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Women's Health – Gynecological Care of the Post-Menopausal Woman

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Disclosures:

Speaker has no disclosures and there are no conflicts of interest.


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Care of the Post Menopausal Woman


 Karen Moyer, MD
 November 8, 2014

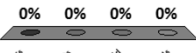
Disclosure



 Dr. Karen Moyer has no conflict of interest, financial agreement, or working affiliation with any group or organization.

All of the following medications are common culprits for causing urinary incontinence in women EXCEPT....

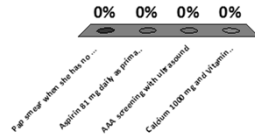
- A. Calcium channel blockers
- B. NSAIDs
- C. Synthroid
- D. SSRIs



Calcium channel blockers 0% 0% 0% 0%
NSAIDs 0% 0% 0% 0%
Synthroid 0% 0% 0% 0%
SSRIs 0% 0% 0% 0%

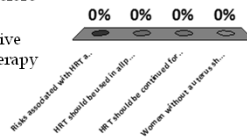
Which of the following screening/ prevention measures would be appropriate in this 65 yo post menopausal woman who quit smoking 5 years ago?

- A. Pap smear when she has no prior history of abnormal paps
- B. Aspirin 81 mg daily as primary prevention for stroke when she has a 10% risk of stroke over the next 10 years
- C. AAA screening with ultrasound
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With regard to hormone replacement therapy (HRT), which of the following is TRUE?

- A. Risks associated with HRT are fewer in the early postmenopausal period as opposed to the late post menopausal period
- B. HRT should be used in all post menopausal women for primary prevention of osteoporosis
- C. HRT should be continued for a minimum of 2 years for vasomotor symptoms before trying to stop treatment
- D. Women without a uterus should receive combined estrogen/ progesterone therapy for treatment of postmenopausal symptoms.



Diagnosis of Menopause



- ☞ Amenorrhea for 12 months without other causes
 - ☞ Median age 51.
 - ☞ Before age 40 think about primary ovarian insufficiency
 - ☞ FSH (can be elevated but levels vary widely)
- ☞ Symptoms
 - ☞ Hot flashes (80%)
 - ☞ Vaginal dryness / sexual dysfunction
 - ☞ poor concentration/ memory
 - ☞ Poor sleep
 - ☞ Mood changes
 - ☞ Joint pain (50-60%)

Screening & Prevention

Breast Cancer

- ☞ Mammogram yearly age 50-75
- ☞ Age 40-50 various recommendations. Shared decision making with patient (AAFP, USPSTF).



Colon Cancer

- ☞ Screening recommended age 50-75.
- ☞ Colonoscopy every 10 years
- ☞ Sigmoidoscopy every 5 years with FOBT every 3 years
- ☞ Fecal immunochemical test (annually)
- ☞ Double contrast barium enema every 5 yrs



Cervical Cancer

- ☞ Pap smear every 5 years (if normal cytology and negative HPV)
- ☞ Discontinue screening
 - ☞ at age 65 unless there is a history of invasive cervical cancer or high grade lesion (CIN 2-3) in the last 20 years, OR immunocompromised patient, OR DES exposure in utero.
 - ☞ if patient has had a hysterectomy for benign causes

Cardiovascular Disease



#1 cause of mortality in women

- ☞ Smoking cessation
- ☞ Blood pressure control
- ☞ Cholesterol screening
 - ☞ AAFP, USPSTF - women >45 with cardiac risk factors
 - ☞ NCEP, ATP3 - all adults >20 every 5 yrs
- ☞ Weight Management, Diet, Exercise
- ☞ Hormone Therapy should not be used for primary or secondary prevention of heart disease

Cardiovascular Disease



Aspirin 81 mg

- for primary prevention of stroke in women age 55-79 when stroke prevention benefit outweighs risk for GI bleeding

10 year stroke risk	
Age 55-59	>3%
Age 60-69	>8%
Age 70-79	>11%

Abdominal Aortic Aneurysm

- Evidence is insufficient to recommend a one time screening for women age 65-75 with a prior history of smoking (USPSTF).



