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HANDLING THE HARD QUESTIONS:

WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

THE PURPOSE OF THIS DOCUMENT

Patients in the menopausal transition often ask questions about their symptoms and how they can best be managed. Obstetricians/gynecologists and other clinicians involved in managing vasomotor symptoms of menopause must properly and effectively communicate appropriate responses to these questions. This pocket guide includes a brief summary of evidence surrounding some of the most common—and challenging—questions healthcare providers face from their patients with vasomotor symptoms of menopause. We hope you find this guide useful for your professional development.

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WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

HOW DO YOU KNOW THAT MY SYMPTOMS ARE RELATED TO MENOPAUSE AND NOT SOMETHING ELSE?

Women over the age of 45 years with typical menopause symptoms are likely experiencing perimenopause or menopause. The most common symptoms of menopause include the following:

- Irregular or missed periods
- Mood changes such as depression, anxiety, and mood swings
- Sleep problems
- Hot flashes or night sweats
- Tiredness
- Vaginal dryness, pain during sexual intercourse, or low libido
- Problems with urination, leaking urine, or bladder infections
- Cognitive changes/“brain fog”
- Weight gain
- Arthralgias/joint pain

If you have these symptoms after the age of 45, you are unlikely to need additional testing to confirm your diagnosis.[4]

Hot flashes are the most common symptom of menopause, occurring in up to 80 percent of women.[1] A typical hot flash will start in your chest or face and spread throughout your body. They usually last about 4 minutes. Symptoms that tend to occur with hot flashes include sweating, heart pounding, anxiety or nervousness, and chills with shivering.

Nights sweats describe hot flashes that occur at night, the most common time for hot flashes.[2] Hot flashes and night sweats can occur several times per day or night and interfere with sleep or daily activities.

HOW DO YOU KNOW THAT MY SYMPTOMS ARE RELATED TO MENOPAUSE AND NOT SOMETHING ELSE?

If you have any of the following signs in addition to the common symptoms of menopause, you might be experiencing something other than menopause and require additional testing:[3]

- Fever
- Swollen lymph nodes
- Weight loss
- Severe sweats (changing the bed sheets)
- Diarrhea
- Headache
- Tremor
- Possible infection
- Recent introduction of new medication
- Untreated sleep apnea
- History of autoimmune disease or cancer
- Sweating that lasts more than 3-4 minutes

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WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

AREN'T I TOO YOUNG TO BE HAVING MENOPAUSE-RELATED SYMPTOMS?

You are in menopause if you have not had a period for at least 12 consecutive months. However, you can develop symptoms several years before you stop getting your period. These symptoms are often referred to as **perimenopause**.

Most women experience menopause after the age of 45 years.[1] On average, menopause occurs in most women around age 49.[2]

Early menopause happens between the ages of 40 and 45, often following a surgical procedure such as an oophorectomy. However, there is often no definable cause of early menopause and no specific diagnostic workup that is indicated. We'll want to rule out other disease processes that can cause changes to your menstrual cycle or amenorrhea if you are going through early menopause.[2]

Menopause before age 40 is called **primary ovarian insufficiency**. This occurs when the ovaries have stopped producing enough hormones to maintain your menstrual cycle. We will need to perform additional testing to try to determine the cause of primary ovarian insufficiency if that is an issue for you. It is essential to receive treatment for primary ovarian insufficiency to prevent bone loss and/or heart problems.[3]

AREN'T I TOO YOUNG TO BE HAVING MENOPAUSE-RELATED SYMPTOMS?

Some women have surgical menopause if their ovaries have been removed for medical reasons. This is called **induced menopause**, and it can cause more severe menopausal symptoms that may require treatment with hormones.[4] In the majority of cases, women with surgical menopause should receive hormone therapy until they reach the average menopausal age.

It's important to recognize and treat menopause symptoms promptly as bone loss begins before you stop getting your period. Treating the symptoms of menopause can help you avoid developing osteoporosis (thinning of the bones), may help protect against cardiovascular disease, and improve your overall quality of life.[5]

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HOW CAN I HAVE THESE SYMPTOMS WHILE I AM STILL GETTING A PERIOD EACH MONTH?

