Menopause

Three levels of Menopausal symptoms Typically occur in order (but not always) around transition time from peri-menopausal to full cessation of menses after 12 months.

Level 1: Hot flushes/vaginal dryness

Level 2: Mood swings/ “brain fog”

Level 3: Sleep disturbance – if routinely disrupted, quality of life goes down rapidly.

Treatment approach for Menopausal Symptoms

Level 1 Mostly for mild menopausal symptoms

mild – moderate hot flushes (not severe flushes, mood swings nor sleep disturbance)

• Increase cruciferous vegetables (helps with metabolic balance of estrogen metabolism)

• Avoid/reduce alcohol consumption (same)

• Consider acupuncture with TCM provider

• Increase consumption non-GMO minimally processed soy foods (miso, tempeh, not soymilk or soy 'dogs') Can eat 1-2 traditional soy servings/day

• Regular exercise – 150 minutes/week cumulative

• Herbal medicine: oBlack cohosh -- 80 mg bid (Nature's Way brand was clinically studied) as first line herbal Rx) . Second line herbal Rx: Chaste tree berry (Vitex) 175- 225 mg per day Solaray and NOW brands have standardized chaste tree supps -- available via Vitacost.com. Herbal combination Hoffman recommends tincture (alcohol or glycerin extract) of: 2 parts vitex (Chaste tree berry), 1 part Cimicifuga racemosa (black cohosh), 1 part Hypericum perforatum (St. John's wort) +/- 2 parts Leonurus cardiaca (Motherwort) for palpitations Direction: Take 5 ml three times a day

**For vaginal dryness alone:**

• Prescribe (unopposed) estrogen cream – Estrace® is the bioidentical version of the vaginal cream; the generic 17-beta estradiol is cheaper but make sure it’s 17-beta estradiol.

Start at 1 gram of cream vaginally x 7-14 days to build up vaginal lining, then drop to one or twice a week there after.

**Level 2 – Brain fog, emotional lability, mood swings**

• Consider treating adrenal fatigue [whole separate topic and handout]

• Continue lifestyle and herbal, TCM treatments.

• Pharmacological option if appropriate for your patient: venlafaxine (best evidence)

**Level 3 – Debilitating sleep disturbance**

If this is significantly affecting her quality of life, and other measures above not helpful, time to consider HRT – hormone replacement therapy especially pellet therapy.

**HRT RULES:**

1. **Do benefits of estrogen outweigh the risks?** [see below]

2. **Does she have an intact uterus?**

YES -Must also give progesterone

NO - Ok to give estrogen alone

• Estrogen unopposed increases endometrial hyperplasia by 20-50% in 1 year

**3. Agrees to routine women’s health screening?**

If HRT is strong enough to have benefit, may also cause harm.

**4. How to prescribe: “As little as needed, for as short as possible”**

• Prescribe only when symptomatic

• Lowest effective dose possible

• Shortest treatment length possible.

5. Utilize bio-identical hormones when possible At least equal if not superior effects compared to pharmaceutical options, and much less side effects.

6. Have a taper plan (limit to 5 years)

Rule 1: HRT Benefit > Risk?

Women’s Health Initiative (WHI) in 2002 stopped the then-routine practice of HRT to postmenopausal women. It demonstrated increased breast cancer, stroke, venous thromboembolism in large RCT. However average age of study patients were 63. Need to reanalyze HRT based on AGE—typically start HRT when menopause starts around age 52

. • Risks of HRT – INCREASED breast & endometrial cancer – INCREASED cholecystitis – Increased DVT and PE – Increased risk for stroke.

• Would not offer HRT to women with h/o breast cancer, gallbladder dx, clotting d/o, PE or DVT, stroke, or smokers.

**CONTROLLING HOT FLASHES**

Non-estrogen treatments for hot flashes are effective in many women. None work as well as estrogen, but they can be helpful.. Options include:

**Paroxetine** — Paroxetine (SSRI) nonhormonal therapy is approved for hot flashes (in the United States). This agent is a depression medicine but given at a lower dose for hot flashes.

Note: paroxetine can interfere with tamoxifen and make tamoxifen less effective, so do not take it with Tamoxifen ( Breast cancer medicine).

**Gabapentin** — Gabapentin (Neurontin) is a seizure medicine. It relieves hot flashes in many women, it should be offered as a single bedtime dose.

**Venlafaxine** (Effexor) is a depression medicine. Research studies shown that it is an effective treatment for hot flashes.

**Plant-derived estrogens (phytoestrogens)** — Plant-derived estrogens have been marketed as a "natural" or "safer" alternative to hormones for women with menopausal symptoms. Phytoestrogens rich foods are soybeans, chickpeas, lentils, flaxseed, lentils, grains, fruits, vegetables, and red clover. Isoflavone supplements, a type of phytoestrogen, can be purchased in health vitamin stores.

Phytoestrogens help to reduce hot flashes or night sweats but many studies have not reported benefit. In addition, some phytoestrogens might act like estrogen in some tissues of the body.

**"Natural" remedy for hot flashes**

**Herbal treatments** — A number of herbal treatments have been promoted as a "natural" remedy for hot flashes. In fact, many postmenopausal women use black cohosh for hot flashes, but clinical trials have shown that it is not more effective than placebo. There have been concerns that black cohosh could stimulate breast tissue like estrogen, increasing the risk of recurrence in women who have had breast cancer. So far, there is no evidence that it is harmful, even in women with breast cancer. Still, some experts suggest that women with breast cancer avoid black cohosh until this has been studied more extensively. Herbal treatments are not recommended for hot flashes or other menopausal symptoms.

**Cognitive behavioral and other treatments**

* Stress management
* Relaxation
* deep breathing
* yoga

Other approaches such as hypnosis, stellate ganglion blockade (numbing of a nerve in the neck with an injection), and acupuncture reduce hot flashes, but they might work at least in part due to a placebo effect.