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Beginning the Menopause Conversation: Treating Its Impactful Symptoms

Narrator:
This is CME on ReachMD. The following activity titled, *Beginning the Menopause Conversation: Treating Its Impactful Symptoms,* is provided by Omnia Education and supported by an independent educational grant from Pfizer.

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The following is a representative dialogue between a patient and a clinician discussing menopause and its treatments.

Your expert clinician is Dr. Andrea Singer, Director of Women's Primary Care and Bone Densitometry in the Department of Obstetrics and Gynecology at MedStar Georgetown University Hospital in Washington, DC.

Introduction:
An estimated 40% of women will spend up to one-third of their lives in menopause and experience symptoms such as hot flashes, vaginal dryness, problems sleeping, sexual dysfunction and joint pain. Women are generally reluctant to talk with their healthcare providers about these issues.

I'm Dr. Andrea Singer. The patient that we'll speak with, Tracy, is a 54-year-old woman who had her last menstrual cycle 18 months ago. In this follow-up conversation after her annual visit, I'm going to demonstrate some strategies you can use to help your patients feel comfortable bringing up their struggles with menopause.

Dr. Singer:
Hi, Tracy, how are you?

Tracy:
Hi, Dr. Singer. I'm doing fine, thank you.

Dr. Singer:
Well, everything looked great on your exam the other day, but there are a few things that I want to talk with you about.

Tracy:
Sounds good. Anything that I should be worried about it?

Dr. Singer:
No, nothing to be worried about, but since you mentioned that your mom broke her hip when she was in her 70s and you broke your ankle a few years ago, and you're pretty petite, I decided to see if you were at risk of having another fracture. I used something called a FRAX calculator, which is a tool that was developed by the World Health Organization. You have a 21% chance of having a major bone break and a 2% chance of breaking your hip within the next 10 years, both of which are pretty high.

Tracy:
Oh my gosh, that is really bad news. I remember when my mom broke her hip. She never really recovered from it.

Dr. Singer:
Well, I'm sorry to hear all of that, and I understand your concerns. The good news is that now that we know about your risk, we can work to protect your bones. Before we talk specifically about what we can do for your bones, I also want to talk with you about menopause. When I asked you at the beginning of your visit if you had any concerns or symptoms of menopause, you said no, but I noticed that you answered yes to 2 questions on the menopause Quick 6 questionnaire that you completed prior to your visit. I think we should talk more about this.

Tracy:
Are you sure we need to talk about menopause?

Dr. Singer:
Well, if you're having menopause symptoms, you don't necessarily need to just live with it, especially if the symptoms are significant enough that they're causing you problems. Is it okay if we talk about the symptoms that you said yes to on the questionnaire?

Tracy:
Okay, I guess we can talk about my symptoms.

Dr. Singer:
Well, first of all, you said you're having hot flashes. Can you tell me more about this?

Tracy:
Yes, I have hot flashes pretty much every day, sometimes as many as 10 a day.

Dr. Singer:
Well, yes, a majority of women have hot flashes, but yours sound pretty bad. Can you tell me how you're sleeping? Do your hot flashes affect your sleep at all?

Tracy:
Oh, I don't sleep well at all. I wake up a few times a night and throw off the sheets, but then I get so wet from the sweating that I become cold and I have to put the sheets back on.

Dr. Singer:
Well, I'm sorry to hear that, and I know this must be quite frustrating, because it really sounds exhausting. It must be hard not feeling like yourself. One other thing that I wanted to ask you about are the sexual concerns that you answered yes to on the questionnaire. Can you explain to me what these concerns are?

Tracy:
Do I have to? I really hate talking about my sex life.

Dr. Singer:
Well, we certainly don't have to talk about anything that you're not comfortable with, but first of all, remember, everything we discuss is confidential, and secondly, I may be able to help you address some of your concerns.

Tracy:
Okay, I do know my husband has been wanting me to talk with someone about this, and we used to have a really good sex life, but I'm not interested in having sex at all right now.

