The Menopause Transition: Optimally Protecting Emotional Health

Speaker Name

Speaker Credentials

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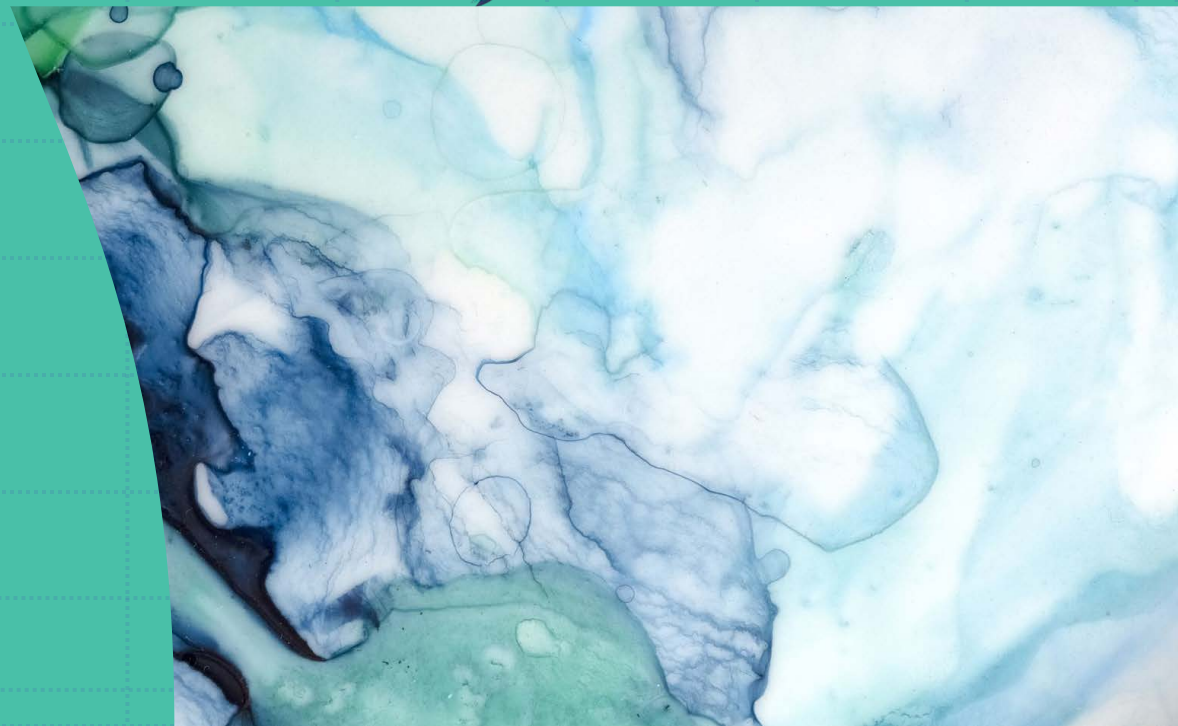

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Disclosures

Gloria Bachmann, MD reports no financial relationships.

Jeffrey P. Levine, MD, MPH reports no financial relationships.

Nancy A. Phillips reports no financial relationships.

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

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Speaker Disclosure

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME).

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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 treating subsets of women who present with mental health-related menopausal concerns
- Employ a patient-centered approach in the diagnosis and treatment of menopausal symptoms, including depression
- Employ patient-focused communication techniques when counseling patients regarding menopause and menopausal symptoms
- Provide menopause-specific, culturally relevant education when counseling patients about menopausal symptoms and possible treatments

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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.[1]

Amanda A. Deeks, PhD

Introduction of Menopause

- The transition from normal ovarian function to the near-complete loss of estrogen production comes with a range of psychological, endocrinological, and physical changes which occur over years.[2,3]
- Symptoms can range from mild/moderate discomfort to severe/disabling and are influenced by psychological, ethnic, and socio-cultural factors. [2,3]
- 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
- Based on increasing life expectancy, most women will live nearly 40% of their lives post-menopausal.[5]
- Average lifespan of a woman in the US is 81yrs old, depending on several factors. From 51yrs to 81yrs is 30yrs.

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Menopause: Signs and Symptoms of Perimenopause

Signs and Symptoms of Perimenopause

- Irregular bleeding
- Vasomotor symptoms (hot flushes and/or night sweats)
- Vulvovaginal symptoms (e.g., dryness, recurrent urinary tact infections, dyspareunia)
- Sweating
- Dizzy spells
- Palpitations
- Insomnia
- Fatigue
- Headache
- Changes in mood
- Depression
- Difficulty concentrating
- Nervous tension
- Decreased sexual desire

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Prevalence of Perimenopausal Symptoms

- Lifestyle and socio-demographic factors play a role in the frequency and severity of symptoms, with good evidence to support menopausal status, black race, smoking, anxiety or depression prior to menopause, and anti-endocrine therapy as risk factors for hot flashes. [26]
- Over 80% of women will experience vasomotor symptoms during the menopausal transition, with the majority rating them as moderate to severe. [24,25]
- Over 50% of women will experience vulvovaginal symptoms

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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
- Vulvovaginal 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

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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
- There is a strong association between lead and other heavy metal exposure and younger age of natural menopause
- Low socioeconomic status in adulthood may result in menopause at a younger age
- Former smokers have a 15% higher risk of premature and early menopause
- Current smokers have double the risk than never smokers, increasing their risk for cardiovascular disease
- Some data suggest that women who enter menopause at an earlier age are at greater risk for earlier mortality and are more likely to develop chronic conditions, such as cardiovascular disease and type 2 diabetes.

