

MENOPAUSE Times Have Changed. Let's Talk.



MENOPAUSAL SYMPTOMS

Menopause is a time of natural transition. There may be a variety of symptoms associated with this transition:

* SYMPTOMS INCLUDE

- Lack of energy
- Depression
- Muscle and joint aches and pains
- Insomnia
- Flushing and night sweats
- Vaginal dryness
- Bladder control issues
- Sexual problems



Many of these symptoms can be treated. **Let's Talk.**



You have spoken to your health care providers about your symptoms. Sometimes, hormone therapy is the best treatment option.

INDICATIONS FOR HORMONE THERAPY:

- 1 * Management of hot flashes and other menopausal symptoms
- 2 * Management of vulva, vaginal and bladder problems
- 3 * Management of osteoporosis in the presence of other menopausal symptoms

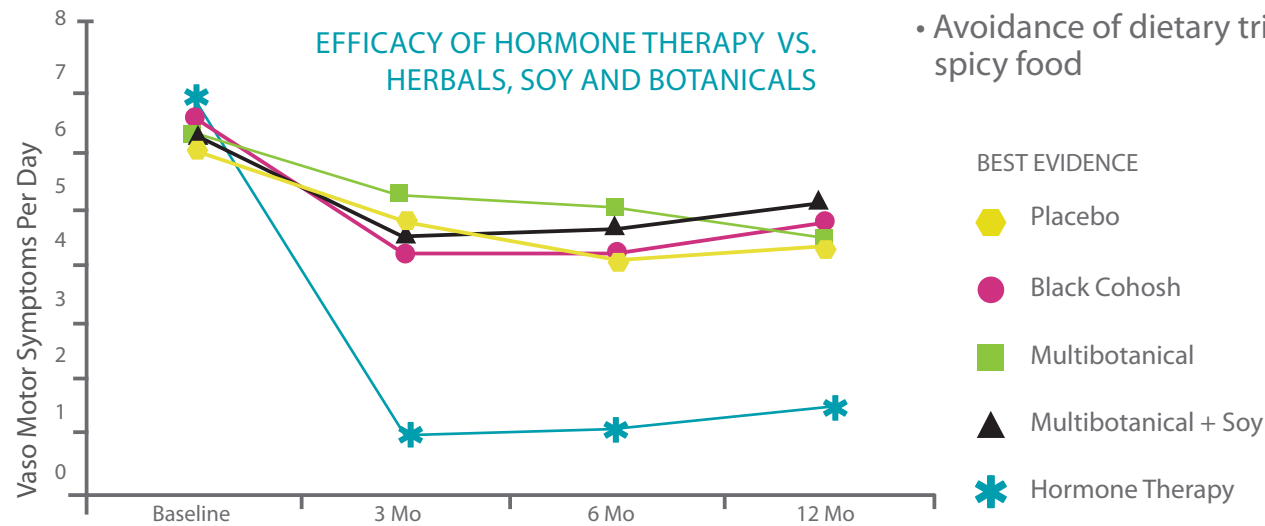
HOT FLUSHES SYMPTOMS + SOLUTIONS

* FACTS ABOUT FLUSHING

- Occur in 60% to 80% of women during menopause
- May occur dozens of times per day
- 20% of women rate their flushes as being very severe and causing significant impairment
- Most hot flushes will subside in 3 to 5 years, but in 10% of women they persist for 15 years or more
- Risk factors include smoking, obesity and physical inactivity

* LIFESTYLE ALTERATIONS

- Dress in layers
- Cool showers
- Have a fan, especially in bedroom and workspace
- Paced breathing and other biofeedback techniques
- Weight management
- Smoking cessation
- Regular exercise
- Avoidance of dietary triggers such as alcohol or spicy food



Adjusted Mean Number Of Hot Flushes Per Day, Per Group. **LESS IS BETTER!**

WHAT WORKS

Hormone Therapy is the most effective treatment for hot flushing.

Estrogen, with or without progestogen, is usually prescribed. For women unwilling or unable to take hormone therapy, other options exist but are less effective. Speak to your care provider for more information.



UROGENITAL SYMPTOMS

Urogenital symptoms affect 40% of post-menopausal women. Only 1 in 5 will speak to her care provider about this.