Dr. Singer:
I have another question. Has sex become painful for you in any way?

Tracy:
No, but I am having some dryness, so we do have to use lubrication now.

Dr. Singer:
Well, it sounds like your symptoms are having a pretty big impact on your life as well as your relationship with your husband. The symptoms you describe can certainly be related to menopause and the change in hormone levels that we see during this time. We should talk about what can be done to help you feel better.

Tracy:
It would be nice to know what options I have, but one thing I'm sure of, I'm definitely not interested in taking any kind of hormones.

Dr. Singer:

I hear your concerns. We actually know more about hormone therapy now than we've ever known before, and we've learned that for many women, benefits actually outweigh the risks. Estrogen certainly can help your hot flashes as well as your night sweats. In terms of some of the risk pieces that you mentioned, the possible increased risk of breast cancer is actually pretty low. It's estimated that only 8 out of 10,000 women who take hormone therapy would get breast cancer compared to those who would not have gotten it if they hadn't been taking the hormones at all.

Tracy:
Really? That doesn't sound like a very high risk.

Dr. Singer:
It isn't a very high risk. In terms of cardiovascular risk, which is often something else that people worry about, hormone therapy doesn't appear to increase the risk of having a heart attack if it's been less than 10 years since you went through menopause and if you're still young, between the ages of 50 and 59. Both of these parameters obviously apply to you, so you're actually a very good candidate for hormone therapy. Are you interested in learning more about it?

Tracy:
Okay.

Dr. Singer:
Well, here, we can verify if you're a good candidate for hormones with an app called MenoPro. This app helps to determine your risk of heart problems or stroke if you use hormone therapy. The app also indicates, when I pull things up using your specific characteristics, that you're at pretty low risk for cardiovascular problems. There are actually a number of different options that we can talk about to help your symptoms.

Tracy:
I'm still not sure though.

Dr. Singer:
Well, why don't you think about it, and we can continue the conversation the next time and explore this more?

Tracy:
Sounds good. My niece is a medical student, so I'll talk to her.

Dr. Singer:
So that ends our first patient conversation. I think it's important that as providers we ask about menopause and open the door and give our patients the opportunity to talk about any symptoms they might have. Because they often won't bring it up, it's important that we proactively ask, and using open-ended or Ubiquity-style questions often yields a much better response than if we ask close-ended or yes/no questions. Again, because menopause is often so important to our patient's quality of life and overall health, it's a topic that we need to make sure we discuss with them.

Now let's turn our attention to the issue of hormone therapy. Since the Women's Health Initiative or WHI study was published, confusion about the safety of hormone therapy has become the new normal for both clinicians and patients. While guidelines are again supporting hormone therapy in appropriately selected women, more extensive counseling is needed to help women make informed choices about their treatment.

Our patient Tracy has a FRAX score which indicates a high risk of osteoporotic fracture, and she's experiencing moderate to severe vasomotor symptoms. This follow-up conversation will provide strategies you can use to help your patients decide the best way for them to treat their menopause symptoms.

Dr. Singer:
Hi, Tracy. Last time we talked, you mentioned that you wanted to think about hormone therapy for your menopausal symptoms. Do you have any questions about what we discussed?

Tracy:
Well, I talked to my niece, who's in medical school, as I mentioned to you before. The information she gave me and our previous conversation about the risks of cancer and heart attack put some of my fears to rest. So, what's the next step?

Dr. Singer:
Well, I can go over some of the options. Does that sound good?

Tracy:

That sounds great.

Dr. Singer:
Well, the first option we can talk about are some of the over-the-counter or herbal remedies that you can buy at the store, things like Black Cohosh or soy products. One point to keep in mind is that many of these products aren't very well studied.

Tracy:
A friend of mine mentioned the Black Cohosh, but I don't think that really worked for her because she's taking something else now.

Dr. Singer:
I'm guessing that you're talking about compounded hormones or bioidentical hormones.

Tracy:
Yes, that's it. Is that an option for me?