Osteoporosis



- Women have twice the hip fracture rate of men
 - Caucasian > Mexican American > African American
- Women sustain 80% of all hip fractures
- >50% of women are not walking 1 yr after a fracture
- 3-6% of women die of fracture related complications





Prevention



Calcium & Vitamin D

Age	Calcium	Vitamin D
9-18	1300 mg/d	600 IU/ d
19-50	1000 mg/ d	600 IU/ d
>51 premen	1200 mg/d	600 IU/ d
>51 postmen	1200 mg/d	800 IU/ d

Serum Vitamin D

- >20 ng/mL for all
- >30 ng/mL postmenopausal or those with risk factors

Assess Fall Risk

- History of falls or imbalance
- Get up and Go Test (<10 sec)

Smoking Cessation counselling





Screening



☞ DEXA scan

- ☞ Age 65 or when the fracture risk = that of a 65 yo white woman without other risk factors (9.3% over 10 years)
- ☞ Postmenopausal woman with a low trauma fracture

☞ www.shef.ac.uk/FRAX

- ☞ Helpful in osteopenia to determine if treatment warranted
 - ☞ Treat if 3% risk of hip fracture or 20% risk of major fracture in 10 years
- ☞ Valid in women >40 not receiving treatment for osteoporosis





Treatment



☞ Bisphosphonates (1st line)

☞ Oral

- ☞ Alendronate (Fosamax) – generic, long term safety data
- ☞ Risedronate (Actonel)
- ☞ Ibandronate (Boniva) – lack of data for hip fracture reduction

☞ IV

- ☞ Zoledronic acid (Reclast) – if unable to tolerate PO side effects

☞ Selective Estrogen Receptor Modulators

- ☞ Raloxifene – useful when independent risk for breast cancer





Monitoring



No clear consensus

Initial DEXA scan




Repeat in 2 years if starting therapy



If stable BMD, less frequent monitoring

If BMD decreasing > 5% confirm compliance & consider changing therapy






Menopausal Symptoms

❧

❧ Vasomotor symptoms “hot flashes”

- ❧ Hormone Replacement (HRT)
 - ❧ Most effective
 - ❧ Low dose regimens have fewer side effects but may be less effective
 - ❧ Treat with lowest effective dose for shortest time possible to minimize risk
 - ❧ If there is a uterus, include progesterone
 - ❧ Try to discontinue annually



HRT and Risk

❧

- ❧ WHI trial was done on women much older than the average post menopausal woman (average age 63)
- ❧ Timing makes a difference
 - ❧ Starting therapy at the start of menopause does not seem to increase risk for CAD
 - ❧ Beginning therapy in 60's-70's has ↑ risk of CAD
- ❧ Estrogen only arm
 - ❧ no increased risk of heart disease or breast CA
 - ❧ + increased risk of stroke and VTE
- ❧ Transdermal Patch
 - ❧ Avoids first pass metabolism
 - ❧ May have ↓ risk of VTE

Risk with Estrogen/ Progesterone

❧

Outcome	ARR	ARI	NNT	NNH
Breast CA		0.8		1,250
Fracture	.06 - 0.5		1,1750	
Heart disease		0.7		1,428
Stroke		0.8		1,250
VTE		1.8		555

Alternatives to HRT



- ☞ SSRI's
 - ☞ Paxil 7.5mg daily - FDA approved
- ☞ SNRI's
 - ☞ Effexor (venlafaxine) 75mg BID
 - ☞ Pristiq (desvenlafaxine) 25-50mg daily
- ☞ Gabapentin 600-900 mg daily
- ☞ Clonidine 0.1mg daily



- ☞ No great evidence for soy, black cohosh, exercise, Acupuncture, testosterone



Atrophic Vaginitis



- ☞ Can present as dryness, pain, itching, dyspareunia, bleeding, fissures, recurrent infection (due to increased pH)
- ☞ Vaginal estrogen preparations best treatment
 - ☞ Vaginal ring is preferred by patients
 - ☞ Estring = topical dosage
 - ☞ Femring = systemic dosage