The transition into menopause (also called **perimenopause**) begins, on average, 4 years before you stop having periods. However, it can start up to 10 years before your last period. One of the first symptoms you might notice is that your period comes a few days earlier than it used to. This is a sign of early perimenopause, which is defined as a persistent change in your cycle of 7 days or more.[1]

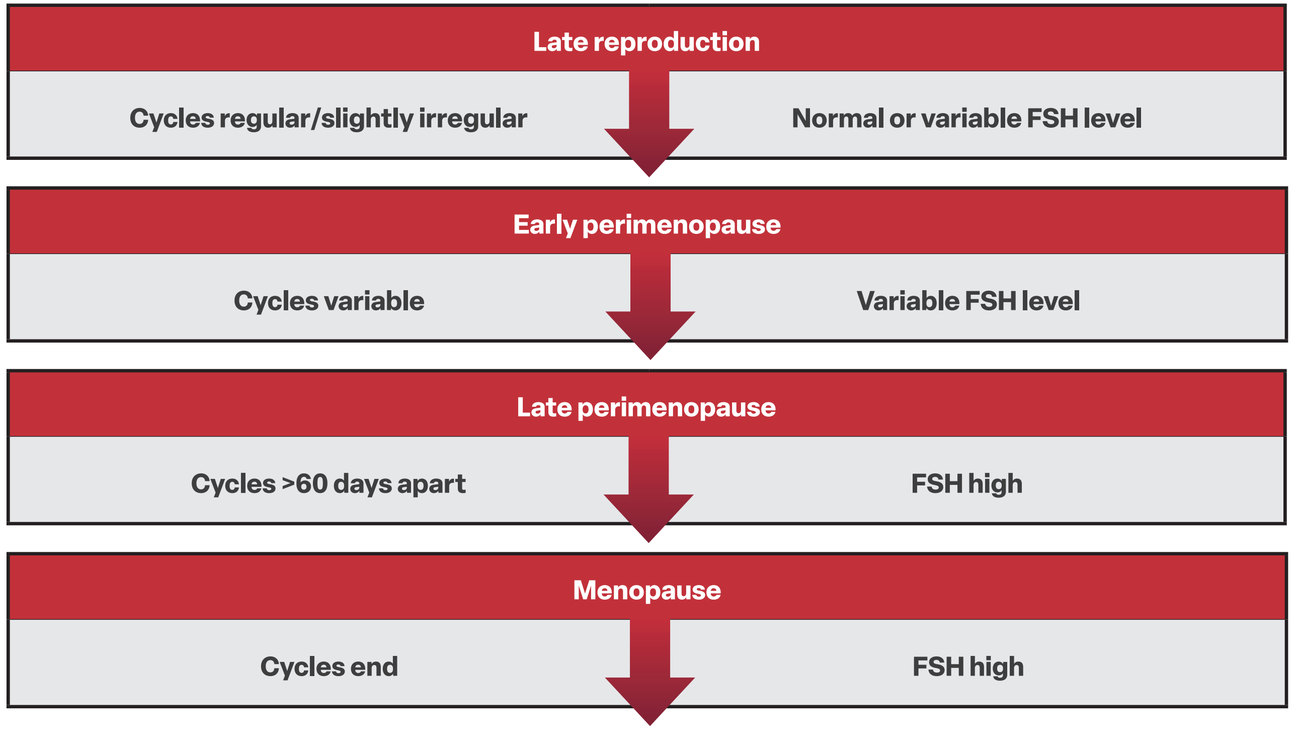
Most women have fluctuating hormones in the years leading up to menopause, which cause symptoms such as **hot flashes** and **night sweats**. Perimenopausal women have unpredictable estrogen levels and lower progesterone levels. These hormone fluctuations occur due to changes in the ovary. You are born with all the eggs you will ever have in your lifetime; however, as the number of eggs in your ovary starts to run low, less of a hormone called inhibin is produced. In response, the brain makes more follicle-stimulating hormone. Estrogen levels do not tend to decrease until later in the menopausal transition. Unfortunately, because these hormones can fluctuate from one cycle to the next, measuring them is not helpful to try to assess the likely onset and severity of your symptoms.[2]

Although you are still getting your period during perimenopause, your fluctuating hormone levels cause the symptoms associated with perimenopause, such as hot flashes, as well as irregular periods.[3] Within the next few months or years, you will likely start to skip your period. However, it is important to recognize that your experience will be unique to you; most women have different timelines during perimenopause due to factors such as weight, genetics, ethnicity, and lifestyle.[1]

One more point of emphasis: Even though your periods may be irregular during perimenopause, you can still become pregnant. If you are not interested in becoming pregnant and you remain sexually active during perimenopause, you should continue using contraception until your period stops for a full 12 months.

HOW CAN I HAVE THESE SYMPTOMS WHILE I AM STILL GETTING A PERIOD EACH MONTH?