* SYMPTOMS INCLUDE

- Pain during intercourse
- Sexual dysfunction
- Increased bladder frequency
- Recurrent urinary tract infection
- Vulva itching, burning or pain
- Increased night time voiding

Unlike flushing which gets better over time, urogenital symptoms only worsen over time.

Over time the vulva and vagina tissues become increasingly thinner and lose their elastic nature. This can result in tearing of the delicate tissues. Continuing sexual activity may be helpful in preventing some of these changes.

WHAT WORKS

LOCAL (VAGINAL) ESTROGEN THERAPY

These products increase the lushness and thickness of vaginal cells, as well as improving bladder function. They do not increase cancer risk.

VAGIFEM
VAGINAL TABLET



ESTRAGYN
VAGINAL CREAM



PREMARIN
ESTROGEN CREAM



ESTRING
VAGINAL RING



NON-HORMONAL THERAPY

Lubricants (available over the counter), may help to ease vaginal dryness during intercourse. Long acting vaginal moisturizers, such as Replens, Hyalfilm and KY Moisture Beads, may be effective in relieving symptoms of vaginal dryness.



VAGINAL
MOISTURIZERS



VAGINAL
LUBRICANTS

BREAST CANCER

When hormone therapy is considered for treatment of menopausal symptoms, most women expressed concerns over breast cancer fear.

* BREAST CANCER FACTS

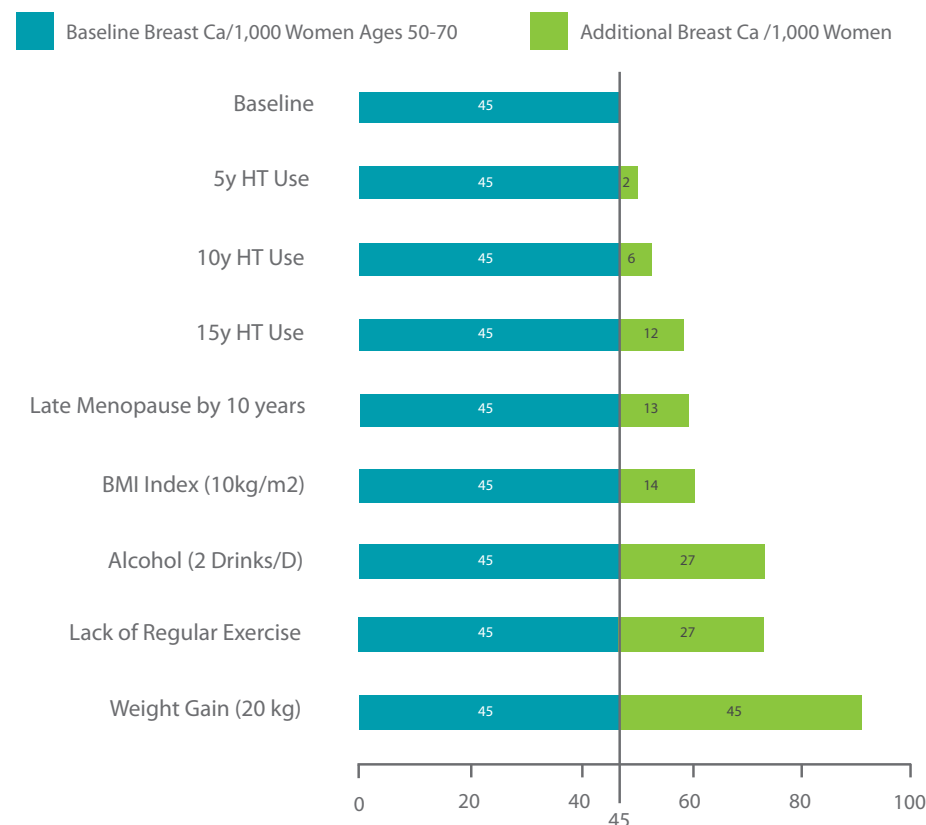
- The single biggest risk factor is getting older
- For a woman age 50-59, the background risk of developing breast cancer is 28 per 1,000 women
- Although risk factors such as family history and genetic factors cannot be changed, up to 60% of breast cancer risks are modifiable by lifestyle changes
- Screening mammography are recommended. The age of recommendation varies from province to province, between 40 to 50

* BREAST CANCER RISK FACTORS

In fact most cancer risk can be modified by lifestyle change

- Maintain a healthy body weight
- Exercise regularly
- Limit alcohol consumption to 2 drinks a day or less

PUTTING RISK IN PERSPECTIVE



Taking hormone therapy for 5 years or less does not appear to increase breast cancer risk. **Speak to your healthcare provider about the choice of progestogens and length of treatment to reduce breast cancer risk.**

HEART DISEASE

Many women believe that hormone therapy causes heart attacks. This is not true. In fact, women who start hormone therapy within 10 years of menopause have a lower risk of heart disease.

