MENOPAUSE

Scott J. Zuccala, DO FACOG
Hamburg Regional Gynecology
Personalized Care for over 40 years
DEFINITION

- Complex **Transitional Process** that Affects Many Aspects of a Women’s Life
- Physical and Mental Changes that a Woman May Not Necessarily have Control Over
- Similar to Postpartum Period
GOALS

- Understanding of Vasomotor Symptoms (Hot-flashes)
- Affects of Lack of Estrogen on Estrogen Sensitive Organs (Vagina, Bladder)
- Why Quality of Life is Paramount
- Treatment Options
One Year Without Menses
Average age 51
Perimenopause, “the Climacteric”, Transition
Hot Flashes, Vaginal Symptoms

??MENO PAUSE??
- Sudden, Lasts 1 to 5 minutes
- 87% on daily basis, 33% >10 per day
- Duration can be up to 4 to 10 years
- Can Occur before “Menopause”
- Wide Variations

“The Hot Flash”
“Listen Buddy! After the hot flushes I’ve been having this is like a resort!”
WHO’S AT RISK

- African American Women versus Asian
- Obesity
- Depression or Anxiety
- Socio-economic Status
- Smoking
WHO’S AT RISK

- Family History
- Surgical Menopause
- Cancer and Chemotherapy
What are YOUR SYMPTOMS
Hot Flashes (?) Vaginal Symptoms (?)
Risk Factors

TREATMENTS (WHAT’S OUT THERE?)
Nights sweats are hot flashes that occur while you're asleep, because catching on fire during the daytime just isn't enough.
ESTROGEN (SATAN OR SALVATION)

- Most Effective Treatment (Gold Standard)
- The Uterus and Progesterone
- Dose and Duration (INDIVIDUALIZED)
ROUTE OF ADMINISTRATION

- Oral
- Patches (Transdermal)
- Gel or Spray
- Vaginal
 Risk versus Benefits
 Lowest Dose for Shortest Duration (Over 65?)
 Breast Disease
 Strokes
Healthy Menopausal Women Ages 50 to 77 years

- **Slight increase risk:** Breast Cancer, Stroke, Coronary Artery Disease, Blood Clots

- **Decreased Risk:** Fractures and Colon Cancer

- Average 5 years Combined Therapy

WOMEN’S HEALTH INITIATIVE
- Increased **Thromboembolic** Events
- **NOT** increased Risk of **Heart Disease** or **Breast Cancer**
50% Recurrent Hot Flashes, regardless of Age or Duration

Decision to Stop needs to be Individualized (Risk/Benefit)

ACOG recommends against routine discontinuation (Age 65)
ALTERNATIVES TO ESTROGEN

- Testosterone, Progesterone
- Compounded Bioidentical (Plant derived) Hormones
- SSRI’s (Paxil Paroxetine)
- Clonidine
Not FDA regulated (Safety, Efficacy, Purity)

Phytoestrogens (Soy, Red Clover)

Herbal (Black Cohosh, Ginseng, St. John’s Wort, Ginkgo Biloba)

Vitamin’s (E)
LIFESTYLE CHANGES

- Clothing (Layers)
- Room Temperature
- Alcohol, Caffeine
- Exercise
Carol found her own way of coping with the hot flushes
- Vagina and Bladder are Estrogen Sensitive
- Unlike Hot flashes, symptoms tend to worsen over time
- >50% of Women report these Symptoms
- Quality of Life Issues Substantial

GENITOURINARY SYNDROME
GENITO URINARY (BLADDER) SYNDROME

- Urgency
- Burning on Urination
- Frequency
GENITO URINARY (VAGINA) SYNDROME

- Vulvar or Vaginal Dryness
- Burning Sensation
- Painful Relations
Mechanism of Vulvovaginal Atrophy

- Decreased Estradiol levels cause a reduction in superficial cells
- Parabasal cells increase
- Vagina changes from acidic to basic (increased pH)
- Burning, dyspareunia, UTI, itching are the most common symptoms
- Chronic condition that requires ongoing therapy for the rest of a woman's life
Lack of Estrogen: Anatomic and Physiologic Changes

10% to 40% of women experience Symptoms of Vaginal Atrophy

Dryness, Itching, Discharge, Dyspareunia (Painful sex)

“FUNCTIONAL VAGINA”, BLADDER (GENITOURINARY TRACT)
Quality of life issues
Self esteem
Sexual Intimacy
Related to Changes in vagina due to Lack of Estrogen

DYSPAREUNIA (PAINFUL INTIMACY)
DOC? CAN YOU WRITE ME A PRESCRIPTION FOR SOME OF THAT VIAGRA?
VAGINITIS (IT’S NOT ALWAYS YEAST)

- Thinning of tissue
- Loss of elasticity, narrowing and shortening
- Changes in pH and flora increase risk of infections
- Soaps, Detergents
TREATMENTS (QUALITY OF LIFE)

- Vaginal (local) Estrogen
- Low Dose Oral Preparations
- Estrogen Agonists and Antagonists
- Lubricants and Moisturizers
- **Cream or Tablet or Ring** (estrogen releasing vaginal ring)
- Can be “used indefinitely as maintenance therapy”
- Low dose Low Systematic Absorption

**VAGINAL ESTROGEN**
- Ospemifene (Osphena)
- Selective Effect on Vulvo-vaginal Atrophy
- FDA approved for Dyspareunia
LUBRICANTS

- **NON-Estrogen**, Water-based or Silicone-based
- Lubricants relieve Friction and dyspareunia related to atrophy
Trap Moisture, Long Term Relief
Improve: elasticity, dryness
Reduce: itching, irritation and dyspareunia

MOISTURIZERS
- Breast Cancer
- Stroke or Heart Attack Patient
- Patient on blood thinners
55 year old lady with persistent vaginal irritation and painful intercourse

History, Physical Exam

Treatment Options
• **60 year woman** recently menopausal with painful **intercourse**, in good long-term relationship, and wants to be intimate

• **History** (Family History, LMP, soaps, previous treatments, Medical and Surgical Conditions)

• **Physical Exam** (infection, chemical irritation, hygiene, atrophic changes)

• **Treatment options**

CASE STUDY
GOALS

- Understanding of Menopausal Changes
- Vasomotor (HOT) Symptoms
- “The Functional Vagina and Bladder”