

Embracing Menopause

*Everything you wanted to know about
menopause but were too hot, tired, confused,
and cranky to ask!*



If any of you can answer “yes” to experiencing any of the following....



- ✓ Hot flashes
- ✓ Nights sweats
- ✓ Depression
- ✓ Insomnia
- ✓ Sudden outbursts of temper
- ✓ Creeping anxiety
- ✓ Loss of passion/ vaginal dryness
- ✓ Foggy thinking
- ✓ Ever rushed to a trainer when your waistline started expanding
- ✓ Ever sought psychological help
- ✓ Bought supplements to combat thinning hair or painful joints

Then your in the right place!!!

Questions that you may have?

Does it matter when you start hormone therapy?

Is estrogen safe this week?


What does “bioidentical” mean anyway?

What did the Womens Health Initiative study teach us about the use hormone therapy?

Are there alternative treatments for my symptoms besides hormone therapy?

Does my health profile make hormone therapy too risky?



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- All across the country millions of women are dealing with the end of fertility – many experiencing much discomfort and frustration
 - It is not just a reminder that one is aging, but is also affecting the body and the mind
 - Approximately 1/3 of life will occur in the postmenopausal period
 - Menopause represents a distinct event or stage in the life of a women that is normal and may have a positive and liberating effect!
 - Lets see how menopause represents an opportunity to assess concerns and implement important disease prevention and health maintenance issues.....

**WE DON'T NEED TO BE AFRAID OR FRUSTRATED
WE NEED TO BE EDUCATED!!**

Embracing Menopause

- **Symptoms:** What you might expect
- **Treatment options:** What your health care provider may Rx
- **Alternative treatment options**
- **Hormone history:** Past hormone research and the WHI
- **What science is discovering even as we speak:** “The bioidentical” option and “compounded” hormones
- **Weighing your risks and benefits:** Assessing your personal risk profile
- **General advise for the postmenopausal years**
- **Questions remaining and ongoing research**
- **Your questions?????**



What you might expect

- Menopause is a natural, biological event that is defined clinically by the absence of menses for 12 months or greater.
- Perimenopause- years just prior to menopause; can last several years
- Hormones fluctuate
- Irregular menstrual cycles
- 1 year without ANY menses (No bleeding not even spotting)



What you might expect

- Most late 40's and 50's
- Normal age range from 40-60 years of age, with average age of 51 years
- Predicting the date of menopause is difficult and not aided by the measurement of hormone levels
- Changes in menstrual cycle can serve as a guide



What you might expect



- Symptoms include:

Hot flashes, night sweats, vaginal dryness, sleep disturbance, mood changes, cognitive disturbances, uterine bleeding, sexual dysfunction, urinary complaints, various somatic complaints- lack of energy, fluid retention, backache, difficulty concentrating

- More common with increasing BMI/ smokers/ sedentary lifestyle
- Symptoms may not be related to the menopausal transition (further evaluation may be warranted)
- Menopause may also cause changes that produce no symptoms yet affect your health
 - Rate of bone loss increases leading to osteoporosis
 - Risk of heart disease increases with age – leading killer of American females

Treatment Options



Examples of Oral Estrogen and Estrogen /Progestin Products

Estrogen pills:

Brand	Generic
Premarin	conjugated equine estrogens
Cenestin	synthetic conjugated estrogens
Estratab	esterified estrogens
Menest	esterified estrogens
Ortho-Est	estropipate (piperazine estrone sulfate)
Ogen	estropipate (piperazine estrone sulfate)
Estrace	micronized 17-beta-estradiol
Estinyl	ethinyl estradiol

Progestin pills:

Brand	Generic
Cycrin	medroxyprogesterone acetate
Provera	medroxyprogesterone acetate
Aygestin	norethindrone acetate
Norlutate	norethindrone acetate
Prometrium	progesterone USP (in peanut oil)

Estrogen-plus-progestin pills:

Brand	Generic
Premphase	conjugated equine estrogens and medroxyprogesterone acetate
Prempro	conjugated equine estrogens and medroxyprogesterone acetate
Femhrt	ethinylestradiol and norethindrone acetate
Activella	1 7-beta-estradiol and norethindrone acetate
Ortho-Prefest	1 7-beta-estradiol and norgestimate

Treatment options

They can also be taken in several different ways.....