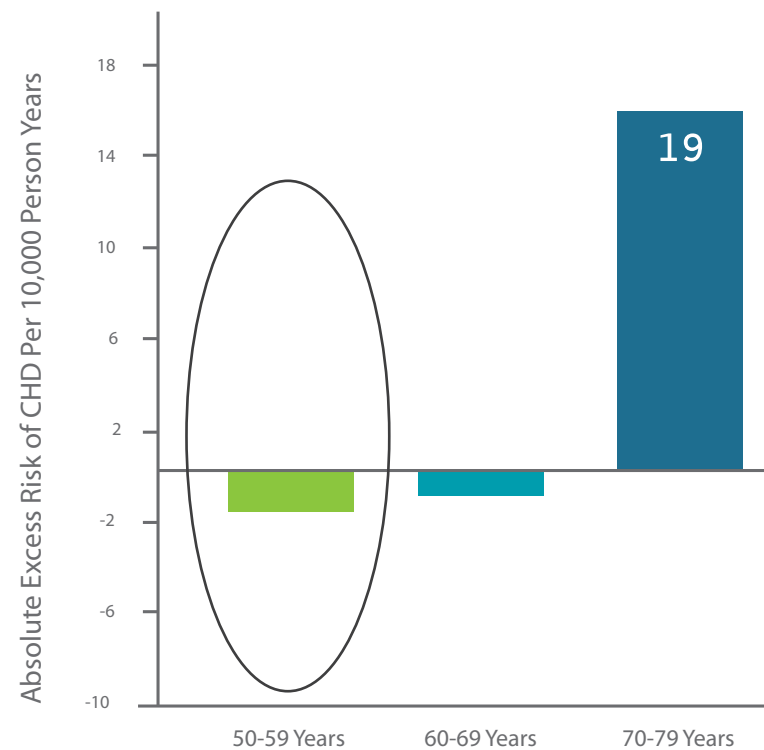
* HEART DISEASE FACTS

- Heart disease is the #1 killer of women in Canada
- Prior to menopause, estrogen protects against heart disease
- After menopause, a woman's heart disease risk increases steadily due to a lack of estrogen



CHD WAS INCREASED BY HT ONLY IN OLDER WOMEN

SECONDARY ANALYSIS OF THE WOMEN'S HEALTH INITIATIVE (WHI)



Adapted from Rossouw, JAMA 297 (13), 1465-1477, 2007

WHAT YOU CAN DO TO REDUCE RISK

- Eat a healthy diet low in saturated fat
- Maintain a healthy diet
- Schedule regular exercise (150 minutes per week or more)
- Maintain a healthy blood pressure
- Have lipid levels monitored and treated if necessary
- Get screened for diabetes
- Stop smoking

94% of heart disease risk in women is preventable. **Make the change.**

STROKES AND BLOOD CLOTS (DVT)

* STROKE FACTS

- In women age 50 to 59 taking hormone therapy as a pill, there is no significant increase in stroke risk. Taking transdermal estrogen may reduce the risk further compared to pills
- Stroke risk is strongly related to age, with increasing risk as we get older
- Stroke is the third leading cause of death in Canada
- Strokes occur 1 in 5 women
- Stroke is more common in men, but more women die of stroke than men

