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The Menopause Transition: Optimally Protecting Emotional Health

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NJAFP
New Jersey Academy of Family Physicians





Expert Panel

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Disclosures

Gloria Bachmann, MD, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Jeffrey P. Levine, MD, MPH, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Nancy A. Phillips, MD, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Theresa Barrett, PhD, and Emelyn Falcon, planners for this educational activity, have no relevant financial relationship(s) with ineligible companies to disclose.





Speaker Disclosure

Karen Antell, MD, MPH, FAAFP

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Learning Objectives

- Recognize that in the clinical setting, women from different ethnic backgrounds will characterize menopause and its associated symptoms differently
- Recognize the impact of implicit bias when evaluating subsets of women who present with mental health-related menopausal concerns
- Employ patient-focused, culturally relevant communication techniques when counseling patients regarding menopause and their menopausal symptoms
- Utilize a patient-centered, shared-decision making approach in the evaluation and management of menopausal symptoms, including depression
- Provide objective, up-to-date, evidence-based education regarding possible menopausal symptom treatment options along with an individualized management and follow-up plan



Housekeeping

- Complete the pre-test questions now using the link sent to participants.
- There is a space to record your answers for the case study.
- Complete the post-test at the end of the session.
- Complete the evaluation form and claim your credit.
- Return the form to a staff member or at the registration desk.





Menopause: Introduction

Introduction

Each menopausal patient presents with her own life circumstances and experience. Each woman will have her own psychological history, life events, coping skills, family background, relationship history, body image, roles, social and cultural interpretation of how menopause affects her life. Each woman needs to be given the time to tell her own story.

Amanda A. Deeks, PhD




Transition to Menopause

- Near-complete loss of estrogen production results in psychological, endocrinological, and physical changes which occur over years
- Symptoms
 - can range from mild/moderate discomfort to severe/disabling and are influenced by psychological, ethnic, and socio-cultural factors
- Menopause—the complete cessation of menses for 12 months—usually occurs at about 51 years of age, though the age can range from 45 to 55 years
- The average lifespan of a woman in the US is now 81 yrs old - most women can expect to spend about 30 years (almost 40%) of their lifetime post-menopausal



Talaulikar *Best Practice & Research Clinical Obstetrics & Gynecology*. 2022;81:3-7. | Goodman *Endocrine Practice*. 2011;17:1-25.



Menopausal Transition: Signs and Symptoms



Signs and Symptoms of Perimenopause

- Irregular bleeding
- Vasomotor symptoms (hot flashes and/or night sweats)
- Vulvovaginal symptoms (e.g., dryness, recurrent urinary tract infections, dyspareunia)
- Sweating
- Dizzy spells
- Palpitations
- Headache
- Decreased sexual desire
- Insomnia
- Fatigue
- Difficulty concentrating
- Irritability
- Anxiety
- Depression



Prevalence of Perimenopausal Symptoms

- Risk factors impacting the frequency and severity of vasomotor symptoms:
 - Menopausal status
 - Race
 - Smoking
 - Anti-endocrine therapy
 - Anxiety or depression prior to menopause
- Over 80% of women will experience vasomotor symptoms during the menopausal transition, with the majority rating them as moderate to severe.





Impact of Perimenopausal Symptoms

- The clinical symptoms of menopause can have a major impact on a woman's life and are the main reason for their seeking treatment
- Perimenopausal symptoms may interfere with work, exercise, and sex and result in relationship distress, impaired self-image, and decreased quality of life
- Decreased sexual desire may cause relationship issues



Early Menopause



Early Menopause

- Women who experience earlier menarche and nulliparity have a 2-fold increased risk of experiencing menopause at a younger age compared with women who experienced later menarche and had two or more children
- Low socioeconomic status in adulthood may result in menopause at a younger age
- Current smokers have double the risk of premature and early menopause; Former smokers have a 15% higher risk
- Some studies suggest that women who enter menopause at an earlier age are at greater risk for earlier mortality and developing chronic conditions, such as cardiovascular disease and type 2 diabetes



