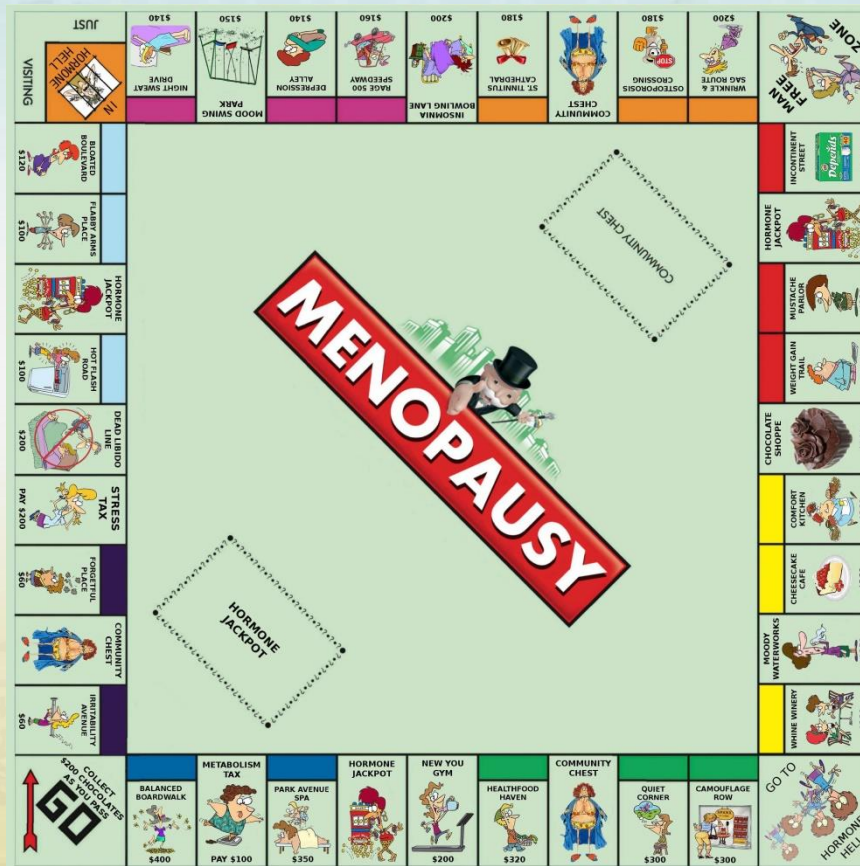


Menopause



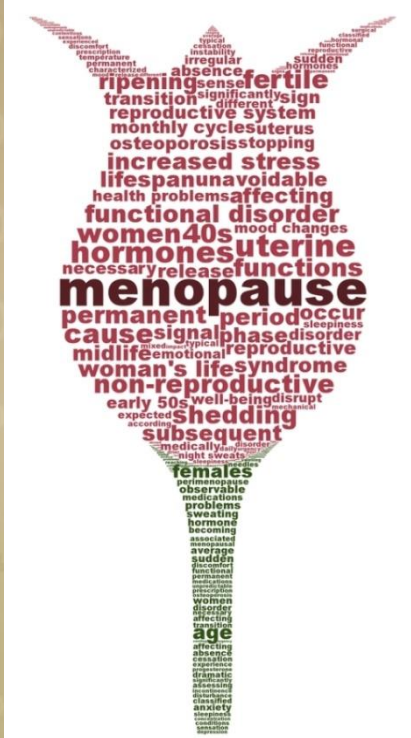
Helena Green
Clinical Sexologist / Counsellor

www.insyncforlife.com.au

0488080160

(c) **inSync for life**
Psychology, Counselling & Clinical Sexology Services

Overview



What happens at “menopause”?

How can we manage symptoms?

What can we do to maximize health & wellness during menopause?

Natural aging processes in women – do we ever REALLY talk about them– Menopause & sex/sexuality



Labia
Clitoris
Orgasm changes
Sensual responses
Hot flushes / Night
sweats
Mood changes

What does menopause mean to women?

- ▶ Cessation of menstrual periods
- ▶ End of reproductive capacity
- ▶ Hormonal changes
- ▶ Change of life, a life stage
- ▶ End of prior symptoms
- ▶ Beginning of new symptoms
- ▶ Changing emotions
- ▶ Changing body
- ▶ Aging process
- ▶ Disease risks
- ▶ Medical care needs



Woods et al. *Menopause* 1999.

When Does Menopause Occur?

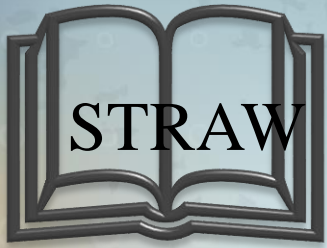


- ▶ Typically between 42 and 56 years of age
- ▶ Defined as the day when a woman has not had a period for 1 year

Menopause: The Reality

- ▶ *Clinical diagnosis*
- ▶ *Permanent cessation of menses lack of menses for 12 months*
- ▶ *Mean age in US is 51 (45–55 years)*
- ▶ *Women will spend one-third to one-half of their lives post ‘menopausally’*

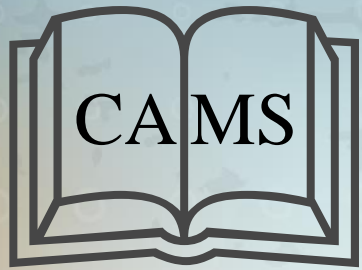
Katz VL, Lentz GM, Lobo RA, Gershenson DM. *Comprehensive Gynecology*. 5th ed. Philadelphia, PA: Mosby; 2007



Menopause

“The anchor point that is defined after 12 months of amenorrhea following the final menstrual period (FMP), which reflects a near complete but natural diminution of ovarian hormone secretion.”

Soules et al. *Menopause* 2001.

