Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/neurofrontiers/managing-ms-in-women-how-to-guide-patients-through-pregnancy-and-menopause/32804/

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Managing MS in Women: How to Guide Patients Through Pregnancy and Menopause

Announcer:
This is *NeuroFrontiers* on ReachMD. On this episode, we'll hear from Dr. Riley Bove, who's a practicing neurologist and clinical scientist in the UCSF Weill Institute for Neurosciences. She'll be sharing key takeaways from her session at the 2025 Consortium of Multiple Sclerosis Centers Annual Meeting, which focused on the unique challenges women with multiple sclerosis face, like pregnancy and menopause. Here's Dr. Bove now.

Dr. Bove:
I think some of the key messages are pregnancies ideally should be planned so if patients are not ready for them, use good contraception to prevent them and then really use what we now know—we have extensive knowledge about a lot of the medications—to guide patients to use medications that are as effective as possible and adjust the timing of medications and such to prevent unintended exposure for the fetus so that we can really optimize maternal wellness and baby safety; those go hand in hand.

So the first three months postpartum, that's when—before the MS therapy era—a third of women relapsed, and 50 percent of women had new brain injury on MRI. That is a vulnerable window. Women with MS have a higher risk of depression in that window. They don't have the time, energy, etc. to get to rehabilitation, which can often be required in that window, and so we knew to intensify our management of patients during that window to prevent relapses promote rehabilitation and improve maternal wellness overall.

So menopause—if we think back to the epidemiology of MS, we know that MS affects 3 times more females than males, and 90 percent onset before age 50, i.e. before the menopausal age. So essentially, 2/3 of all people who develop MS will be premenopausal females, so two-thirds of all of our MS population is going to go through the menopausal transition at some point. And then 1/2 of people currently living with MS are postmenopausal females. So we have these populations where menopause is very relevant. So I think that one of the first takeaways is that we have to distinguish the stages of reproductive aging in women. So when we talk about perimenopause, we're talking about the last years before the final menstrual period and the first years after the final menstrual period, so that's the perimenopause. And then we also have to think about all of those many decades postmenopause, so the postmenopausal lifespan where women are aging, like men are, with the added impact of their menopausal transition.

And so abstracting back, there are a few key things that clinicians can and should do to help our patients during perimenopause. So one is to start guiding them by age 45 that, "Hey, this life transition is probably going to happen to you in the next 5 to 10 years, so we want you to be prepared," and to counsel patients about the symptoms of perimenopause cognitive fog, mood changes, fatigue, potentially irritability, changes in libido, changes in bladder function, joint pains, and shoulder pain—these are all things that we expect during the perimenopausal transition. And they sound a lot like some of those invisible symptoms of MS, and so there is this overlap, and if you experience increasing symptoms, it doesn't mean that your MS is necessarily progressing. It means that you could be in peri, and we need to target your symptoms.

Hormone therapy is very effective, but we also have many other nonhormonal medications that are also effective, and we have lifestyle interventions as well, so really counsel patients that they shouldn't suffer silently with their hot flashes for three months before seeking medical attention. They may not get them, but if they do, those are manageable. So I think those are the key messages around perimenopause. We can anticipate, we can treat and alleviate a lot of the symptomatic burden, and it's a time where our patients really need support because there's such a strong overlap between perimenopause symptoms and MS symptoms; the neurologist really plays a role here.

Announcer:
That was Dr. Riley Bove talking about her session at the 2025 Consortium of Multiple Sclerosis Centers Annual Meeting, which focused on women's health issues in multiple sclerosis care. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!