Impact of Smoking on Vasomotor Symptoms

- Studies have shown that smoking and passive smoke exposure are significant determinants of the intensity of vasomotor symptoms
- Even after adjusting for variables such as race/ethnicity and education level, current smokers are over 60% more likely to report vasomotor symptoms than non-smokers
- Researchers found a dose-response relationship between smoking and vasomotor symptoms





Overweight and Obesity

- Decreasing lean muscle mass and increasing fat mass begins in the premenopausal period and accelerate during the menopausal transition
- Overweight and obesity have been linked to an increased risk of vasomotor symptoms during pre- and perimenopause
- Obesity is associated with more severe vasomotor symptoms

Greendale *JCI Insight*. 2019;4(5).



Depression during the Menopausal Transition



Depression During the Menopausal Transition

- Depression is more common during the menopausal transition, and its treatment is not as straightforward
- The perimenopausal and early postmenopausal periods present an increased level of vulnerability for the development of depressive symptoms and major depressive episodes, even in women with no history of depression
- Women with a history of depression, who are going through menopausal transition are 13 times more likely to exhibit depressive symptoms
- 28% to 47% of women with no history of depression reported experiencing depressive symptoms in early perimenopause
- In an analysis of a large cohort of ethnically diverse women, early perimenopausal women showed a 1.74-fold increased odds of elevated depressive symptoms while Hispanic women had a 2.45-fold increase




Freeman *Archives of General Psychiatry*. 2004;61(1):62-70. | Bromberger *Archives of General Psychiatry*. 2010;67(6):598-607. | Maki *Menopause*. 2018;25(10):1069-1085. Shea *Journal of Obstetrics and Gynaecology Canada*. 2021;43(11):1316-1323.e1311. | Freeman *JAMA Psychiatry*. 2014;71(1):36-43. | Maki *Journal of Women's Health*. 2019;28(2):117-134.



Menopausal Symptoms and/or Underlying Depression

- There is evidence that perimenopausal estradiol fluctuation increases a menopausal woman's sensitivity to psychosocial stress and increases her vulnerability to depression
- Hormonal changes during the menopausal transition can lead to depressive symptoms or overt depression, exacerbate existing symptoms of depression, or reactivate previous major depression
- Physicians must determine if the emergence of depressive symptoms relates to the onset of menopausal symptoms, a history of depression, life stressors, or a combination of these factors
- Getting a history and engaging in motivational interviewing will help to uncover if there is a temporal relationship - either the menopausal symptoms are leading to the patient's depression or depression is exacerbating the menopausal symptoms





Re-Evaluating the Safety of Hormone Therapy for Menopausal Symptoms



Re-Evaluating the Safety of Hormone Therapy

- Reanalysis of the original data from the Women's Health Initiative, the North American Menopause Society has stated that for most symptomatic, healthy women aged 60 or younger or within 10 years of their final period, the benefits of estrogen-containing Hormone Therapy (primarily menopausal symptom management) outweigh the risk (breast cancer, CVD, CVA)
- Some arms of the study showed an increase in the incidence of breast cancer and coronary heart disease and a reduction in colorectal cancer and osteoporotic fractures
- The investigators at that time concluded that the risk vs benefit profile did not support the use of HT as a viable intervention for chronic disease.
- There are relatively few absolute contraindications to the use of estrogen-containing Hormone Therapy in Perimenopausal women (i.e., History of VTE, Breast Cancer, Current Smoking, Uncontrolled Hypertension)

Shifren *Menopause*. 2014;21(10).



