase myocardial infarction

Caution with HRT

Fibroids

Hypertension

Migraines

Epilepsy

Endometriosis

Personal or family history of VTE/Stroke

History of cardiovascular disease

Over 60

Family history of breast cancer

Starting HRT

Be specific – ask about all symptoms

If numerous symptoms, prioritise: Record top 3 symptoms

Examination? No

Investigations? Only if <40

Consider the patient as a whole: BMI, exercise, alcohol use

Information, websites

Advise expect unscheduled bleeding during first 3-6 months

Follow up

Oestrogen

Excellent in reducing vasomotor + vaginal symptoms

May help with other symptoms

Side effects unusual: nausea, mastalgia, fluid retention

Route/type traditionally unimportant, but evidence shows transdermal oestrogen does not increase VTE, CVA risk

Equine oestrogens less fashionable – only available combined with MPA

Women vary in how well they absorb via different routes.

Measuring serum levels is unreliable with oral oestrogen

Oestrogen



6 monthly +



Twice weekly



Daily



Daily



Daily

OXFORD⁺
online pharmacy

Progestogens



5 years

Continuous - daily
Sequential - x2 Day1-12



Only needed if intact uterus (even if endometrium ablated). Reduces risk endometrial cancer.

Side effects: bleeding, PMS, mood changes.

Reduce side-effects by changing type or route

Routes: patch, tablet, IUS (4 yr licence can use for 5 years)

Different types of progestogens

Dydrogesterone: Overall, evidence suggests an increased risk of breast cancer in women taking combined HRT and possibly oestrogen-only HRT

However, recent evidence suggests that different progestogens may have different risk profiles.

Observational studies have shown that oestradiol and dydrogesterone may be associated with a lower risk of breast cancer than other synthetic preparations – similar to micronized progesterone.

Micronized Progesterone: Fewer side effects than synthetic progestogens

No impact on lipids, more breast friendly

Less effective for managing bleeding

Sedative effects – take at night

Different types of progestogens

Norethisterone: An androgenic progestogen – good for libido. Some degree of oestrogenic effect
caution with VTE risk

Cyclical: 5 mg a day for 12 days a month. Continuous: 1mg NET are no longer available so
consider NET 1.05mg (as 3 x Noriday if in stock). If ongoing bleeding
issues can increase to 5 mg a day in a continuous combined regimen

Levonorgestrel: Androgenic progestogen (mood, acne side effects), Good for cycle control

Fem7 sequi and Fem7 conti patches (out of stock long term)

Nuvelle TS Phase II Patches (? Discontinued)

Mirena IUS

IUS – low systemic absorption, very effective contraception, HMB management

Different types of progestogens

Medroxyprogesterone acetate: Good for cycle control, caution with VTE

Available combined with estradiol

Premique low dose. Conjugated equine estrogen 0.3 mg + medroxyprogesterone acetate 1.5 mg

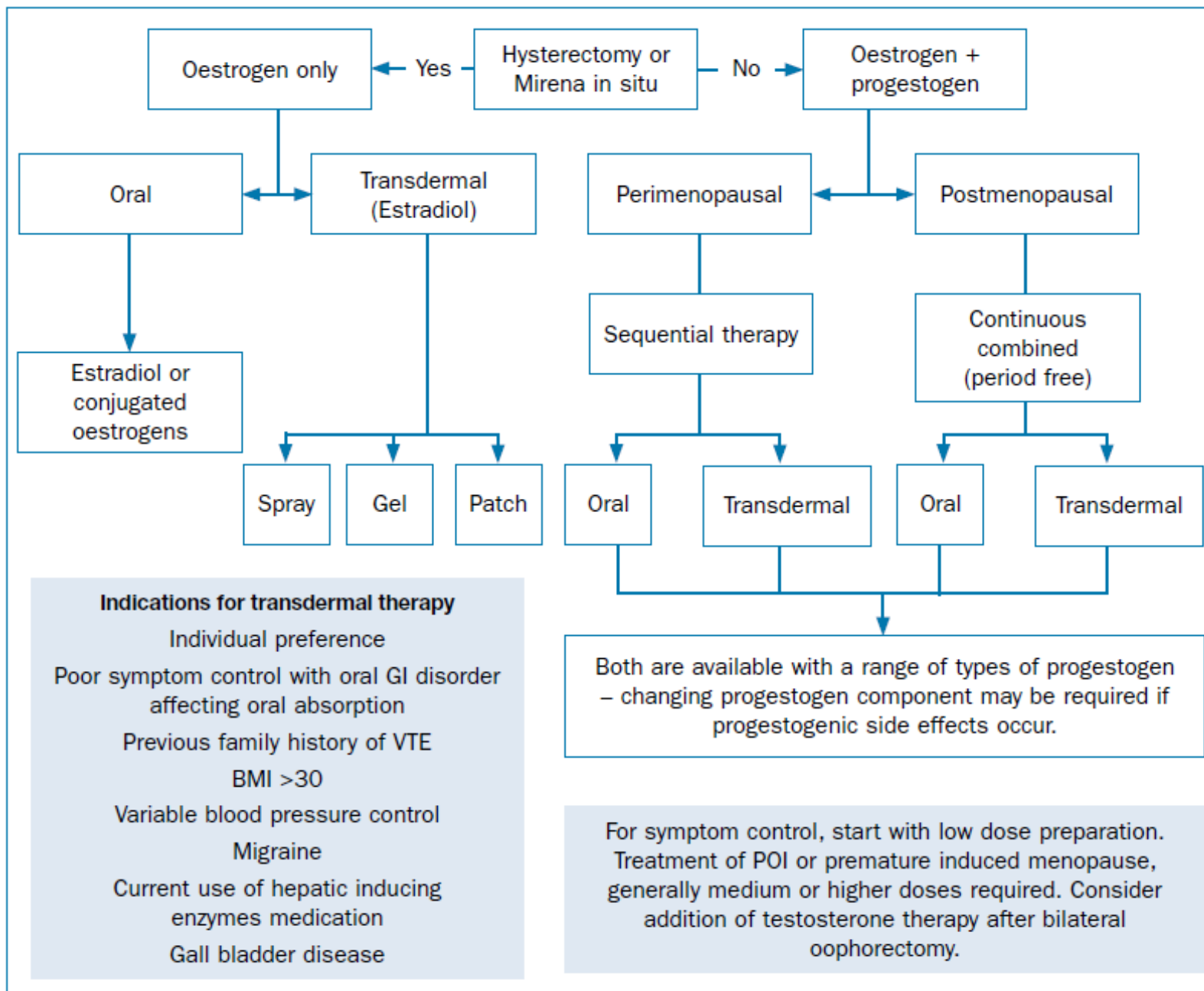
Continous: Indivina (1mg/2.5mg, 1mg/5mg, 2mg/5mg)