* STROKE RISK FACTORS

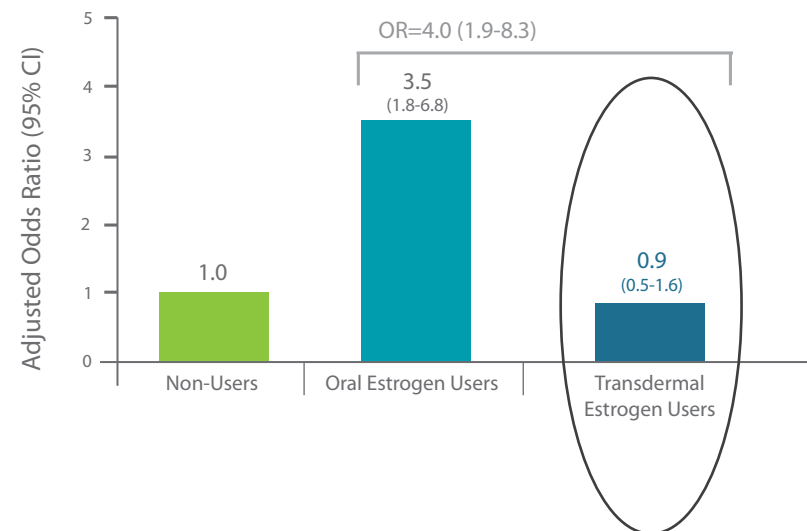
Modifiable risk factors include:

- Diabetes
- Smoking
- Hypertension
- Diet and Exercise

For women choosing to take hormone therapy, using transdermal estrogen (patches or gels) appear to add no increase to blood clot or stroke risk.

* TRANSDERMAL ESTROGEN

- Many studies showed an increased risk of blood clots in women taking estrogen pills
- Given estrogen transdermally through the skin has not been associated with increasing the risk of clots



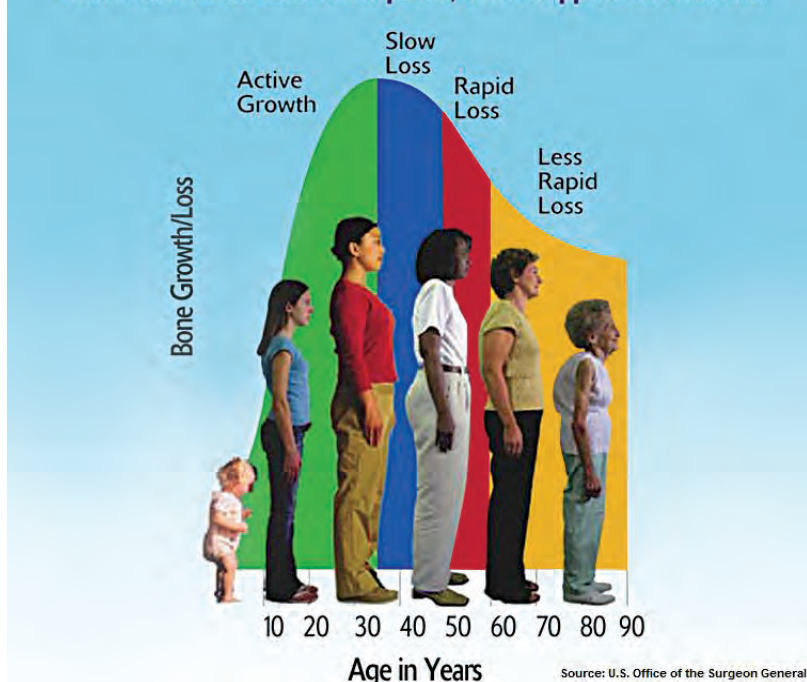
BONE HEALTH AND OSTEOPOROSIS

✿ OSTEOPOROSIS FACTS

- Women lose bones more rapidly during the menopause transition
- Fractures from osteoporosis are more common than heart attack, stroke and breast cancer combined
- A woman in her 50's has a 40% chance of developing hip, vertebral, and wrist fractures in her lifetime
- The lifetime risk of hip fracture is 1 in 6, greater than the lifetime risk of breast cancer (1 in 9)
- 23% of patients who fracture a hip die in less than a year



After your mid-30s, you begin to slowly lose bone mass. Women lose bone mass faster after menopause, but it happens to men too.



Major complications of osteoporosis include hip and vertebral (spine) fractures. These fractures lead to pain, loss of mobility, loss of independence, diminished quality of life and death.

Estrogen improves bone density and decreases fracture risk.

WHAT YOU CAN DO TO REDUCE RISK

- Stop smoking
- Limit alcohol consumption
- Limit caffeine intake
- Take adequate Vitamin D and Calcium (including supplements if necessary)
- Participate in weight bearing exercise on a regular basis
- Aware of fall prevention strategies
- Talk to your health care provider about screening tests of bone health and osteoporosis

SIGMA is an independent, multidisciplinary group of family doctors and specialists interested in menopause and post-menopausal health. Our mission is to advance the health of women at and beyond the menopausal transition.

For additional information, please visit us at:
www.sigmamenopause.com



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