Treatment: Recommendations for Clinical Care



Recommendations for Clinical Care

- For some patients with mood-related symptoms temporally related to menstrual cycle changes and vasomotor symptoms: initially consider a trial of estrogen therapy (COCs, ET, or EPT, depending on need for pregnancy prevention, menstrual control, and/or endometrial protection)
- In some patients, receiving estrogen therapy will help alleviate both their physical and mood symptoms
- In patients whose mood symptoms do not improve on HT, consider underlying depression being exacerbated by their physical symptoms
- In perimenopausal patients with significant somatic symptoms, SSRIs have been shown to be helpful
- In patients whose symptoms are severe: consider treating their physical symptoms with HT and their mood symptoms with an SSRI or an SNRI
- For moderate to severe vaginal and vulvar symptoms (dyspareunia, vaginal dryness, etc.), low-dose local vaginal estrogen therapy provides safe and highly effective management with low side effects
- For patients with both vasomotor and vulvovaginal symptoms, systemic ET or EPT with or without local vaginal estrogen therapy are effective treatment

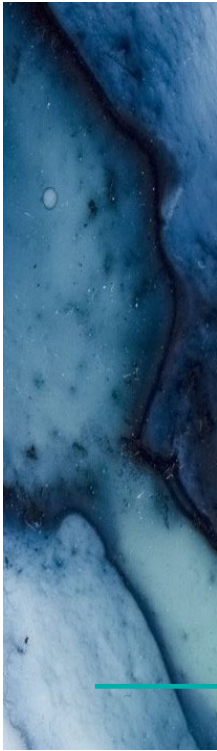


Menopause: The Role of Sociocultural Factors



The Role of Sociocultural Factors

- Sociocultural factors, including how menopause and female aging are viewed culturally, familial factors, and gender norms all impact a woman's experience of menopause
- Immigrant women experience more vasomotor symptoms and poorer mental health than non-immigrant women, and they were dissatisfied with the care they received
- Reasons for dissatisfaction:
 - Lack of information provided by their physician
 - Receiving hormone replacement therapy without sufficient education
 - Recommendation of treatment perceived as unnecessary
 - Inadequate treatment option counseling due to time constraints
 - An unfriendly manner
- Women who immigrated from their country of origin, especially if there is a language barrier, felt that they received little information and support during menopause even when receiving care from physicians of the same cultural background.



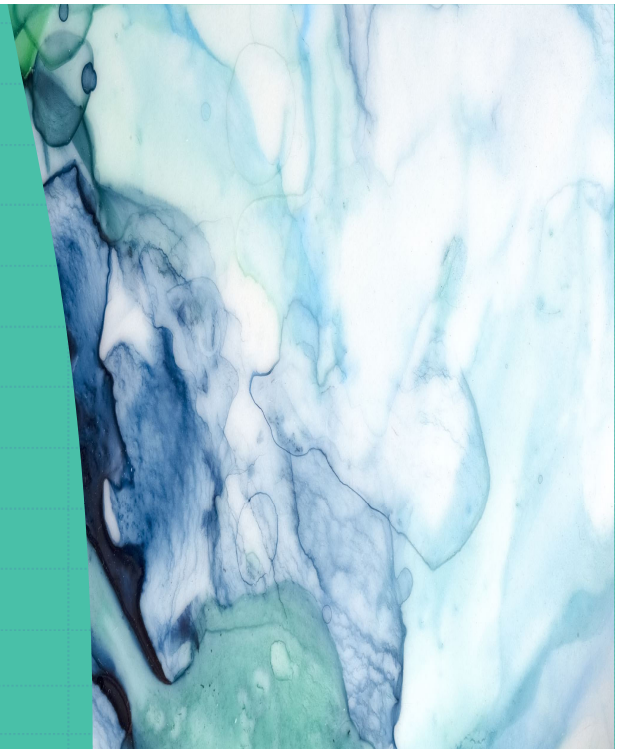
How Culture Affects Perception of Menopause

- Differences exist regarding women's experience of menopause based on culture and beliefs in their community
- Western culture tends to use negative words such as "ovarian failure," suggesting menopause is a condition that requires treatment and not a normal phase of life
- Most of Western culture regards menopause as a marker of age progression and a loss of youth and sexual attractiveness
- Arab culture views menopause in a negative light. There is a high value placed on fertility, so when an Arab woman begins to lose the ability to be fertile the result is "desperate age" or "the age of despair"
- In cultures where menopause is viewed as a positive experience, symptomatology is different
- Researchers found that women who were non-European had a better attitude toward menopause and had fewer hot flashes
- Guatemalan Mayan women accepted symptoms with equanimity as menopause brings them more freedom and higher status



Namazi *International Journal of Women's Health*. 2019;11:637-647 | Obermeyer *MENOPAUSE*. 2000(3):184-192. | Carolan *J Obstetric, Gynecologic, & Neonatal Nursing*. 2000;29(4):397-404 | Stewart *Maturitas*. 2003;44(4):293-297.