Examples of Gels, Creams, Patches, and Other Hormone Products

Estrogen products:

Type	Brand	Generic
Vaginal Cream	Estrace	micronized 17-beta-estradiol
	Ortho Dienestrol	dienestrol
	Ogen	estropipate (piperazine estrone sulfate)
	Premarin	conjugated equine estrogens
Vaginal Tablet	Vagifem	estradiol hemihydrate
Vaginal Ring	Estring	micronized 17-beta-estradiol
	Femring	estradiol acetate
Skin Patch	Alora	micronized 17-beta-estradiol
	Climara	micronized 17-beta-estradiol
	Esclim	micronized 17-beta-estradiol
	Estraderm	micronized 17-beta-estradiol
	Vivelle	micronized 17-beta-estradiol
	Vivelle-Dot	micronized 17-beta-estradiol
Skin Gel	Estrogel	estradiol gel
Skin Cream	Estrasorb	estradiol topical emulsion

Progestin products:

Type	Brand	Generic
Vaginal Gel	Crinone	progesterone
	Mirena	levonorgestrel
IUD		

Estrogen plus progestin products

Type	Brand	Generic
Skin Patch	Combipatch	17-beta-estradiol and norethindrone acetate
	Ortho-Prefest	17-beta-estradiol and norgestimate

Alternative Treatment Options



- There are many alternative treatment options, which target:

- Hot flashes
- Vaginal dryness
- Mood swings
- Insomnia



- Be aware that some of these remedies are regulated by the federal government as dietary supplements
 - As such do not undergo permanent approval and may not have data showing them to be safe and effective
 - Thus you should always consult your health care provider about the best treatment for you and your symptoms

Alternative Treatment Options

Approaches To Avoid Hot Flashes

Lifestyle changes:

- Dressing and eating to avoid being too warm (layered clothing)
- Sleep in a cool room
- Reducing stress- deep breathing and stress reduction techniques/ yoga
- Avoid spicy foods/ alcohol/ caffeine
- Portable fans
- Keep a diary of triggers



Phytoestrogens:

- Soybeans and some soy based foods contain phytoestrogens
- Tofu and Tempeh
- Soy milk and Soy nuts
- Other plant sources of phytoestrogens
- Black Cohash
- Wild Yam
- Dong Quai
- Red Clover



Antidepressants:

- Paxil
- Lexapro
- Prozac
- Effexor



These have been proven moderately effective in clinical trials

Alternative Treatment Options

- If you use dietary supplements to try to ease hot flashes and other menopausal symptoms, be aware that these products do not require U.S. Food and Drug Administration (FDA) review or approval prior to their marketing.
- Because they are considered “dietary supplements,” they are covered by less stringent regulations than those involving prescription drugs.
- The quality of these products is not often known.
- Until more is known about these substances, you should use them with caution as there may be dangerous side effects.
- Tell your health care provider if you take a dietary supplement or if you increase your intake of dietary phytoestrogens. An increase in the level of estrogens in your body could interfere with other prescription medications you are taking or even cause an overdose.