The Road to Menopause[4]



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WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

WHY AM I HAVING THESE SYMPTOMS? HOW LONG ARE THEY GOING TO LAST?

The natural decrease in estrogen levels that often occurs during menopause causes symptoms such as hot flashes, mood problems, poor sleep, and night sweats. Changes in the nervous system and blood vessels also contribute to hot flashes, which is why severe hot flashes could indicate that you are at risk for heart disease.[1]

There may also be occasions during the menopause transition when your estrogen and progesterone levels fluctuate (and your estrogen levels actually become significantly elevated) during a physiological phenomenon that is called a luteal out-of-phase (LOOP) event. During a LOOP event, your symptoms may include breast pain, migraine, heavy bleeding, fibroid growth, or even endometrial hyperplasia.[2]

Once you have gone 60 days or more without a menstrual period, you have entered the late perimenopause transition, and your symptoms may get worse. At this stage, you could have more hot flashes, night sweats, worsening sleep, and mood problems. This stage of menopause lasts, on average, about 4 years.[3]

Most of the time, hot flashes and night sweats will improve 5-7 years after your last period. However, they can occur up to 20 years after you stop getting your period, and a small percentage of women will have them the rest of their lives.[4] Fortunately, there are a variety of medications and nonpharmacologic approaches that we can discuss to help lessen the burden of these symptoms.

WHY AM I HAVING THESE SYMPTOMS? HOW LONG ARE THEY GOING TO LAST?

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IS THERE ANYTHING I CAN DO TO MAKE MY SLEEP BETTER?

Sleep issues are common during menopause and can happen due to night sweats or mood problems. They can also occur independently of other factors, as sleep issues often occur naturally with aging. Up to 94% of women report difficulty with sleep during the menopausal transition.[1] Treating hot flashes and mood problems with medication may help you sleep.[1] Medications such as hormone therapy, antidepressants, and sleep aids can improve sleep during the menopausal transition.[2] A sleep study may also be helpful to evaluate whether you might have other causes of sleep disturbance, such as obstructive sleep apnea or restless leg syndrome.[2]

Additional recommendations to get better sleep include the following:

- Keep your bedroom cool
- Go to bed and wake up at the same time every day
- Avoid screens, large meals, and exercise at least 2 hours before bed
- Create a wind-down routine to signal your brain that it is time to sleep (such as hot tea, a warm bath, or a book)
- Reserve your bed for sleep and sex only
- If you wake up or have trouble falling asleep, get up and do a relaxing activity until you feel sleepy again
- Try meditation before bedtime

A type of talk therapy called **cognitive behavioral therapy** can also help treat menopause-related sleep issues. You can do this with the help of a therapist or through an app.[3]

IS THERE ANYTHING I CAN DO TO MAKE MY SLEEP BETTER?

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WHY DOES MY BRAIN ALWAYS FEEL SO FOGGY? ARE THERE ANY TECHNIQUES TO HELP ME MANAGE THIS AT WORK OR AT HOME WITH MY FAMILY?

During menopause, many women describe symptoms of forgetfulness, difficulties with remembering words, and "brain fog." This may be due to lower levels of estrogen.

MENOPAUSE BRAIN FOG:

The combination of cognitive symptoms experienced by women around menopause that are most commonly expressed as memory and attention difficulties.[4]

Hot flashes and other menopausal symptoms such as mood and sleep issues can make work difficult. It is essential to treat depression, anxiety, insomnia, and hot flashes associated with menopause promptly for many reasons, including general productivity at work and home. While women in perimenopause do not appear to have decreased brain function on testing, mood problems can contribute to brain fog.[1] Treating menopausal symptoms with hormone therapy can improve brain fog and mood.[2] Exercising, eating a healthy diet (such as a Mediterranean diet that emphasizes plant-based foods and healthy fats), maintaining social connections, and continuing to perform mentally challenging activities may contribute to better overall brain health as you age.[3]

WHY DOES MY BRAIN ALWAYS FEEL SO FOGGY? ARE THERE ANY TECHNIQUES TO HELP ME MANAGE THIS AT WORK OR AT HOME WITH MY FAMILY?

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HOW DOES HORMONE THERAPY WORK? IS IT SAFE?

Menopause hormone therapy (MHT) works by replacing the estrogen in your body that naturally declines during menopause. If you have a uterus, you will need progesterone in addition to estrogen. If you still require contraception, you could opt for a levonorgesteral intrauterine device to protect the endometrial lining and prevent pregnancy.