Talking with Your Patient





Talking with the Patient

- Asking the patient questions about symptoms validates what the patient is experiencing and will help get to the underlying cause of the symptoms
- The patient may not admit to symptoms the first time the questions are asked
- The patient may not know that they are experiencing symptoms of menopause or that there are treatment and counseling options to help alleviate discomfort



Talking with the Patient

- Educating patients about the menopausal transition before they reach the age of perimenopause will help ease them into the transition in terms of symptom management and changes in mood
- Have an honest conversation to help dispel any myths or misunderstandings
- Help your patient understand that the things she is experiencing are very common
- Motivational Interviewing and shared decision-making provide an avenue to begin understanding your patient's individual experience and empowering her to participate in her treatment
- Asking the right open-ended questions, helping patients feel comfortable asking questions, and sometimes having their partner involved, will help tease away what the root of the problem is so it can be treated appropriately





Suggestions for Talking with the Patient

Some suggestions when having a conversation with the patient:

- Remind them that the symptoms they are experiencing are normal and treatable and can be managed successfully
- Discuss medication options
- Discuss the use of herbal remedies
- Ask patients what they would like to do to manage their symptom
- Encourage weight loss and quitting smoking to reduce vasomotor symptom
- Set realistic expectations
- Take into account the patient's fears, and beliefs



Acknowledging and Addressing

- Individual, clinician, and system-level barriers contribute to unequal care among patients
- Implicit biases that some clinicians may have contribute to disparities, despite their best intentions to provide equitable care
- Bias can impact clinical judgment and promote clinical inertia, which occurs when clinicians do not act even when they know a patient needs treatment or more intensive therapy
- Physicians and their care teams should acknowledge implicit bias and implement interventions to counter clinical inertia and nonadherence to mitigate health disparities for at-risk populations
- Team-based care and linkages to the medical neighborhood mean that interventions must address the racial bias of care teams
- Raising awareness of racial and ethnic disparities are steps that physicians and their care teams can take to eliminate the racial and ethnic disparities experienced by patients





Dealing with Time Constraints

- During the patient's initial visit, express that you want to help and that you want to make sure there is time to address their concerns
- Suggest continuing the discussion at a later appointment within the next several weeks, which can be in-person or via telemedicine
- Unless a patient is experiencing active suicidal/homicidal ideation that necessitates urgency, you can schedule a return visit



Motivational Interviewing/ Shared Decision Making



Motivational Interviewing

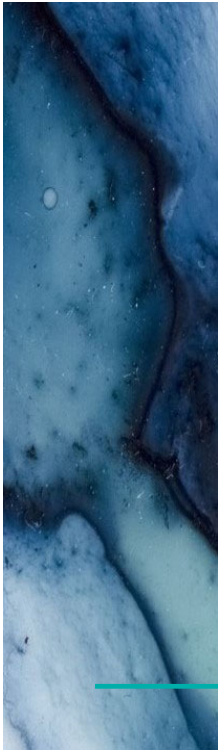
- Every woman's experience of the menopausal transition is unique, and therefore, strategies for managing this transition need to be individualized
- Motivational Interviewing and shared decision-making provide an avenue to begin understanding your patient's individual experience and empowering her to participate in her treatment
- Have honest conversations with your patients and educate them on what to expect during the menopausal transition