Alternative Treatment Options



Mood Swings

- Getting enough sleep
- Adopting a healthy lifestyle
 - Don't smoke
 - Eat foods low in fat
 - Include grains (whole grains)
 - Dark green leafy vegetables
- Antidepressants or anti-anxiety medications may be necessary
 - Deeply colored fruits and dry beans/ peas
 - Maintain a healthy weight/ discuss BMI with your PCP
 - Physical activity for at least 30 minutes
 - Relaxation exercises

Insomnia

- Over-the-counter sleep AIDS (discuss with PMD prior to use)
- Do physical activity in the AM or early afternoon
- Exercising later in the day may increase wakefulness
- Hot shower or bath prior to bed

Vaginal Dryness

- Vaginal lubricants and moisturizers (most available over-the-counter)
- Products that release estrogen locally more appropriate
 - Creams
 - Suppositories
(*Vagifem & Estring*)

Hormone History



To more safely and comfortably navigate this major phase of life, it helps to understand a bit about the past hormone research and what science is discovering even as we speak.....



Robert Wilson, MD - 1966

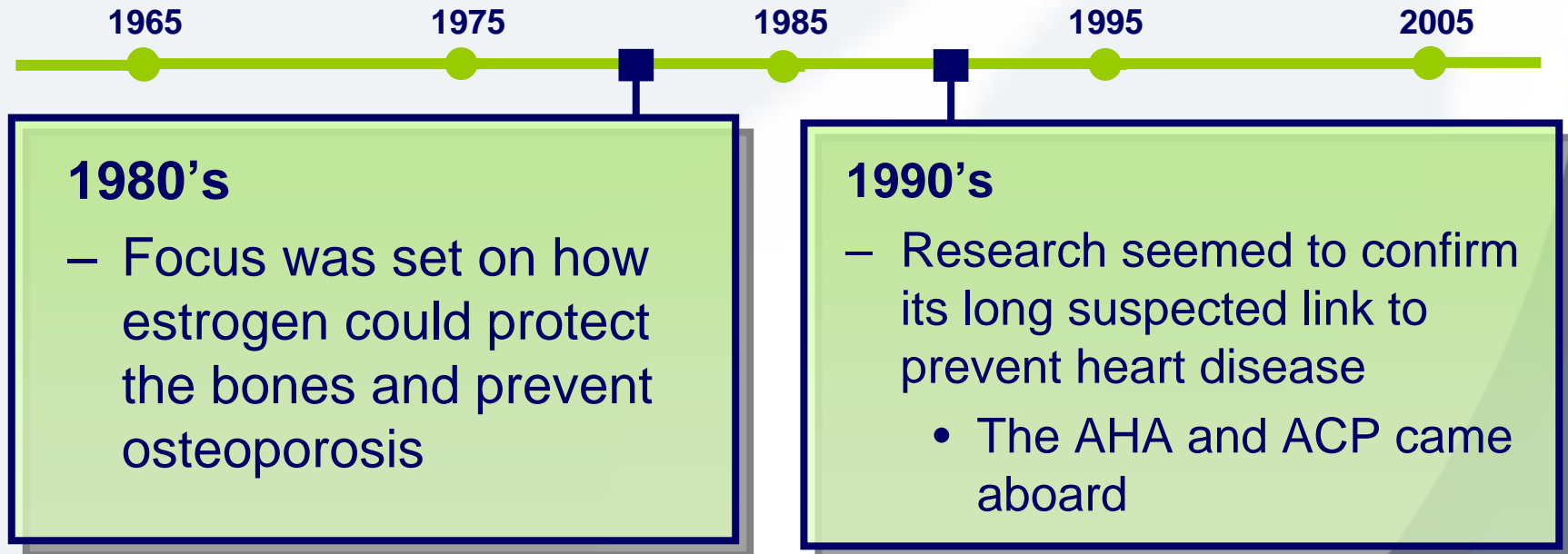
– “Feminine Forever”

- Taking estrogen was a postmenopausal women’s best chance to a happy, healthy, and sexually active life

Hormone History



- Estrogen could lead to uterine cancer
- Hormone therapy again regained popularity after discovering that adding progestin headed off the risk of uterine cancer



Hormone History



1965

1975

1985

1995

2005

2002

Women's Health Initiative (WHI)

- “Prempro”- not only failed to protect but raised the risk of heart disease
- Projected that among 10,000 females taking for 1 year compared to placebo
 - 7 more cases of CAD
 - 8 more cases of stroke
 - 18 more cases of blood clots
 - 8 additional cases of breast cancer

Hormone History

Women's Health Initiative (WHI)

- Lower risk of colorectal cancer and hip fractures
- WHI- major headlines/ scary to the public- given that researcher's stopped the study 3 years early to protect the participants health

Women by the millions threw out their hormone pills and several years later we are still wary.....