Brand	Generic	Route	Effective Dosage	Approved for Vasomotor Symptoms?	Approved Vaginal Symptoms?
Climara	Estradiol	Transdermal	0.025 mg / day	Yes	Yes
Duavee	Conjugated (estrogen/ bazedoxifen)	Oral	0.45 mg/20 mg/day	Yes	No
Estrace	Micronized estradiol-17β	Oral	0.5 to 1.0 mg/day	Yes	Yes
Estrace	Micronized estradiol-17β	Topical	2 g/day	No	Yes
Estring	Estradiol-17β ring	Vaginal Ring	2 mg per 90-day	No	Yes
Femring	Estradiol acetate	Vaginal Ring	0.05 mg / day	No	Yes
Osphepa	Ospemifene	Oral	60 mg / day	No	Yes
Paxil	Paroxetine	Oral	7.5 mg per day	Yes	No
Premarin	Conjugated estrogen	Oral	0.3 to 0.625 mg /day	Yes	Yes
Premarin	Conjugated estrogen	Topical	0.5 to 2 g/day	No	Yes
Vagifem	Estradiol	Vaginal tablet	10 mcg/day	No	Yes

NOTE: The American College of Obstetricians and Gynecologists guidelines mention other treatment options. Only those approved for this indication by the U.S. Food and Drug Administration are listed in this table.


Urinary Incontinence



- ☞ Affects roughly 20 million women
- ☞ Stress and urge incontinence equal frequency in women
- ☞ Increased incidence of depression, limited social function, increased dependence on care givers.
- ☞ NOT a normal process of aging

Transient Causes



- ☞ D
 - ☞ I
 - ☞ A
 - ☞ P
 - ☞ P
 - ☞ E
 - ☞ R
 - ☞ S
- 
- ☞ Delerium
 - ☞ Infection (UTI)
 - ☞ Atrophic Vaginitis
 - ☞ Pharmaceuticals
 - ☞ Psych disorder (depression)
 - ☞ Excessive Urine Output
 - ☞ Reduced Mobility
 - ☞ Stool Impaction

Treat reversible causes . If not resolved, evaluate for chronic causes

Common Med Culprits



- ☞ Antihypertensives (alpha blockers, ACE, CCB, diuretics)
- ☞ Pain Relievers (NSAIDs, COX2, opioids, muscle relaxants)
- ☞ Psychotherapeutics (antidepressants, antipsychotics, sedatives)
- ☞ Alcohol
- ☞ Antihistamines
- ☞ Thiazolidinediones

Chronic Incontinence Assessment



3 Incontinence Questions

- ☞ 1) Have you leaked urine
- ☞ 2) When did you leak urine (activity, urge, without either)
- ☞ 3) When did you leak urine most? (activity, urge, without either, or both)

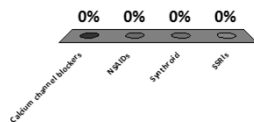
- ☞ Voiding Diary
- ☞ Physical Exam
- ☞ Cough Stress Test
- ☞ Post Void Residual
- ☞ Labs
 - ☞ Creatinine
 - ☞ UA (blood, glucose, protein)

Type	Symptoms	Volume	Cough test	PVR	Nocturia
Stress	Valsalva	small	+	<50 cc	no
Urge	Urgency	Large	Delayed	<50 cc	yes
Mixed	Activity/urgency	Varies	+/-	<50 cc	+/-
Overflow	Not w/ activity or urgency	Varies	-	>200 cc	
Functional	Cognitive or mobility impaired	Varies	-	varies	+

Voiding diary is very helpful

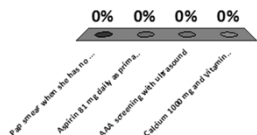
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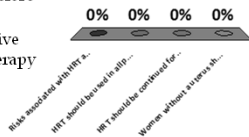
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