



# PERIMENOPAUSE, MENOPAUSE AND POSTMENOPAUSE

## What can we do to optimise our health?

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GP AND LECTURER

# PERIMENOPAUSE

- ▶ Time leading up to a woman's final period
- ▶ Transition from reproductive age through to menopause
- ▶ Begins with first clinical, biological and hormonal features
- ▶ Ends 12 months after last period
- ▶ Typical age of onset 45 years
- ▶ Some women experience symptoms earlier
- ▶ Typical duration 5-8 years
- ▶ Perimenopause symptoms have been reported to last up to 12 years

# PERIMENOPAUSE DIAGNOSIS

- ▶ IT IS A CLINICAL DIAGNOSIS and **blood tests are not recommended in women age > 45 years**
- ▶ Diagnosed on the presence of menopausal symptoms and or/change in periods
- ▶ Age 40-45 – Follicle Stimulating Hormone (FSH) bloods if a woman has change in periods and menopausal symptoms when diagnosis is uncertain
- ▶ A normal FSH result does not exclude menopause
- ▶ FSH bloods taken on day 2 and day 5 if a woman is having periods

# HOW DO WE FEEL

- ▶ Some women transition through with very little symptoms - *minority*
- ▶ Majority
- ▶ Mixture of symptoms – not just hot flushes and sweats
  - ▶ *May not know what is happening*
  - ▶ *Where is the old me?*
  - ▶ *Shrink into the background*
  - ▶ *Not up to life*
  - ▶ *Can't do tasks which were so easy*
  - ▶ *Relationship issues*
  - ▶ *What sex life?*

# SYMPTOMS OF PERIMENOPAUSE/MENOPAUSE

- ▶ **Vasomotor (VMS)**

- ▶ *Hot flushes, night sweats – internal temperature control haywire with < oestrogen*

- ▶ Disturbed sleep

- ▶ Musculoskeletal

- ▶ *Joint pain, muscle pain, stiffness*

- ▶ Mood changes

- ▶ *Anxiety, low mood, feelings of doom*

- ▶ Cognitive symptoms

- ▶ *Brain fog, lists for lists*

- ▶ Urogenital symptoms

- ▶ *Urinary frequency, urgency, painful sex*
- ▶ *Vaginal dryness, vaginal itch or discomfort*

# LESS COMMON SYMPTOMS OF PERIMENOPAUSE/MENOPAUSE

- ▶ Burning mouth syndrome
- ▶ Fatigue
- ▶ Palpitations
- ▶ Headaches
- ▶ Dry skin
- ▶ Dry eyes
- ▶ ?? Weight gain – central adiposity
- ▶ Loss of sex drive/libido
  - ▶ *'I'm so damn hot but not'..*

# GREENE SCORE

Greene, J. G. (1976) A factor analytic study of climacteric symptoms. *Journal of Psychosomatic Research*, 20, 425—430.

- ▶ The Greene Climacteric Score
- ▶ The Greene Score provides a brief measure of peri/menopause symptoms
- ▶ It can be used to assess changes in different symptoms, before and after menopause treatment
- ▶ Three main areas are measured:
  - ▶ 1. Psychological
  - ▶ 2. Physical
  - ▶ 3. Vasomotor

# GREENE SCORE

	Psychological Symptoms	Not at all 0	A little 1	Quite often 2	All the time 3
1	Heart beating quickly or strongly				
2	Feeling tense or nervous				
3	Difficulty in sleeping				
4	Excitable				
5	Attacks of anxiety, panic				
6	Difficulty in concentrating				
7	Feeling tired or lacking in energy				
8	Loss of interest in most things				
9	Feeling unhappy or depressed				
10	Crying spells				
11	Irritability				



# GREENE SCORE

	Physical Symptoms	Not at all 0	A little 1	Quite often 2	All the time 3
12	Feeling dizzy or faint				
13	Pressure or tightness in head				
14	Parts of body feel numb				
15	Headaches				
16	Muscle and joint pains				
17	Loss of feeling in hands or feet				
18	Breathing difficulties				

# GREENE SCORE

	Vasomotor Symptoms	Not at all 0	A little 1	Quite often 2	All the time 3
19	Hot flushes				
20	Sweating at night				

# GREENE SCORE

	Symptom	Not at all 0	A little 1	Quite often 2	All the time 3
21	Loss of interest in sex				

# INTERPRETATION OF GREENE SCORE

- ▶ Studies have shown that women who score over 12 are more likely to be peri/menopausal
- ▶ There is a wide range
- ▶ Possible to score lower than this and still be peri/menopausal
  - ▶ *Night sweats/hot flushes diagnostic over age 45*
- ▶ Isolated symptoms may not be symptoms of peri/menopause
- ▶ Worth doing this score ahead of meeting with GP
- ▶ Easily accessible versions on internet

# FIRST PERI/MENOPAUSE CONSULT

- ▶ Symptom history – Greene Score
- ▶ Menstrual history
- ▶ Gynaecological history
- ▶ Contraceptive history
- ▶ Past medical history, including history of migraine
- ▶ Screening history
  - ▶ *Cervical smear, mammogram if appropriate for age*
- ▶ History to suggest hormones sensitivity
- ▶ History of underlying pathology
- ▶ Pre-existing risk factors for long term health cardiac/osteoporosis
- ▶ Blood pressure
- ▶ Body Mass Index
- ▶ Breast/pelvic exam – *only if indicated*
- ▶ Bloods (Non hormone)
- ▶ Bone density (DEXA) scan - *if indicated*