Hormone History



Women's Health Initiative (WHI):

- There is a clear association but no clear evidence that HT causes breast cancer
- Women on HT that develop breast CA actually have better outcomes, lower stage of disease, and better survival rates
- Worst case scenario:
 - RR of ~ 1.25 association between HT and breast CA
 - Misunderstanding: when people hear 25% risk what they think is “If I am on HT as well as 3 friends, 1 of the 4 of us or 25% are going to get breast CA
 - AR- need to know the underlying rate of disease
 - Average 50 yo female- baseline risk of breast CA is 1 in 50 or 2%
 - More positive approach: You have a 98% chance of not developing breast CA
 - Now with the RR of ~1.25 then would be 2.5% ($1.25 * 2\%$) or.....
“97.5% chance of not getting breast CA”!!!



Hormone History

Women's Health Initiative (WHI)



● Effects on Mental Function:

- Ancillary study of the hormone trials/ Memory study:
 - Estrogen + Progestin:
 - Twice the rate of dementia including Alzheimers as those on placebo
 - Did not protect against mild cognitive impairment

● Effects on Urinary Incontinence:

- Increased the risk of developing urinary incontinence and worsened the symptoms of incontinent women

Hormone History

Women's Health Initiative (WHI)



● Effects of Quality of Life:

- Perceptions of general health
- Energy
- Social functioning
- Mental Health
- Depression
- Sexual satisfaction
 - No improvements with estrogen + progestin
 - Slight improvements in women's physical functioning, body pain, and sleep disturbances after 1 year of use
 - Relief of night sweats and hot flashes occurred in the majority of patients

What science is discovering as we speak



In search of “natural”

- “Natural” implied as better or safer??
- Any product whose principal ingredient has an animal, plant, or mineral source is technically natural.
- It doesn't matter whether the substance is ground, put into capsules, and sold over the counter — or extracted in a laboratory, manufactured by a pharmaceutical company, and made available only by prescription.
- For example, the soy plant is the source of supplements that some women take to ease menopausal symptoms; it's also used, along with yams, to make the estrogen in the FDA-approved hormone drug Estrace
- Unlike Estrace, soy supplements aren't regulated and haven't been rigorously tested in humans, so we don't know whether they're safe or effective.
- There's some evidence that certain soy components may actually stimulate breast tumor growth. So “natural” doesn't necessarily equal “safe” — and may simply be a euphemism for “unregulated”

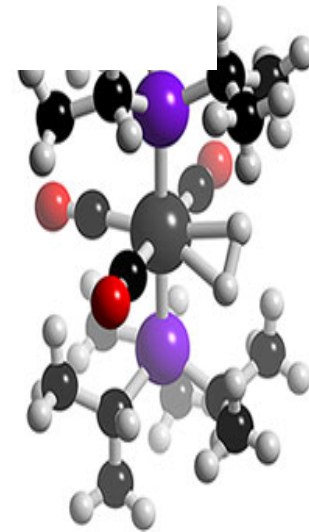


What science is discovering as we speak



“The bioidentical option”

- Identical in molecular structure to the hormones women make in their bodies
- Differs from traditional HT uses animal-derived or invented molecules that are similar to, but not identical, to human hormones
- They're not found in this form in nature but are made, or synthesized, from a plant chemical extracted from yams and soy. Bioidentical estrogens are 17 beta-estradiol, estrone, and estriol. (Estradiol is the form of estrogen that decreases at menopause.) Bioidentical progesterone is simply progesterone. It's micronized (finely ground) in the laboratory for better absorption in the body.
- Bioidentical hormone therapy is often called “natural hormone therapy” because bioidentical hormones act in the body just like the hormones we produce. But here again, that tricky word *natural* muddies the waters. Pregnant mares' urine is natural, but Premarin is not bioidentical, at least not to human estrogen. The same goes for Cenestin, which is made from plants but is not bioidentical