Long cycle: Tridestra

Use cyclically or continually 5mg daily or 10mg 2 weeks on 2 weeks off

Combined preparations





Localised oestrogen

Indication - Vaginal atrophy / Genitourinary symptoms of menopause

May be prescribed to women in who systemic HRT is contraindicated

Will treat local vaginal / bladder symptoms only

Treatment and maintenance dose

Available as cream, pessaries or ring

Can be used long term

Can be taken alongside systemic HRT

Seek specialist advice for women with breast cancer



Testosterone

Levels do not drop rapidly at the time of menopause but fall steadily from age 30/35

Ratio between oestrogen and testosterone starts to change

Drop in oestradiol level at menopause has a significant negative effect sexual arousal and interest for some women

Several studies have shown benefit in using testosterone

No licensed testosterone therapy

Tostran gel (male preparation) used in our service



Benefits of HRT

Effectively relive hot flushes and sweats and improve vaginal dryness

Help with other menopausal symptoms

Improvement in symptoms and therefore quality of life

Protects against osteoporosis

Risks of HRT

Breast cancer

Ovarian cancer

Endometrial cancer

Stroke

Blood clots

Breast Cancer

Baseline risk of breast cancer around menopausal age varies dependant upon underlying risk factors.

Other factors important e.g smoking, obesity

No increased risk in women under 50.

No increased risk with oestrogen only.

Extra 5 cases per 1000 women using combined HRT.

Risk reverts to the same as women not taking HRT within 5 years of stopping

Breast awareness

Attend routine screening

Long term benefits of HRT

Taking HRT reduces future risk of osteoporosis.

Starting HRT at less than 60 years of age reduces cardiovascular disease risk

Monitoring/Follow-up

Once HRT has been prescribed – the patient should be reviewed after 3 months

Once HRT has been established annual reviews are sufficient

Annual reviews

Once HRT is established, annual reviews are sufficient

Should include:

Blood pressure check and BMI

Ask about symptoms – are they still managed?

Any side effects

Changes to health or medication in the last year

Screening up to date

Concerns about vaginal bleeding, don't forget to ask about vaginal symptoms and contraception

Annual reviews

Health care professional should assess for new risks.

Has BMI increased, any new health conditions which may increase VTE risk?
Consider swapping to transdermal.

Any new risk to breast, bone or metabolic health?

Consider testosterone

Next review – 12 months is adequate unless you have concerns.

Duration of systemic HRT

No time limit for how long HRT can be used

Continue for as long as clinically indicated

Usually a few years of treatment is sufficient

Some women experienced persistent troublesome symptoms into their 70's and 80's

Check on the correct dose – dose can be lowered with increasing age

If using oral HRT – may be wise to change to transdermal oestrogen

Consider type of progestogen – dydrogesterone or micronized progestogen may be preferable as less likely to effect lipids and are more breast 'friendly'

Take home messages

HRT is the most effective treatment for VMS

Benefits outweigh risks if treatment started <60 or < 10yrs from final period

There is no upper age or time limit for taking it

Oestrogen only: no increased risk of Ca breast

Primary care to look after the majority of uncomplicated women

Incorporate asking about menopausal symptoms when seeing
over the age of 45



Useful websites / documents

www.bms.org.uk

www.nice.org.uk/Guidance/NG23