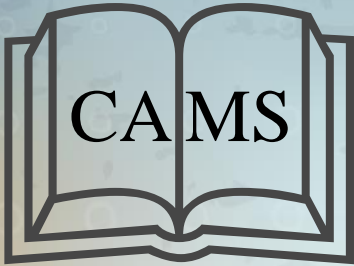


Natural (spontaneous) menopause

“Occurs after 12 consecutive months of amenorrhea, for which there is no other obvious pathologic or physiologic cause.”

(Average age in Western world is 51 years)

Utian. *Climacteric* 1999.



Premature menopause

(Utian. *Climacteric* 1999)

“Menopause that occurs in women at or under 40 years old.”



PRE-MENOPAUSE

It has all sorts of surprises for you!

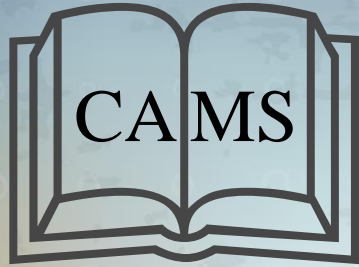
ICANHASCHEEZBURGER.COM

Premature ovarian failure

- ▶ Hypergonadotropic amenorrhea \geq 40 years old
- ▶ Associated with many other health conditions (eg, autoimmune, toxic, genetic)
- ▶ May not be permanent
- ▶ Is not the same as premature menopause

Premature ovarian failure (continued)

- ▶ Ovarian insufficiency leading to amenorrhea that occurs in women ≥ 40
- ▶ Can be transient (eg, from over-exercising, eating disorders, high stress levels)
- ▶ Can be permanent (eg, from autoimmune disease or genetic abnormalities) and equivalent to premature menopause



Induced menopause

“Cessation of menstruation that follows bilateral oophorectomy (surgical menopause), iatrogenic ablation of ovarian function by chemotherapy or pelvic radiation therapy.”

(No perimenopause transition for these women)

Premature or induced menopause: complicating factors

- ▶ Early loss of fertility
- ▶ More severe symptoms
- ▶ Greater risk of osteoporosis and CVD
- ▶ Possibly complicated by sequelae of underlying disease
- ▶ Little research regarding benefits/risks of treatment_(c)



Hormones

- ▶ Hot flushes / night sweats
- ▶ Irregular periods
- ▶ Vaginal / vulvar / bladder changes
- ▶ Loss of bone / osteoporosis
- ▶ Mood changes

- ▶ Change in cholesterol / blood vessels
- ▶ Mental function
- ▶ Sexuality
- ▶ Sleep disturbances
- ▶ Joint discomfort

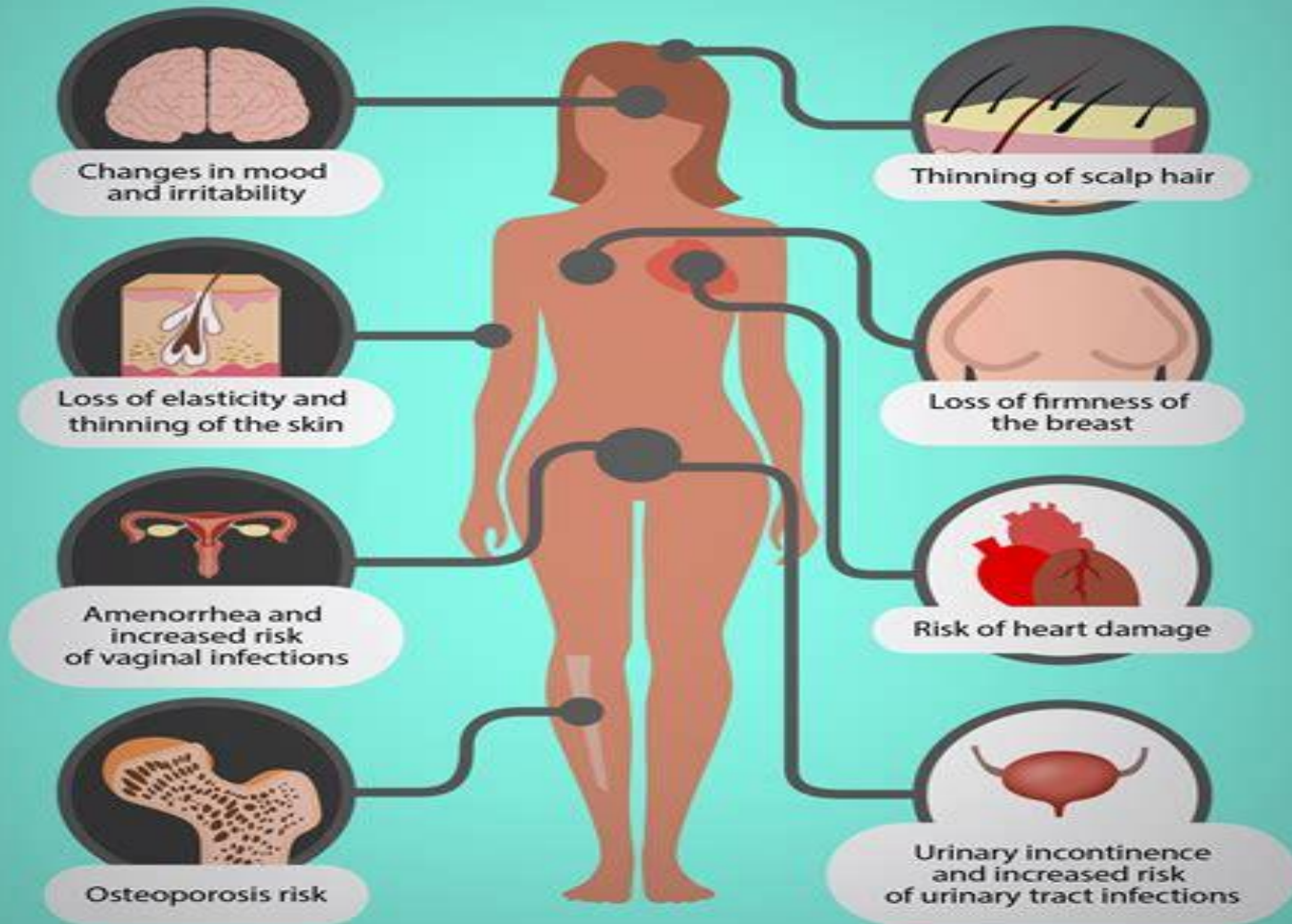
Estrogen & Progesterone Have Many Effects In The Body