What science is discovering as we speak



“The bioidentical option”

- Technically, the body can't distinguish bioidentical hormones from the ones your ovaries produce. On a blood test, your total estradiol reflects the bioidentical estradiol you've taken as well as the estradiol your body makes. On the other hand, Premarin is metabolized into various forms of estrogen that aren't measured by standard laboratory tests.
- While non-bioidentical hormones cannot be adequately measured in the blood, bioidentical hormones can be tracked precisely with conventional blood tests, which proponents argue is an advantage.
- Critics of BHT argue that it is uncertain if there is an ideal blood level of hormones, and that symptom control, not a specific blood level, is the primary goal of treatment



What science is discovering as we speak



How do I find bioidentical hormones?

- Bioidentical estrogens and micronized progesterone are made into a range of products, many of which are FDA-approved and available at your local drugstore



FDA-approved hormones for menopausal symptoms



Type/source	Brand name(s)	Preparations	Bioidentical?
Estrogens			
Conjugated equine estrogens (CEE)/pregnant mares' urine	Premarin	Pill	No
Synthetic conjugated estrogens/plants	Cenestin, Enjuvia	Vaginal cream	No
Esterified estrogens/plants	Menest	Pill	No
17 beta-estradiol/plants (micronized)*	Estrace, others	Pill	Yes**
	Alora, Climara, Esclim, Estraderm, Vivelle, others	Patch	Yes
	Estrogel	Transdermal gel	Yes
	Estrasorb	Topical cream	Yes
	Estrace	Vaginal cream+	Yes
	Estring	Vaginal ring+	Yes
Estropipate (modified estrone)/plants	Ortho-Est, Ogen, others	Pill	No
	Ogen	Vaginal cream+	No
Estradiol acetate	Femring	Vaginal ring	Yes
Estradiol hemihydrate	Vagifem	Vaginal tablet+	Yes
Ethinyl estradiol	Estinyl	Pill	No
Progestins, micronized progesterone			
Medroxyprogesterone acetate (MPA)	Amen, Cycrin, Provera	Pill	No
Micronized* progesterone USP	Prometrium	Pill	Yes
	Prochieve 4%	Vaginal gel	Yes
Norgestrel	Ovrette	Pill	No
Norethindrone	Micronor, Nor-QD, others	Pill	No
Norethindrone acetate	Aggestin, others	Pill	No
Combined hormones			
CEE and MPA	Premphase, Prempro	Pill	No
Ethinyl estradiol and norethindrone acetate	Femhrt	Pill	No
17 beta-estradiol and norethindrone acetate	Activella	Pill	No
	Combipatch	Patch	No++
17 beta-estradiol and norgestimate	Prefest	Pill	No++
17 beta-estradiol and levonorgestrel	Climara Pro	Patch	No++