MHT will often help with hot flashes, night sweats, and vaginal dryness, as well as to prevent bone loss. There is some evidence that it may also help improve mood and sleep, prevent hair loss and skin changes, and reduce the risk of heart disease, diabetes, and stroke.[1]

MHT is safe to use for most women. However, some women may have medical conditions that make hormone therapy unsafe for them. The accompanying table describes the risks of MHT in specific settings. If you have any of the conditions listed in red, you should not take MHT in a pill, patch, or skin cream (transdermal options may be acceptable). If you have any of the conditions listed in yellow, you may be a candidate for MHT, but you should have a thorough assessment and discussion with our team before instituting this therapeutic regimen. We can also help you to determine your risk level for MHT if you are unsure for any reason.

If you have any of conditions listed here in red or yellow, you may still be able to treat vaginal dryness and urinary issues with vaginally applied estrogen. Hormones can be safer when used vaginally because only a small amount enters the rest of your body.[3]

HOW DOES HORMONE THERAPY WORK? IS IT SAFE?

WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

Menopausal Hormone Therapy Risk[2]

Low Risk	Intermediate Risk	High Risk
Recent menopause	Diabetes	Born with a heart problem
Normal weight	Obesity (BMI>30)	Blood clot in the past
Normal blood pressure	High blood pressure	Stroke in the past
Low risk for heart problems	Moderate risk for heart problems (ie, high cholesterol and/or high blood pressure)	High risk for heart problems
Low risk for breast cancer	High risk for breast cancer (breast cancer in your family)	Breast cancer in the past
Physically active	Inactive	Heart attack in the past
Normal cholesterol	High cholesterol	
No smoking	Smoking	
No autoimmune disease	Autoimmune disease	

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WHAT ARE THE DIFFERENT KINDS OF HORMONE THERAPY THAT ARE AVAILABLE?

Three different types of hormone therapy are available: systemic, vaginal, and compounded hormone therapy.

Systemic hormone therapy[1,2]

- Comes in a pill or transdermal patch/gel/cream/spray
- Is the most effective type of therapy for menopausal symptoms
- Should not be used in the conditions listed on page 16 in red, but is generally safe for most women

Vaginal hormone therapy[3]

- Is inserted into the vagina and/or vulva
- Comes in creams, tablets, vaginal suppositories, and a ring; vaginal dehydroepiandrosterone (DHEA) is also available as a suppository
- Can treat vaginal dryness as well as urine problems with minimal hormone absorbed into the rest of the body
- Is safe to use in people with heart problems, cancer, or blood clots

WHAT ARE THE DIFFERENT KINDS OF HORMONE THERAPY THAT ARE AVAILABLE?

Compounded hormone therapy[4]

- Is not recommended because it is not approved by the U.S. Food and Drug Administration (FDA)
- Often called “bioidentical” or “natural” hormone therapy, but should not be confused with true bioidentical hormone therapy made in a lab (many variations of which **are** approved for use by the FDA)
- Is not checked for potency or purity; consequently, you can get a higher or lower hormone dose than prescribed, which might not protect your uterus against abnormal cell growth or treat your symptoms
- Comes in pill, transdermal, and vaginal forms
- Compounded hormonal therapy is not more effective, safer, or individualized compared to other, more regulated forms of hormonal therapy

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WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

WHAT ARE SOME OF THE NONHORMONAL MEDICATION OPTIONS I COULD CONSIDER?

For patients with contraindications to hormone therapies or those who prefer alternate therapeutic approaches, there are a variety of nonhormonal medication options that can help with vasomotor symptoms of menopause. While only two medications—paroxetine (a selective serotonin-reuptake inhibitor) and fezolinetant (a Neurokinin B antagonist)—are currently approved by the FDA for this specific indication, there are a variety of additional agents commonly prescribed off-label as well. Typically, it takes approximately 2 weeks for these medications to work.[1]

According to the most recent guidelines from the North American Menopause Society, SSRIs/SNRIs, gabapentin, and fezolinetant are all recommended with Level I evidence (good and consistent scientific evidence); oxybutynin is recommended with Level I-II evidence.

The accompanying table compares commonly-prescribed nonhormonal therapies with hormone therapy.