- ▶ Brain
- ▶ Breasts
- ▶ Heart
- ▶ Liver
- ▶ Bones
- ▶ Vagina
- ▶ Skin
- ▶ Uterus
- ▶ Ovaries

Menopause

Symptoms and Complications



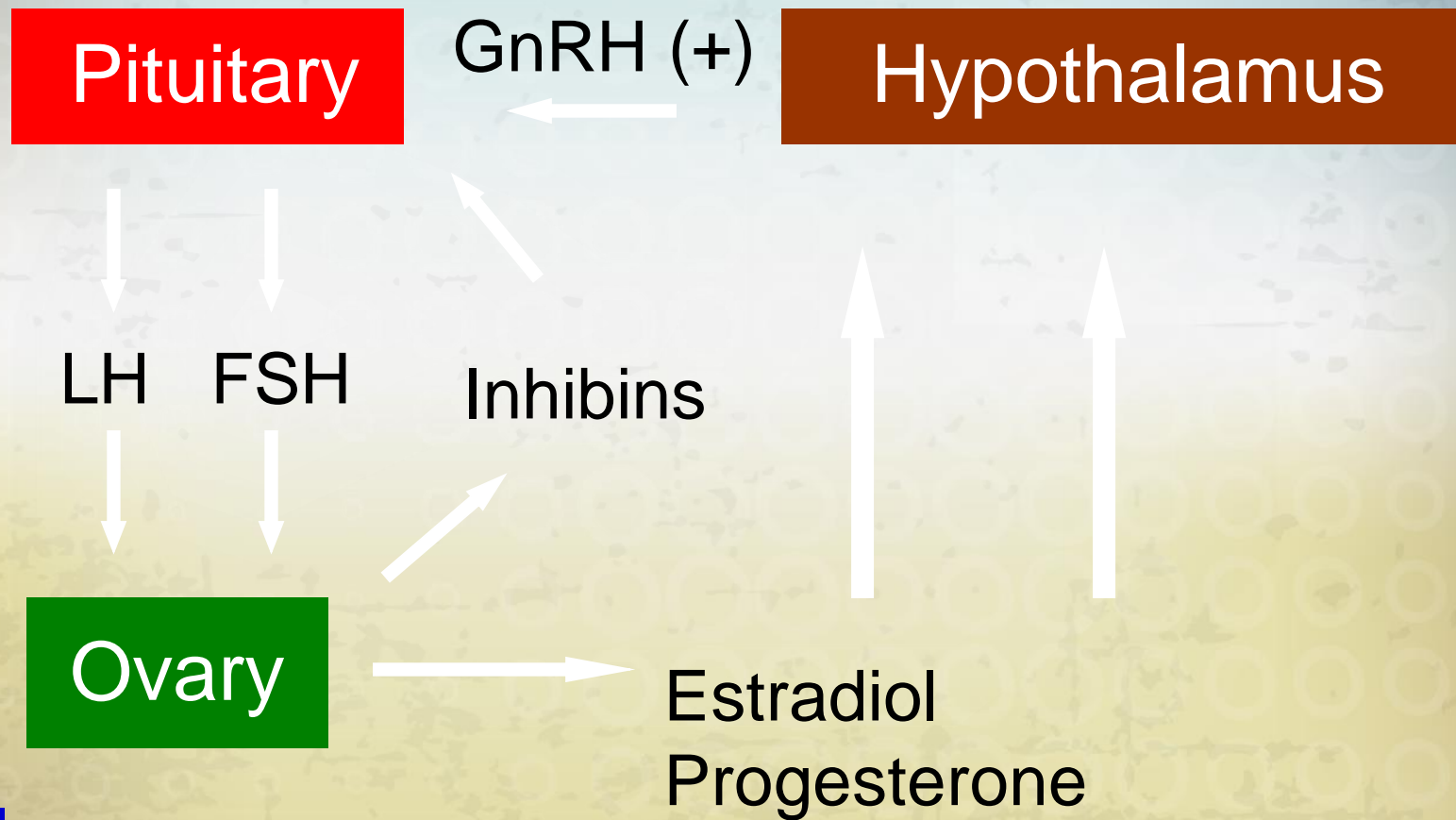
© Bovine Media

Hot Flashes

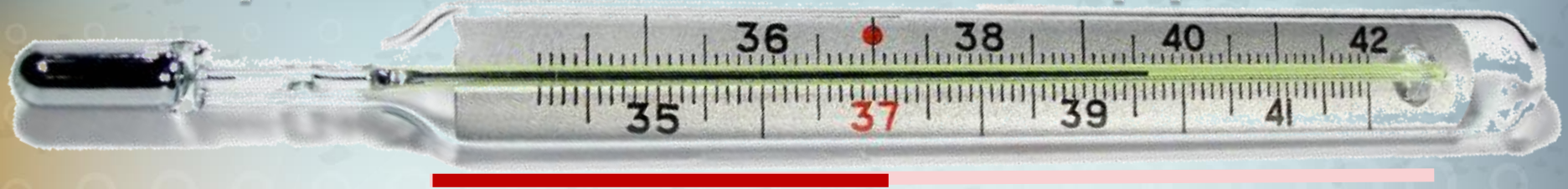
- ▶ May start as early as late 30s
- ▶ Peak in the early 50s
- ▶ May last into mid-70s
- ▶ First 5 years tend to be the worst