What science is discovering as we speak

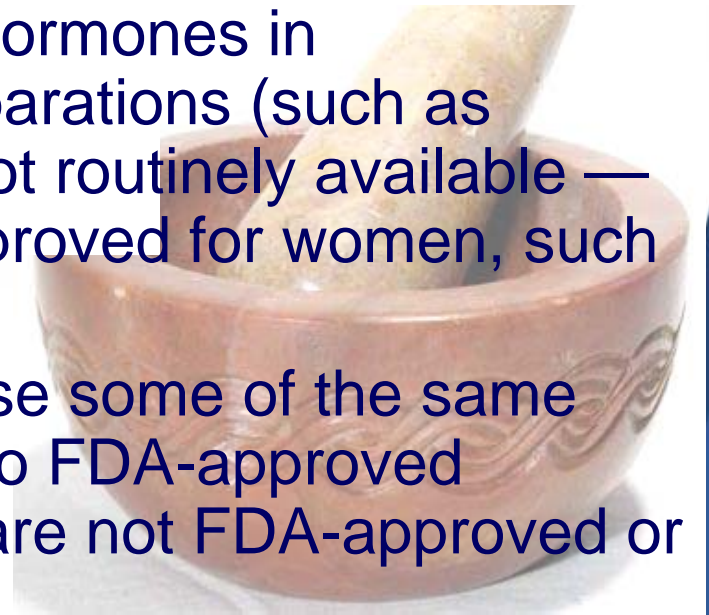


“The bioidentical option”

- Are bioidenticals safer? No one knows.
- Studies have shown they can help relieve hot flashes and vaginal dryness, but as yet, few large studies have investigated the differences among the various hormones and methods of administration.
- More research is needed to further understand these differences and compare the risks and benefits

What science is discovering as we speak

- What are compounded hormones?
 - Much of the confusion about bioidentical hormones comes from the mistaken notion that they must be custom-mixed at a compounding pharmacy.
 - But custom compounding is necessary only when a clinician wants to prescribe hormones in combinations, doses, or preparations (such as lozenges or suppositories) not routinely available — or to order hormones not approved for women, such as testosterone and DHEA.
 - Compounding pharmacies use some of the same ingredients that are made into FDA-approved products, but their products are not FDA-approved or regulated



What science is discovering as we speak



One size doesn't fit all in women's health. Compounded hormones can certainly help to individualize treatment, but if you're considering them, be aware of the following:

- Compounded drugs are mixed to order, so there are no tests of their safety, effectiveness, or dosing consistency.
- There is no proof that compounded hormones have fewer side effects or are more effective than FDA-approved hormone preparations.
- Health insurers don't always cover compounded drugs
- This doesn't mean that you shouldn't consider compounded hormones. Just realize that, in a real sense, you're going to be an experiment of one.
- Unless your clinician has considerable experience with bioidentical hormones and a particular compounding pharmacy, you're better off with a prescription for commercially available hormones, many of which are bioidentical

Weighing your risks/ benefits



- Most treatments carry risks and benefits. Talk to your physician and decide what is best for your health and quality of life given your risk factors.
- Begin by finding out your personal risk profile for:
 - Heart disease
 - Stroke
 - Breast cancer
 - Osteoporosis
 - Colorectal cancer
 - Discuss quality of life issues and your options for alternatives to hormone therapy then weigh every factor and decide what is the best option for you!



Weighing your risks/ benefits

Breast Cancer Risk Factors

One of every eight American women will develop breast cancer in her lifetime. The risk increases with age—and is greatest after age 60. Some factors increase the risk for breast cancer. However, most women who develop breast cancer do not have any risk factors.

Key factors that increase the risk of developing breast cancer are:

- Personal history—if you've had it once, you're more likely to develop breast cancer again.
- Family history—if your mother, sister, or daughter had breast cancer, especially at an early age, you're more likely to develop it.
- Other breast changes (not including ordinary “lumpiness”)—such as atypical hyperplasia (an irregular pattern of cell growth).
- Genetic alterations—mutated forms of BRCA1 and BRCA2 genes, which are believed to be responsible for about half the cases of inherited breast cancer



Weighing your risks/ benefits



Osteoporosis Risk Factors

- Age—risk increases as you grow older.
- Being female—Women have less bone tissue than do men and tend to experience a rapid loss of bone in the first few years after menopause.
- Body size—small, thin-boned women are at greatest risk.
- Ethnicity—White and Asian women are at highest risk.
- Having parents with a history of osteoporosis as well as fractures in adulthood can place someone at increased risk for osteoporosis.
- Sex hormones—abnormal absence of menstrual periods (amenorrhea) or menopause.
- Anorexia.
- Lifetime diet low in calcium and vitamin D.
- Certain medications, such as glucocorticoids (prescribed for various diseases, including arthritis, asthma, and lupus) and some anticonvulsants.
- Physical inactivity or extended bed rest.
- Cigarette smoking.
- Excessive use of alcoholic beverages.



