The Peri-Menopause:
More Than Just Abnormal Bleeding

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Disclosures:

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Objectives

- Define menopause
- Explain the basic endocrine changes that occur with menopause
- Understand common complaints/presenting symptoms and how they are linked to menopause.
- Develop strategies for menopause symptom management including using hormonal and non-hormonal therapies.
Menopause

- Absence of menses for 1 year due to ovarian senescence.
- Typically occurs between ages of 40-55 with a median age of 51.
Physiologic changes in the perimenopause

- declining ovarian follicles (quantity and quality)
- increased FSH with levels above previous mid cycle surge due to gonadotropin insensitivity of follicles
- high FSH/LH (from decreasing estradiol and inhibin negative feedback) results in stromal stimulation of the ovary which favors estrone secretion over estradiol.
- Loss of regular estradiol fluctuations and lower levels at baseline
- Loss of progesterone due to failure of ovulation and lack of corpus luteum formation
Common Menopausal Symptoms

- Vasomotor symptoms
- Mood changes, increased irritability, depression
- Poor sleep
- Weight gain
- Vaginal dryness, dyspareunia
- UTIs and urinary incontinence
Vasomotor Symptoms

Study of Women’s Health Across the Nation (SWAN)

• Duration of vasomotor symptoms longer than previously thought
  • median total duration 7.4 yrs
  • over half of women had persistence of VMS for 4.5yrs after final menstrual period
  • The earlier women began experiencing VMS, the longer the duration
  • African American women tended to have longer duration of VMS

Avis et al., *JAMA Intern Med.* 2015;175(4):531-539
Mood Disturbances

- range from mild irritability to major depression

- For 24 months surrounding final menses, risk for onset depression was 14 times higher than for 31 years prior to the menopause. (NIMH)

- Occurs in the context of recently elevated FSH levels

Sleep Disturbances

- 102 perimenopausal woman recruited with sleep disturbances
- 53% had apnea, restless legs, or both
- Amelioration of VMS will only alleviate some sleep disturbances
- Consider sleep hygiene, sleep studies, CPAP, oral appliances.

Treating symptom complexes

- Hormone therapy (systemic vs local)
- Other medications (SSRIs, clonidine, gabapentin)
- Supplements - poor evidence
- Lifestyle modification
Vaginal Dryness

- Many urogenital tissues rely on estrogen for moisture, elasticity, overall integrity (vagina, labia, urethra, bladder trigone)
- Declining estrogen can contribute to pain and loss of function
- Increase in bacterial vaginosis and UTIs
- Dyspareunia
Local vaginal therapy

- Hormonal or non-hormonal
- Daily vaginal moisturizers
- Sexual lubricants
- Vaginal dilator therapy
- Estrogen- cream, tablet, ring
- Sexual function vs pleasure
Weight Gain

- Muscle mass decreases
- Body fat increases
- Genetic factors
- HT does not reduce menopausal weight gain
- Encourage diet/exercise plan
Evaluating HT risks

CV Risk

Regarding breast cancer following the WHI:

• Decline in breast cancer mortality
• Decline in breast cancer incidence
• Relationship to decline in HT prescribing/use

Apps to engage patients

- MenoPro -(NAMS) smartphone app
- www.SallieFoley.com “Sexual wellbeing across the lifespan”
- vaginismus.com
- MyFitnessPal

*Use menopause as a motivator*