Hypothalamic-pituitary-ovarian axis



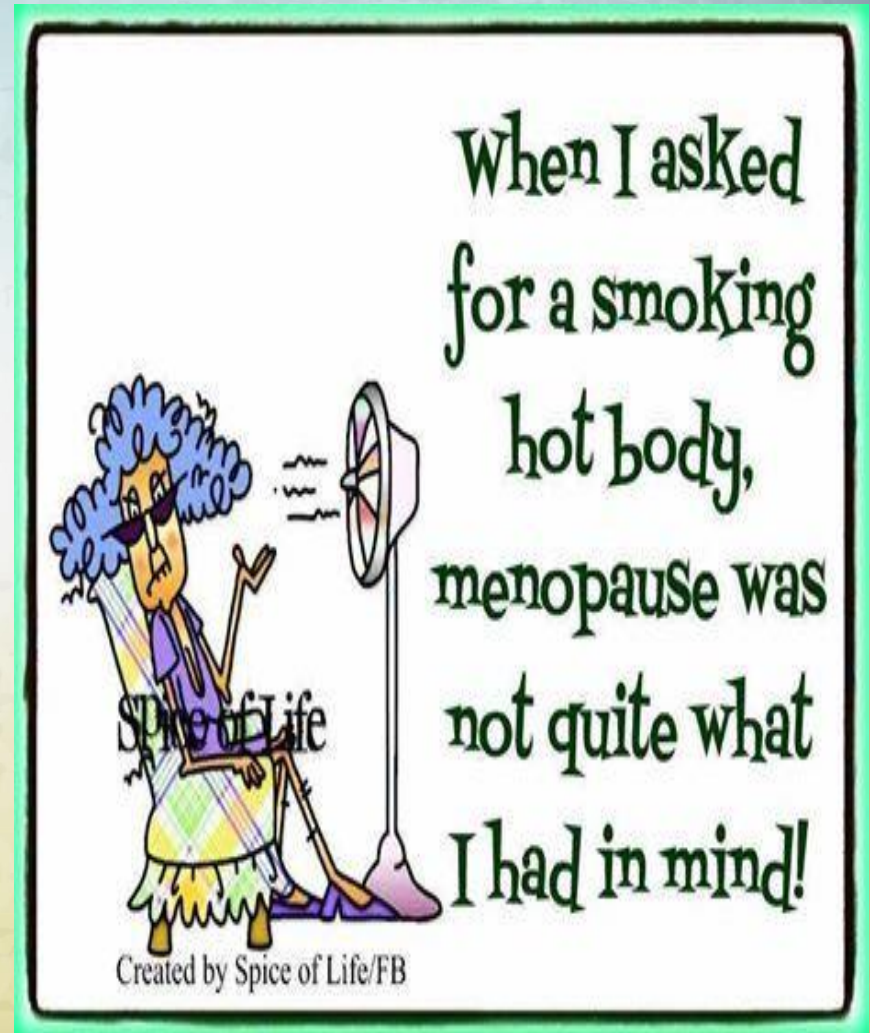
Why Do Hot Flashes Happen?



Body becomes more sensitive to small changes in core body temperature

How Are Women Trying To Manage Hot Flashes?

- ▶ Lifestyle changes
- ▶ Alternative & complementary therapies
- ▶ Traditional hormonal therapy
- ▶ Non-hormonal prescription therapies



Clinical Management Mod–Severe Vasomotor Symptoms

- Hormone therapy is only FDA approved treatment
 - “gold standard”
- SSRI’s & gabapentin
 - have efficacy in early studies
- Progestogens effective
 - however large doses required
- Clonidine (oral or transdermal)

Management of Hot Flashes / Night Sweats

Assess Severity of symptoms and impact on quality of life

Mild-Moderate symptoms

Lifestyle interventions:

- Reduce caffeine
- Stop smoking
- Avoid alcohol
- Relaxation
- Exercise

Moderate Symptoms:
Clonidine

Severe Symptoms:
SSRI /SNRI or
Gabapentin

Review for efficacy and side effects

2- 4 weeks

If intolerant or no effect:
Consider changing to another Non hormonal Therapy

Avoid Paroxetine & Fluoxetine if taking Tamoxifen.
Use Citalopram or Escitalopram in preference

SGB Trial currently

If intolerant or no effect:
Discuss changing endocrine therapy or use of
Tibolone

Lifestyle Changes

- ▶ Avoid triggers (hot drinks, alcohol)
- ▶ Breathing techniques
- ▶ Ceiling/bedside fan
- ▶ Cool evening shower or bath
- ▶ Dress in layers –
- ▶ Turn down thermostat