Weighing your risks/ benefits



Heart Disease Risk Factors

Risk factors beyond your control

- Being age 55 or older
- Having a family history of early heart disease—this means having a mother or sister who has been diagnosed with heart disease before age 65, or a father or brother diagnosed before age 55

Risk factors you can control

- Cigarette smoking
- High blood cholesterol
- High blood pressure
- Diabetes (high blood sugar)
- Overweight/obesity
- Physical inactivity



General advise for the postmenopausal years



Be sure to

- Keep a regular schedule of mammograms and breast and clinical exams
- Check BP at least annually (more frequently if it is elevated)
- Know your cholesterol levels and the action you can take to help improve it
- Have your fasting blood glucose level tested
- Find out your bone mineral density with a DEXA scan
- Learn your body mass index and waist circumference



General advise for the postmenopausal years



Should I take hormone therapy?

- Amid all the recent confusion about hormone therapy it still remains an appropriate option for some women
- Although its only been proven as a treatment for hot flashes, night sweats, and vaginal dryness

4 big questions to ponder prior to seeing your healthcare provider????

- **Do I have hot flashes or night sweats that disrupt my sleep?**
 - Yes..... HT
 - If sole complaint is vaginal dryness- may be more appropriate to use a topical or low dose vaginal estrogen product
- **Am I doing everything in my power to help prevent?**
 - Osteoporosis- Vitamin D intake + Calcium, weight bearing exercises, limit alcohol intake, no smoking
- **Does my health profile make hormone therapy too risky?**
 - History of breast cancer/ uterine cancer/ ovarian cancer/ unexplained bleeding
 - 10 years past menopause
 - History of heart disease or stroke
- **Am I comfortable with the idea of using hormone therapy?**
 - If and only if your symptoms and health profile suggest hormone therapy is appropriate you'll need to rely on your own information gathering and instincts to make the decision



General advise for the postmenopausal years

- “Not an estrogen deficiency disease” but is a natural stage of life
- What your sister or friend do or mom did may not be right for you
- Keep in mind if you do decide HT it is best taken for
 - 2-3 years
 - No more than 5 years
- Symptoms that seem like the menopausal transition may be caused from other more serious problems
- Not permanent/ Discuss- new/different treatments? Increase dose/ decrease dose/ still needed?
- Also keep in mind that your healthcare provider may not be able to answer all of your questions as many questions about HT remain unanswered

The Bottom Line:

The risk of any hormonal product depends on more than how the hormone is made. That's why it's important to work closely with a clinician to decide what's right for you. If your symptoms are bothersome, discuss your options with a physician or other specialist in menopausal health.



Questions remain



- Since the end of the WHI's trial of Prempro, the FDA has recommended using hormone therapy only in low doses for a short time for severe menopausal symptoms. Yet experts don't really know how the WHI results apply to other compounds.
- In the combined hormone trial, the WHI tested only one estrogen (Premarin) and one progestin (Provera), in a single pill (Prempro), at a single dose (0.625 mg Premarin and 2.5 mg Provera). Would a different estrogen or progesterone have fewer side effects? Would lower doses or a different mode of delivery, such as a transdermal (skin) patch or skin cream, be safer?
- The WHI will continue to follow women in the menopausal hormone therapy trials until 2010.
- Other ongoing studies are looking into the effects of menopausal hormones and alternative therapies on menopausal symptoms and postmenopausal conditions
 - Soy phytoestrogens on cardiovascular disease and osteoporosis
 - Black cohosh and antidepressants on hot flashes
 - Botanical dietary supplements on women's health
 - Plant estrogens on breast cancer
 - Estrogen on cognition