# MANAGEMENT

- ▶ Individualised
- ▶ **Lifestyle advice**
- ▶ **Role of hormone replacement therapy (HRT) if suitable**
- ▶ **Non HRT interventions (no hormones)**
- ▶ Risk assessment
  - ▶ *Cardiovascular disease, diabetes, osteoporosis*
- ▶ Screening programmes
  - ▶ *Cervical, breast, colon, diabetic retina screening if applicable*
- ▶ Consider
  - ▶ *Menopausal symptoms, vulvovaginal atrophy, sexual dysfunction, contraception*

# LIFESTYLE INTERVENTIONS

- ▶ Physical activity that is liked! (150 mins/week)
  - ▶ Diet modification, whole foods, nutrient dense
  - ▶ Smoking cessation
  - ▶ Monitoring alcohol consumption
  - ▶ All will improve energy levels/improve sleep/well being
- 
- ▶ Dressing in layers
  - ▶ Portable fans
  - ▶ Workplace champions
  - ▶ Understanding partners

# MENOPAUSE

- ▶ Menopause diagnosed if no period for at least 12 months
- ▶ Together with no hormonal contraception or hormonal therapy associated with stopping periods
- ▶ Perimenopause symptoms still be present
  
- ▶ Menopause diagnosed if women have no ovaries
  - ▶ *Surgically-induced menopause*



# POST MENOPAUSE

- ▶ Nil menopause symptoms
- ▶ Lifestyle interventions crucial
- ▶ Cardiovascular/Osteoporosis risk assessment
- ▶ Thinning of vaginal tissues - Vulvovaginal atrophy
  - ▶ Consider local vaginal oestrogen
- ▶ 1,000 -1,500mg of Calcium/day (most from dairy food)
- ▶ 800 - 1,000IU of Vitamin D/day
- ▶ Certain populations e.g. Asian/Afro Caribbean women may require more Vitamin D

# HRT

- ▶ Every one is talking about it
- ▶ Do I need it?
  - ▶ Can choose to manage peri/menopause symptoms without HRT
- ▶ Can I take it forever?
  - ▶ Yes if benefits outweigh risks & no medical change
- ▶ Am I too old for HRT?
  - ▶ Best to catch < age 60yrs or within 10yrs of last period

# HRT medications

- ▶ Many forms
- ▶ Tailored prescribing depends on whether
  - ▶ Contraception required
  - ▶ Still periods
  - ▶ No periods > 1 year
  - ▶ Womb present/absent
  - ▶ Contraindications/Medical conditions/Medications

# Forms of HRT

- ▶ Tablets – rare
- ▶ Progesterone component for those with womb present
  - ▶ Mirena – valid for **5** years
  - ▶ Progesterone bioidentical tablets oral/vaginal (various formulations)

## **PLUS**

- ▶ Transdermal oestrogen
  - ▶ Gel
  - ▶ Patch
  - ▶ *Transdermal oestrogen only if no womb*

# IN ADDITION

- ▶ Vaginal oestrogen
- ▶ Very safe to use, lifelong after initial loading dose
  - ▶ Tablets
  - ▶ Cream
  - ▶ Pessaries
  - ▶ Gel
  - ▶ *Contraindication use of aromatase inhibitors*

# TESTOGEL

- ▶ Is it the female Viagra?
- ▶ Indicated in low libido
- ▶ May help fatigue
- ▶ Optimise HRT doses initially
- ▶ Symptoms of vulvovaginal atrophy treated i.e. vaginal oestrogen
- ▶ **BLOODS**
  - ▶ Total testosterone levels pre therapy, 6 weeks post & 6-12 month intervals
- ▶ Administer as directed
- ▶ Side effects – uncommon if levels maintained in female biological range
- ▶ If not working by month 6 – **stop**

# HRT CONTRAINDICATIONS

- ▶ Much lower doses than pill!
- ▶ **MENOPAUSE SPECIALIST CLINICS (HSE)**
  - ▶ Sex Hormone Sensitive Cancer (Breast / Ovary / Womb Lining - endometrium)
  - ▶ Stroke
  - ▶ Heart attack & other Coronary Heart Disease
  - ▶ Blood Clots
  - ▶ HIV
  - ▶ Active Liver Disease
  - ▶ Referral by GP
  - ▶ *NB HRT not contraindicated in Cervical Cancer*

# HRT Recommendations in peri/menopausal women

British Menopause Society 2020

- ▶ “HRT initiated before age 60 (or within 10yrs of menopause) likely to be associated with a reduction in coronary heart disease and cardiovascular mortality”
- ▶ Reduction in Osteoporosis



# TAKE HOME MESSAGES

- ▶ If it is not adding up and not just life laundry
- ▶ Think peri/menopause
- ▶ Greene Score
- ▶ Talk to your GP
- ▶ We will listen
- ▶ Signpost and discuss management plans
- ▶ Shared decision making
- ▶ One size does not fit all



THANK YOU