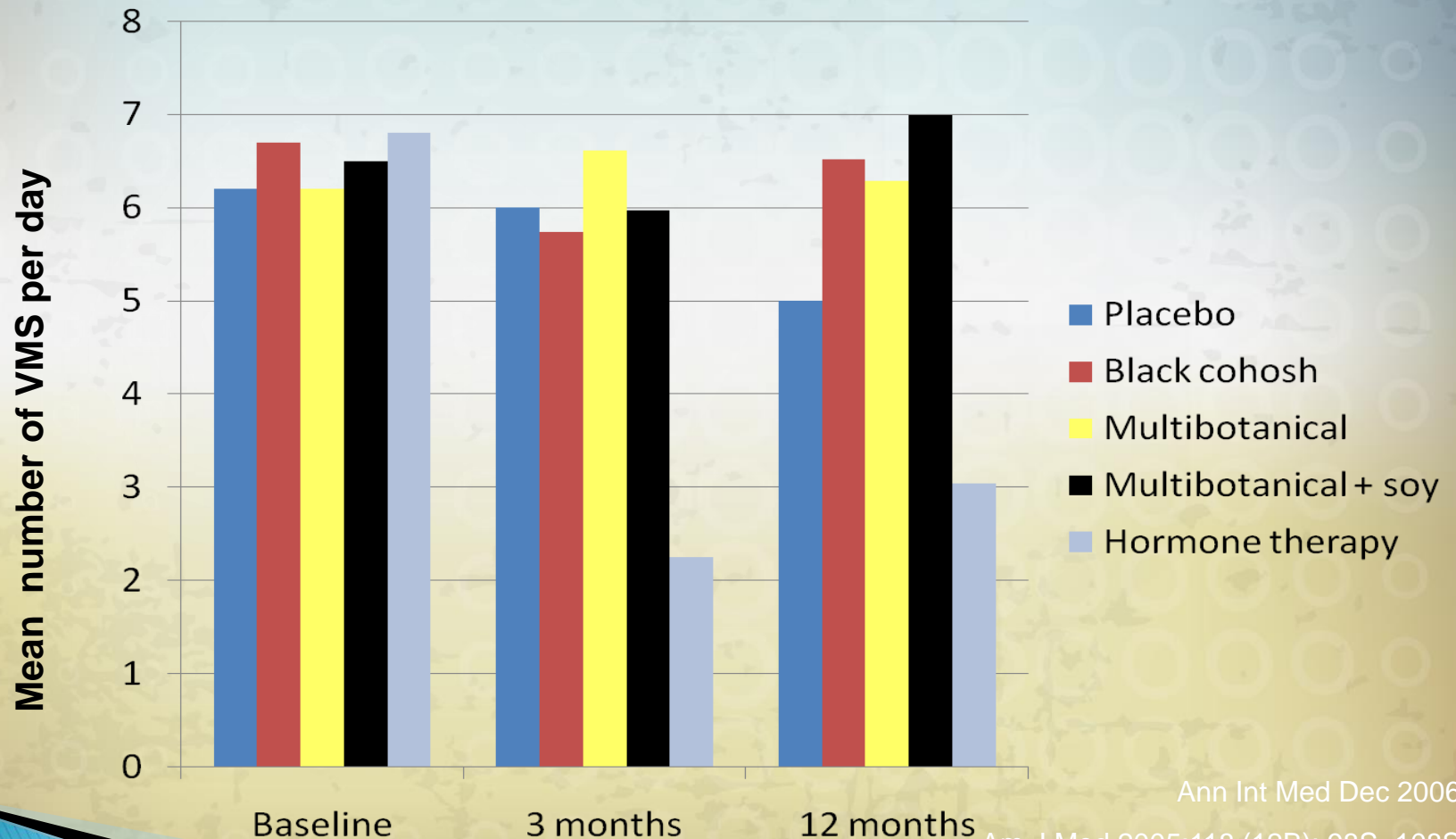
Herbal Remedies, Soy & Botanicals

- ▶ Soy
- ▶ Black cohosh
- ▶ Alfalfa
- ▶ Dong quai
- ▶ Ginseng
- ▶ Evening primrose oil
- ▶ Multi-botanical products



Herbal Remedies, Soy & Botanicals

Research shows little positive impact:



Ann Int Med Dec 2006

Am J Med 2005;118 (12B): 98S–108S

“Custom-Compounded” Bioidenticals?

- that they are safer than traditional HT???
- Fear of cancer and traditional Hormone Therapy
- Advertising
- Broad availability (e.g., Internet sales)
- Celebrity spokespeople / media attention

Problems With “Custom-Compounded” Bioidenticals

These products...

ARE NOT	adequately studied in research
HAVE NO	proof of safety and efficacy
HAVE NO	standard manufacturing or quality control
HAVE NO	regulation of advertising claims

“Custom-Compounded” Bioidenticals & Safety



- 29 products from 12 compounding pharmacies were tested:
 - $\frac{1}{3}$ failed quality control tests
 - $\frac{1}{4}$ failed potency standards

What Is Traditional Hormone Therapy (HT)?

- ▶ Standardized dosages of estrogens and progestins
- ▶ Prescribed to treat symptoms of menopause (VMS, vaginal dryness)
- ▶ Also effective for prevention of osteoporosis



What Is Traditional HT?

These hormone preparations...

ARE	adequately studied in research
HAVE	proof of safety and efficacy
HAVE	standard manufacturing or quality control
HAVE	regulation of advertising claims

HT And Hot Flashes

- ▶ Many studies show that:
 - Frequency reduced by up to 75%
 - Severity reduced

*HT is the most effective therapy
for menopausal hot flashes*

HT: If I Take It, What Kind And How?

Depends on your symptoms:

- Oral or transdermal (patch, gel) for general symptoms
- Vaginal preparations preferred



Menopause And HT:

What's The Controversy?



The Women's Health Initiative 2002 (WHI)

NOT a study looking at effects of HT on menopause symptoms

Diseases of Aging Evaluated

Heart disease

Osteoporosis

Cancer (breast, colorectal)

Dementia

Urinary incontinence

Were The Women In WHI Like The Average Menopausal Woman?

NO!

- ▶ 50% were high risk (smokers, overweight, high blood pressure, diabetes)
- ▶ Average age was 63 years
 - $\frac{2}{3}$ were >60 years old
- Results **DO NOT** apply to younger, newly menopausal women



Breast Cancer Facts: Out Of 1 000 Menopausal Women...

45 *not* taking HT will develop breast cancer

47 taking HT for 5 years will develop breast cancer

**2 more cases per 1000 women will develop
breast cancer**

Menopause And Aging:

*How Can We Maximize Our Health
As We Get Older?*



Preventing Heart Disease



94% of risks are things you can change:

- 1. Obesity***
- 2. High blood pressure***
- 3. Smoking***
- 4. Stress***
- 5. Diet (fruits and vegetables)***
- 6. Alcohol***
- 7. Blood lipid levels***

Osteoporosis: Why Should I Care?



- ▶ “Silent” disease – a fracture might be the first sign or symptom
- ▶ Fractures of the spine and hip can severely restrict your QoL
- ▶ 1 in 4 hip fractures **result in death** within 1 year

& Menopause in the News



“Taking medication you don’t need can expose you to side effects,” says Margery Gass, MD, executive director of The North American Menopause Society. “Ironically, these drugs can also increase the risk fractures of the femur...If you’re 50 or over, keeping your bones strong is essential,” says Gass, “so start strength training and eat foods that are high in calcium and vitamin D.”