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Case Study: Loraine

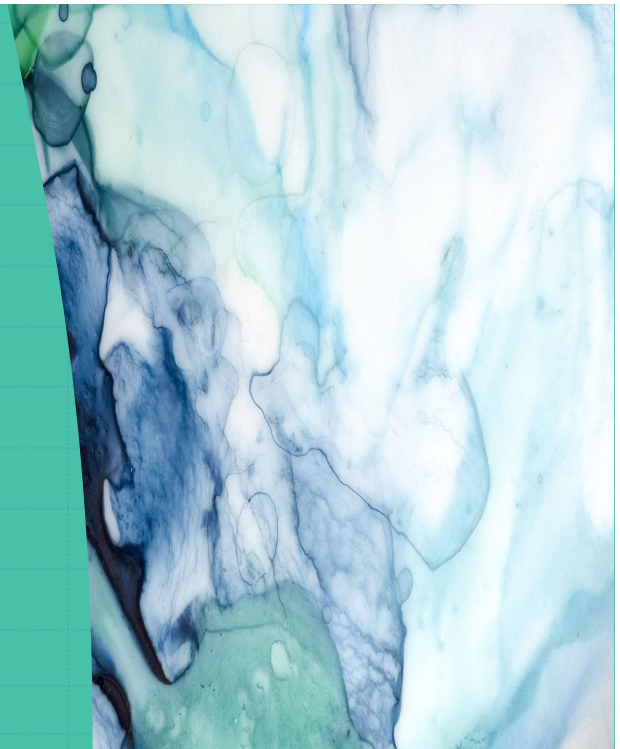


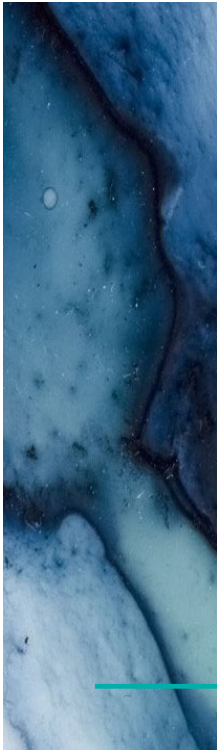
Case Study: Loraine

- Loraine, aged 45 years, comes to you because she has been feeling fatigued, anxious, and irritable. She has occasional missed periods followed by heavy menses and she is a non-smoker
- She does not know what is wrong and feels like she is losing control of her body, which is doing unpredictable things
- She cannot talk to her husband about “female” troubles and feels increasingly isolated



Case Study: Rosa





Case Study: Rosa

- Rosa is a 53-year-old office manager whose last period was 2 years ago
- She is having progressively worsening hot flushes, which leave her feeling embarrassed and out of control at work
- She is feeling increasingly anxious about her performance and is also losing sleep at night due to her hot flushes and worry
- She is healthy but has a BMI of 30 and is concerned about weight gain



Menopause Resources for Clinicians and Patients

The Journal of Clinical Endocrinology & Metabolism (JCEM)	https://tinyurl.com/4dc5u68a
The North American Menopause Society (NAMS)	https://www.menopause.org/
World Health Organization	https://rb.gy/vbnb1f



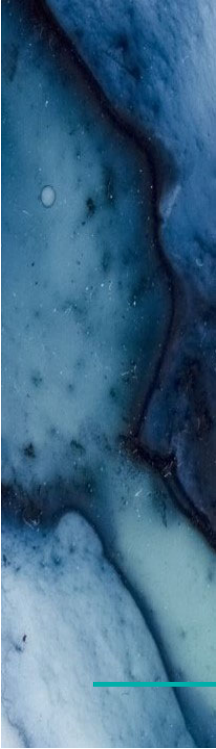
Conclusion

- As healthcare providers we need to support women through the perimenopause and menopausal years. This involves promoting the conversation, offering therapeutic options, and seeing beyond our own biases
- Recognizing the complexity of the physical and psychosocial changes is imperative, as is adapting treatment strategies
- This is well exemplified in the diagnosis and management of depressive symptoms in this population, which may be impacted both by hormonal fluctuations during the menopause transition with its subsequent somatic and mood symptoms alone or in addition to sociodemographic factors associated with depression



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Q & A

Thank you.

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