Nonhormonal Treatment Options for Menopausal Symptoms[1]

Medication	How it Works	Pros	Cons
Menopause Hormone Therapy (MHT)	Replaces the hormones estrogen and progesterone that decline during menopause	Most effective treatment for vasomotor symptoms (hot flashes and night sweats). Can also help with other menopausal symptoms such as vaginal dryness and bone loss.	Not suitable for all women, especially those with a history of certain cancers or blood clots. Can have side effects such as breast tenderness, mood changes, and headaches.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Increases levels of serotonin in the brain, a chemical that helps regulate mood, sleep, and appetite	Can reduce hot flashes and improve mood	Can cause side effects such as nausea, headache, dizziness, and sexual problems
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	Increases levels of serotonin and norepinephrine in the brain, chemicals that help regulate mood, sleep, and attention	Can reduce hot flashes and improve mood	Can cause side effects such as nausea, headache, dizziness, and sexual problems
Gabapentin	A drug that is usually used to treat seizures or nerve pain. It may work by calming down overactive nerves in the brain.	Can reduce hot flashes	Can cause side effects such as drowsiness, dizziness, and headache
Fezolinetant	Blocks the effects of a neurotransmitter called neurokinin B, which is involved in hot flashes	FDA approved for the treatment of vasomotor symptoms of menopause	May cause side effects such as headache and nausea. Should be avoided in patients with certain liver problems.
Oxybutynin	A drug that is usually used to treat overactive bladder. It may work by relaxing the muscles in the bladder.	Can reduce hot flashes	Can cause side effects such as dry mouth, constipation, and blurred vision

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ARE THERE ANY DAILY ROUTINES I CAN CHANGE, OR SUPPLEMENTS I CAN TAKE, THAT MAY HELP REDUCE MY SYMPTOMS?

The accompanying table includes a list of common nonpharmacologic methods for treating vasomotor symptoms of menopause, a description of whether or not they are recommended by medical experts, and the level of evidence supporting/refuting their use. Interventions with Level I evidence have good and consistent scientific evidence backing their efficacy; Level II have limited or inconsistent scientific evidence; and Level III are based on consensus and expert opinion.

Among the Level I recommendations listed here, **self-hypnosis** is an effective technique you can learn at home using an app. Hypnosis involves having a more relaxed state of mind and uses imagery to calm anxiety. It can be effective for treating hot flashes and has the added benefit of being able to be performed anywhere.[2]

Cognitive behavioral therapy is a type of therapy that helps you challenge self-defeating or harmful thought patterns. It is often done with the help of a therapist, but several books and worksheets can also help you learn this technique.[2]

If a technique or routine you are interested in isn't recommended in this table, it still might help you (or at least won't have negative effects). The recommendations listed here are based on studies of large numbers of people. Be sure to discuss techniques that interest you with our team to make sure they are safe for you to try.[3]

ARE THERE ANY DAILY ROUTINES I CAN CHANGE, OR SUPPLEMENTS I CAN TAKE, THAT MAY HELP REDUCE MY SYMPTOMS?

WHAT OUR PATIENTS ARE ASKING US ABOUT VASOMOTOR SYMPTOMS OF MENOPAUSE

Interventions for Vasomotor Symptoms of Menopause[1]

Type of Intervention	Recommended	Not Recommended	Level of Evidence
Lifestyle	Cognitive-behavioral therapy		Level I
	Clinical hypnosis		Level I
	Weight loss		Levels II-III
		Paced respiration	Level I
		Avoiding triggers	Level II
		Cooling techniques	Level II
		Exercise	Level II
		Relaxation	Level II
		Mindfulness	Level II
		Yoga	Level II
		Dietary modifications	Level III
Dietary Supplements		Soy foods and soy extracts	Level II
		Equol (soy metabolite)	Level II
		Supplements/herbal remedies*	Level II
		Cannabinoids	Level II
Acupuncture, other treatments, and technologies		Calibration of neural oscillations	Level II
		Acupuncture	Level II
	Stellate ganglion block		Levels II-III
		Chiropractic intervention	Level II

**Supplements/herbal remedies include pollen extract, ammonium succinate, Lactobacillus acidophilus, rhubarb, black cohosh, wild yam, dong quai, evening primrose oil, maca, ginseng, labisia pumila/eurycoma longifolia, chasteberry, milk thistle, omega-3 fatty acids, and vitamin E*

ARE THERE ANY DAILY ROUTINES I CAN CHANGE, OR SUPPLEMENTS I CAN TAKE, THAT MAY HELP REDUCE MY SYMPTOMS?

REFERENCES

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This resource is part of the *Feeling Flush: Management Strategies for Patients with Vasomotor Symptoms Associated with Menopause* initiative, supported by an independent educational grant from Astellas Pharma Global Development, Inc and in-kind support from the American College of Osteopathic Obstetricians and Gynecologists.

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