Calcium



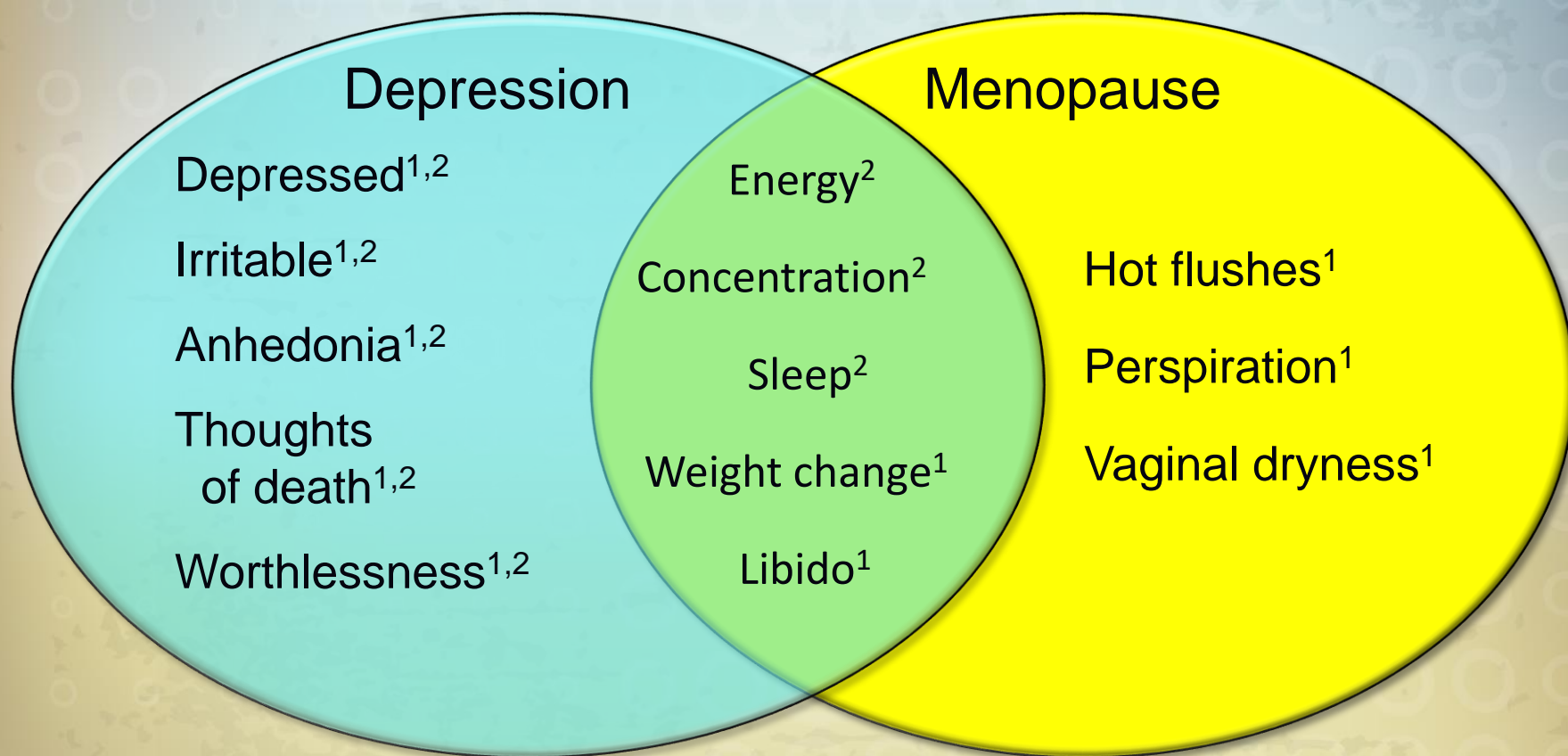
- ▶ Essential for good bone health
- ▶ Average Canadian diet – only 500 mg per day
- ▶ Recommended intakes (from diet and supplements):
 - Peri-menopause – 1000 mg/d
 - Post-menopause – 1500 mg/d
 - Should be taken in divided doses
- ▶ Calcium therapy alone is *not enough* to prevent fracture

Vitamin D



- ▶ Important to maintain bone health
- ▶ Most recommend intake of 1000 IU/day
- ▶ Deficiency due to limited sun exposure / use of sunscreen
- ▶ Food sources not adequate
- ▶ May be more important than calcium

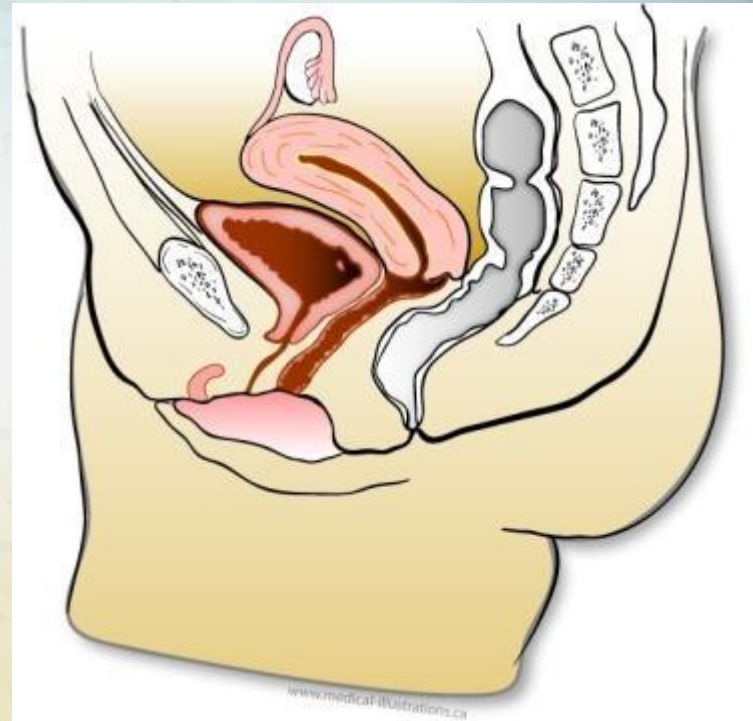
Depression or Menopause?