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Impact of Smoking on Vasomotor Symptoms

- Studies have shown that smoking and passive smoke exposure are a significant determinant of the intensity vasomotor symptoms. [27,28]
- 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. [24]
- Researchers found a dose-response relationship between smoking and vasomotor symptoms

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Overweight and Obesity

- Decreasing lean muscle mass and increasing fat mass begin in the premenopausal period and accelerate during the menopausal transition. [30]
- 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
- Hormone therapy and antidepressant may promote weight gain

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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. [35,36]
- 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. [37,38]
- With a history of depression, a woman who is going through menopause is 13 times more likely to exhibit depressive symptoms. [39]
- 45% to 68% of perimenopausal women reported elevated depressive symptoms compared with 28% to 31% of premenopausal women [41]
- 28% to 47% reported increased depressive symptoms in early perimenopause [41]
- 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 increased odds of elevated depressive symptoms while Hispanic women had a 2.45-fold increased odds. [41]

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Menopausal Symptoms and/or Underlying Depression

- The menopausal transition can exacerbate or mask a pre-existing underlying depression or reactivate previous major depression
- Physicians must determine if the emergence of depressive symptoms relate 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

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Factors that May Influence Perimenopausal Depression

- There is evidence that perimenopausal estradiol fluctuation increases a menopausal woman's sensitivity to psychosocial stress and increases her vulnerability to depression
- While hormonal fluctuations play a role in perimenopausal depression, psychosocial stressors, lower educational level, being unmarried (either by choice, widowed, or divorced), and going through financial hardships are all major risk factors for depression
- The stress of aging parents, children leaving home, chronic health problems that progress over time (e.g., hypertension, diabetes, thyroid issues), and career pressures are all additive

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Unmasking Depression: Questions to Ask the Patient

Unmasking Depression: Questions to Ask the Patient

- Have you lost interest in activities and hobbies you previously enjoyed?
- Do you have overwhelming fatigue?
- Do you lack motivation?
- Are you having difficulty making decisions?
- Are you having difficulty absorbing information?
- Are you having trouble concentrating?
- Have you had changes in appetite changes—have you lost your appetite, or are you eating too much?
- Do you have persistent feelings of hopelessness or irritability or sadness?

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History of Hormone Therapy

History of Hormone Therapy (1)

- The Women's Health Initiative (WHI) enrolled 16,608 participants. Its goal was to evaluate the effect of HT on cardiovascular disease, osteoporosis and cancer. .[51]
- In 2002, after a mean follow-up period of 5.2 years , the first results of the study were published. [51]
- 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
- They recommended that the regimen should especially not be continued or initiated for the primary prevention of cardiovascular disease
- The trial was halted; media coverage of the results created a panic among women using HT and brought about updated guidelines for the prescribing of HT

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History of Hormone Therapy (2)

- New studies, reanalysis of the original data, and a meta-analysis showed that postmenopausal women within 10 years of menopausal onset and women from 50 to 59 years of age benefited from hormone therapy (HT), with a reduction of coronary diseases and all-cause mortality. [51]
- The North American Menopause Society (NAMS) has stated that for most symptomatic, healthy women aged 60 or younger or within 10 years of their final period, the benefits of HT outweigh the risks. [49]

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Treatment: Recommendations for Clinical Care

Recommendations for Clinical Care

- For some patients with mood-related symptoms (anxiety, irritability, depression) temporally related to menstrual cycle changes and vasomotor symptoms (hot flushes, night sweats), you may consider a trial of HT
- 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 that is being exacerbated by their physical symptoms
- In patients with significant somatic symptoms, SSRIs have been shown to be helpful.[41]
- Some patients may have symptoms that are so severe you may 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 or, when indicated, and systemic estrogen +/- progestin hormone therapy are effective treatments

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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
- When asked about their dissatisfaction, women listed a 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, and an unfriendly manner
- Women who immigrated from their country of origin, especially is 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

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The Role of Sociocultural Factors

- Immigrant women are unlikely to start a conversation about menopause with their physician
- Many immigrant women have limited knowledge about menopause and postmenopausal health, with their main source of knowledge being family and friends
- Women experiencing symptoms of menopause may be ashamed or embarrassed to ask for advice and support
- In many cultures asking for help or support is uncomfortable or unacceptable, and the need to take medication is a sign of weakness

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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

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Talking with the 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

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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, sometimes having their partner involved, will help tease away what the root of the problem is so it can be treated appropriately

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

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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 judgement 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

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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

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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.[2]
- 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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Shared Decision Making

Some suggestions when having a conversation with the patient:

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Case Study: Loraine

Case Study: Loraine

- Loraine, aged 49 years, comes to you because she has been feeling fatigued, anxious, and irritable.
- 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.

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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.

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Case Study: Cassandra

Case Study: Cassandra

- Cassandra returns after 6 months, feeling better and more functional at work.
- Her last period was 9 months ago, and she is feeling shorter tempered at work again.
- She asks if she should increase her dose of SSRI. Upon further discussion, you find that she is now having night sweats that are making her lose sleep. She does feel more tired.

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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 health care 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 so very well exemplified in the treatment of depression in this population, which may be impacted both by the physiologic changes of menopause and its subsequent physical symptoms alone or in addition to the more recognized neurochemically based depression.

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Questions

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