Dr. Singer:
Well, there's a fair amount of controversy regarding compounded or bioidentical hormones, and I don't generally tend to recommend using them unless there's a good reason, and generally not as a first choice. Many women think that this is a more natural option and, that this makes it safer, but that's not necessarily true.

There are some nonhormonal prescription medications and some of these have been studied in the treatment of hot flashes. They include as categories, some of the antidepressant medications, as well as something called gabapentin and another medication called clonidine. These medications are often recommended for women who can't take hormone therapy because perhaps of other medical problems they've had, or for women who don't want to take hormones. These medicines certainly can help, but usually, they are not quite as effective as hormones or estrogen itself is. In addition, if you were to take one of these drugs, we would need to consider the fact that you would need to take a separate medication to protect your bones, as none of those options are really beneficial to the bones.

Tracy:
Okay, so what do you suggest?

Dr. Singer:
Let me just mention that estrogen is the most effective for treating symptoms like your hot flashes. Now, because you still have your uterus, you would need to take a combination of estrogen with either progesterone or estrogen combined with something we call a selective estrogen receptor modulator, or it's often referred to now as an estrogen agonist/antagonist. Both the progesterone and the SERM protect the lining of the uterus. That's important because if you just take estrogen systemically on its own, it could put you at an increased risk for endometrial or uterine cancer.

Tracy:
So if I take a combination therapy, I would be okay?

Dr. Singer:
Yes, that's right, you would be okay from that perspective. Now, the other benefit to using estrogen to treat your menopausal symptoms is that it also helps protect your bones.

Tracy:
Let's discuss this option a bit more.

Dr. Singer:
There are combinations of estrogen and progesterone or estrogen and bazedoxifene, which is the SERM.

One benefit of the choices we're discussing, is that they can reduce the number of hot flashes you have by up to 75%, which is pretty significant. Both of the options will help to increase your bone mineral density, and estrogen has been shown to reduce your risk of breaking another bone.

Tracy:
Are these safe to take, and is one option better than the other?

Dr. Singer:
Those are both important questions. First of all, both options are a good choice, and both have estrogen in them, so there are some risks that are common to both. We already talked about estrogen and the risk of breast cancer and heart attack. You also should know

that all estrogens can increase the risk of blood clots. But this risk is somewhat dependent on age. For women in their 50s, somewhere between 62 and about 122 women out of 100,000 women taking estrogen will develop a blood clot. So that risk certainly isn't zero, but it's still pretty low. If you avoid sitting in one position for long periods of time, that can be helpful. If you are on a long flight or a long car trip, it's always a good idea to get up and stretch your legs every couple of hours. Another side effect that can occur with either treatment option sometimes is some vaginal bleeding. This can be normal, but I would ask that you let me know about any bleeding that you might have so that I can decide if it's normal or not or if we need to investigate it further.

Some of the other side effects reported while taking the combination of estrogen and bazedoxifene, just to let you know, are an upset stomach, throat pain and muscle spasms, although most women really tolerate quite well. One side effect that appears to be specific to progesterone may be a very small increase in breast cancer risk, although again the risk seems to be small, and it's associated more with synthetic progesterone and not necessarily with natural progesterones.

Tracy:
All right, so now what?

Dr. Singer:
Well, you tell me if one option sounds better to you than another, and I can give you a prescription for it, and then you can start taking it after you pick it up from the pharmacy. It might be a good idea to start writing down your symptoms for a while so then we can document where we're starting at baseline, see if that changes, so we'll know whether the medication is helping or not.

Tracy:
I really do feel a lot better knowing that I can safely do something to make myself feel better and help protect my bones.

Dr. Singer:
Well, I'm glad you're feeling good about this. Let's talk again in 6 to 8 weeks and see how you're feeling. It's very important for us to make sure that we discuss options with our patients, that we outline both benefits and risks of all available therapies that are out there, and most importantly that we individualize therapy so that each woman can find a treatment option that is best for her.

Narrator:
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