1. Soares CN, Cohen LS. *WMS Spectrums*. 2001;6:167-174.
2. Joffe H et al. *Psychiatr Clin North Am*. 2003;26:563-580.

Vulvovaginal Atrophy Symptoms

- ▶ Urge “to go”
- ▶ Frequent urination
- ▶ Vagina dryness
- ▶ Painful sex
- ▶ Recurrent urinary infection



Australasian Menopause Society
See: www.menopause.org.au

Physiology of Vulvovaginal Changes: Structure and Histology

- Loss of collagen and adiposity in vulva¹
- Clitoral glans loses protective covering²
- Vaginal surface thinner, less elastic; more friable²

¹Oriba HA, Maibach HI. *Acta Derm Venereol.* 1989;69:461-5.

²Bachmann GA, et al. In: *Treatment of the Postmenopausal Woman: Basic and Clinical Aspects.* 2nd ed. 1999:195-201.

The Vagina: Time Does *Not* Heal

- ▶ $\frac{1}{2}$ of women have symptoms early on in menopause
- ▶ Unlike hot flashes, urogenital atrophy **worsens** with time
- ▶ Related to lack of estrogen

Healthy Vagina, Healthy Vulva: Practical Tips

▶ Things to avoid:

- Harsh soaps, contact irritants (e.g., chemicals, perfumes)
- Over-bathing
- Dampness / bladder leakage
- Mini pads

▶ Recommended tips:

- Wear 100% cotton underwear
- Kegel, Pilates, Yoga exercises
- Weight loss

Non-Rx therapies for vaginal dryness

- ▶ Vaginal moisturizers effective; also produce low pH to guard against infection
- ▶ Vaginal lubricants ease penetration
- ▶ Avoid use of petroleum-based products
- ▶ Douches may worsen condition; antihistamines may have drying effect
- ▶ Continued sexual activity and/or stimulation may benefit vaginal health

Treatment Of Vulvovaginal Symptoms

- ▶ Stop smoking
- ▶ Use estrogen vaginally:

Cream Applicator or fingertip	 
Tablet Insert twice weekly	
Ring Change every 3 months	

Let's Talk About Sex

- ▶ Older couples have sex less often
- Sexual response changes with age

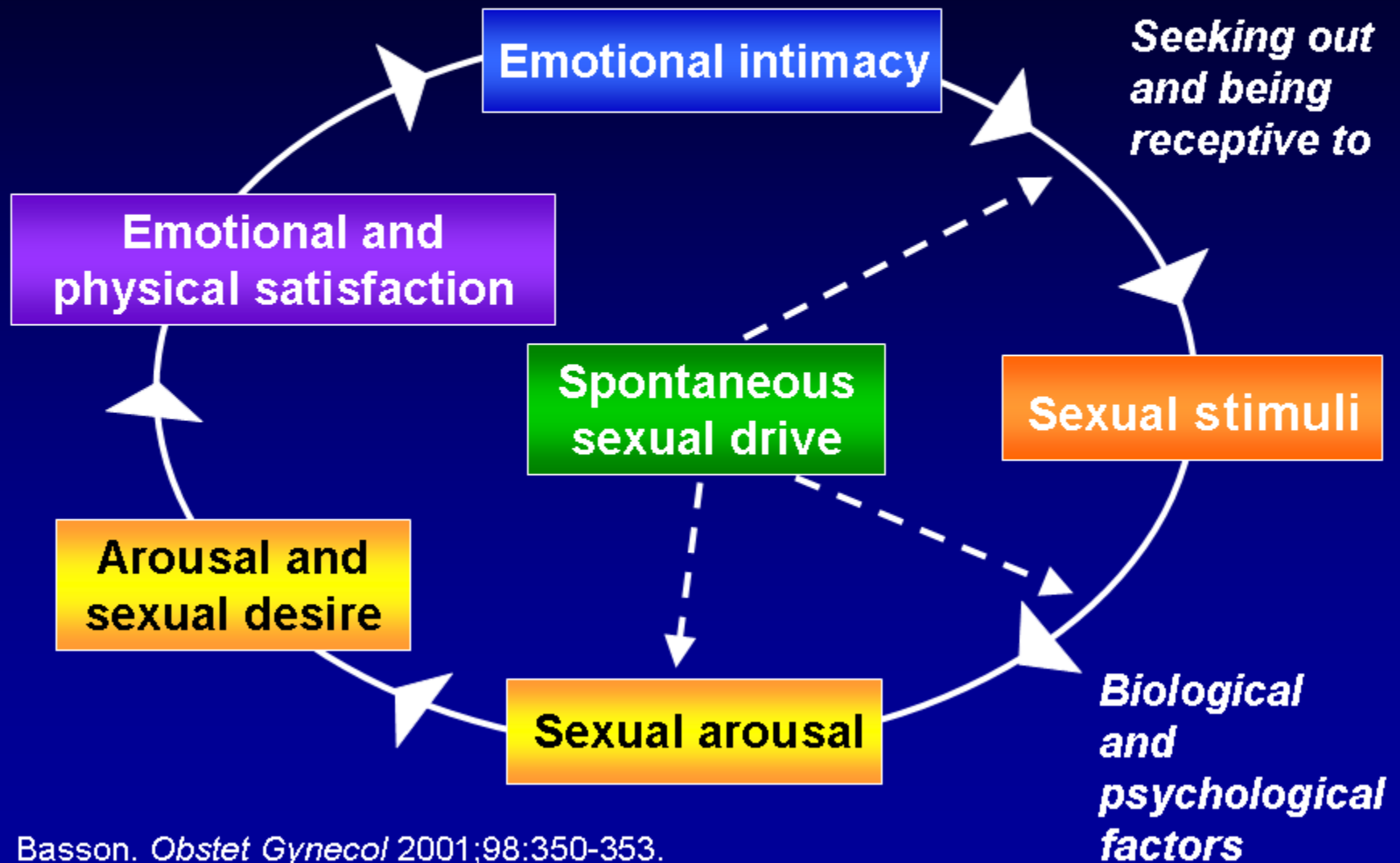
HOWEVER

- Regular sex helps maintain vaginal health
- Sex is rarely about hormones only



(c)

Intimacy-Based Model of Female Sexual Response Cycle



Basson. *Obstet Gynecol* 2001;98:350-353.

Female sexual dysfunction: definition and classification

International Consensus Development Conference on Female Sexual Dysfunction

- I. Sexual desire disorders
 - hypoactive sexual desire disorder
 - sexual aversion disorder
- II. Sexual arousal disorder
- III. Orgasmic disorder
- IV. Sexual pain disorders
 - dyspareunia
 - vaginismus
 - non-coital sexual pain disorder

Effect of perimenopause on parameters of sexual functioning

Cross-sectional data reported from longitudinal, population-based Australian cohort, 45–55 yrs

- ↓ Sexual responsivity
- ↓ Sexual frequency
- ↓ Libido
- ↑ Vaginal dyspareunia
- ↑ Partner problems

Sleep Disturbances

- ▶ *Common symptom with aging*
- ▶ *Hot flashes can make it worse*
- ▶ *Exercise helps*



Mood Troubles

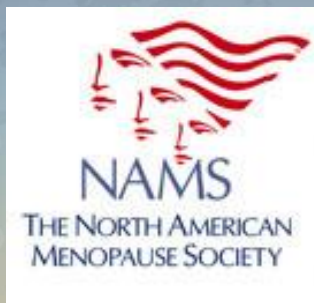
- ▶ Many women report “moodiness” during menopause transition
- ▶ Depression is more common among newly menopausal women



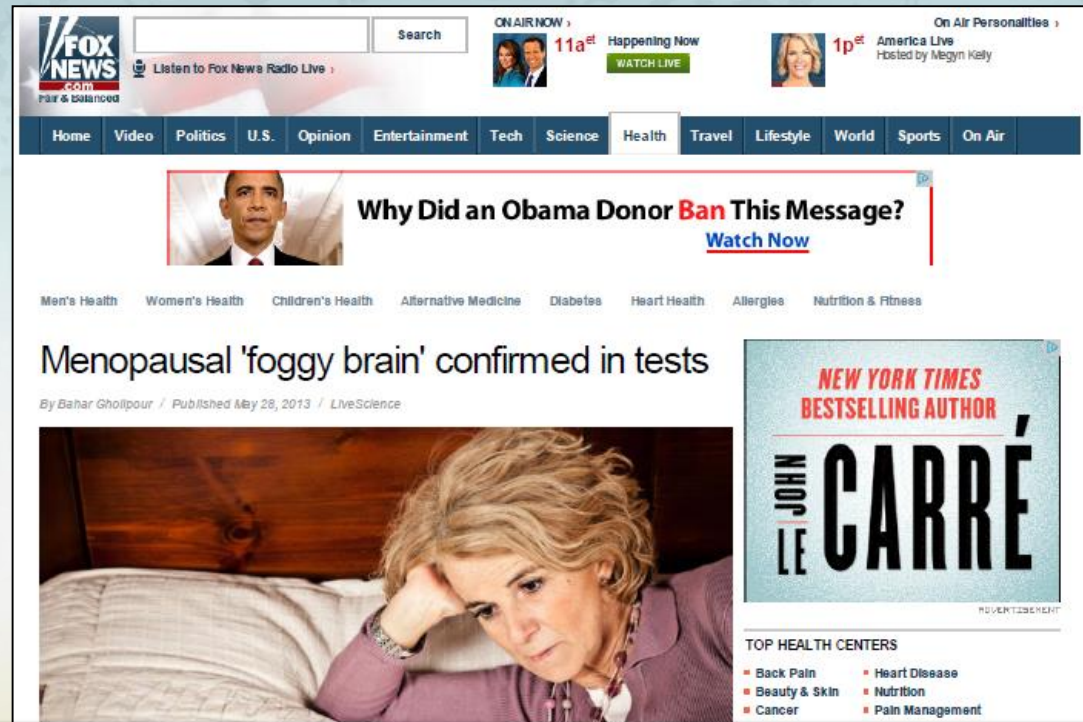
Weight Gain During Menopause



- ▶ Will happen if you don't maintain an active lifestyle
- ▶ Average weight gain 5–10 lbs
- ▶ About $\frac{1}{2}$ of women aged 45–64 are overweight
- ▶ Risk to your health:
 - Diabetes
 - Hypertension
 - Cancer
 - Stroke



& Menopause in the News



“The good news for women is that there’s proof that their perception about their performance is real,” said Dr. Margery Gass, the executive director for **The North American Menopause Society** and a gynecologist at Cleveland Clinic, who was not involved in the study. “Women should become proactive, make notes and lists, and make use of the little tricks that help us perform better,” she said.

Good News: *Taking Control*

- Menopause is a time of transition, not a disease
- ▶ Options for symptom management include lifestyle changes and, if needed, **appropriate** medication
- ▶ Regular exercise is one of the most important things you can do for yourself. Begin today!
- ▶ Follow a healthy eating plan, and maintain a healthy weight
- ▶ Reduce alcohol intake
- ▶ Stop smoking! NOW!!

- ▶ **Essential to know services to refer:**
- ❑ **Clinical Sexologist & Counsellor (me! 😊)**
- ❑ **Psychology Services / Social Worker**
- ❑ **Menopause & MSAC Clinic (KEMH)**
- ❑ **Women's Health Clinics**
- ❑ **Women's health Physiotherapy**
- ❑ **General Practitioner**
- ❑ **KEOH Institute (Private cost associated)**
- ❑ **Sex Therapy: SASWA**
- ❑ **SECCA: Sexuality & Disability Counselling**
- ❑ **Continence Specialist**
- ❑ **Men's sexual health at Hollywood Hospital**