



# From Peri to Post Menopause: Supporting Women in Primary Care

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**NEW MEXICO ACADEMY**  
*of* **FAMILY PHYSICIANS**

# Disclosures

- No Financial Disclosures



Antarctica, February 2024

# OBJECTIVES

01

Increase your comfort level in caring for women in their menopause transition by understanding the guidelines for *menopause hormone therapy (MHT)*

02

Learn to answer common questions about menopause and MHT with confidence and clarity

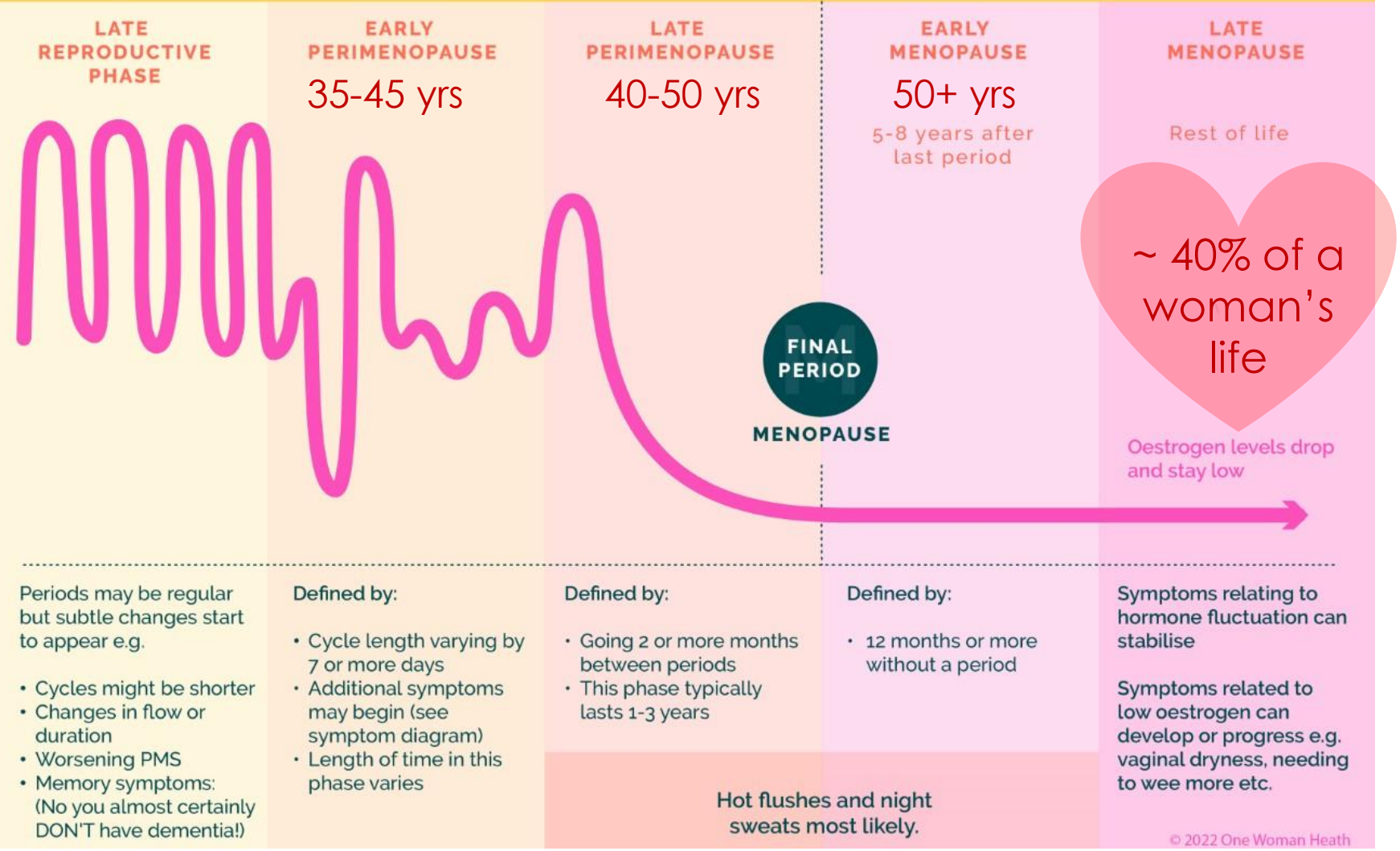
03

Takeaway a recipe to kick-start your menopause practice



# MENOPAUSE MAP

WHERE AM I?

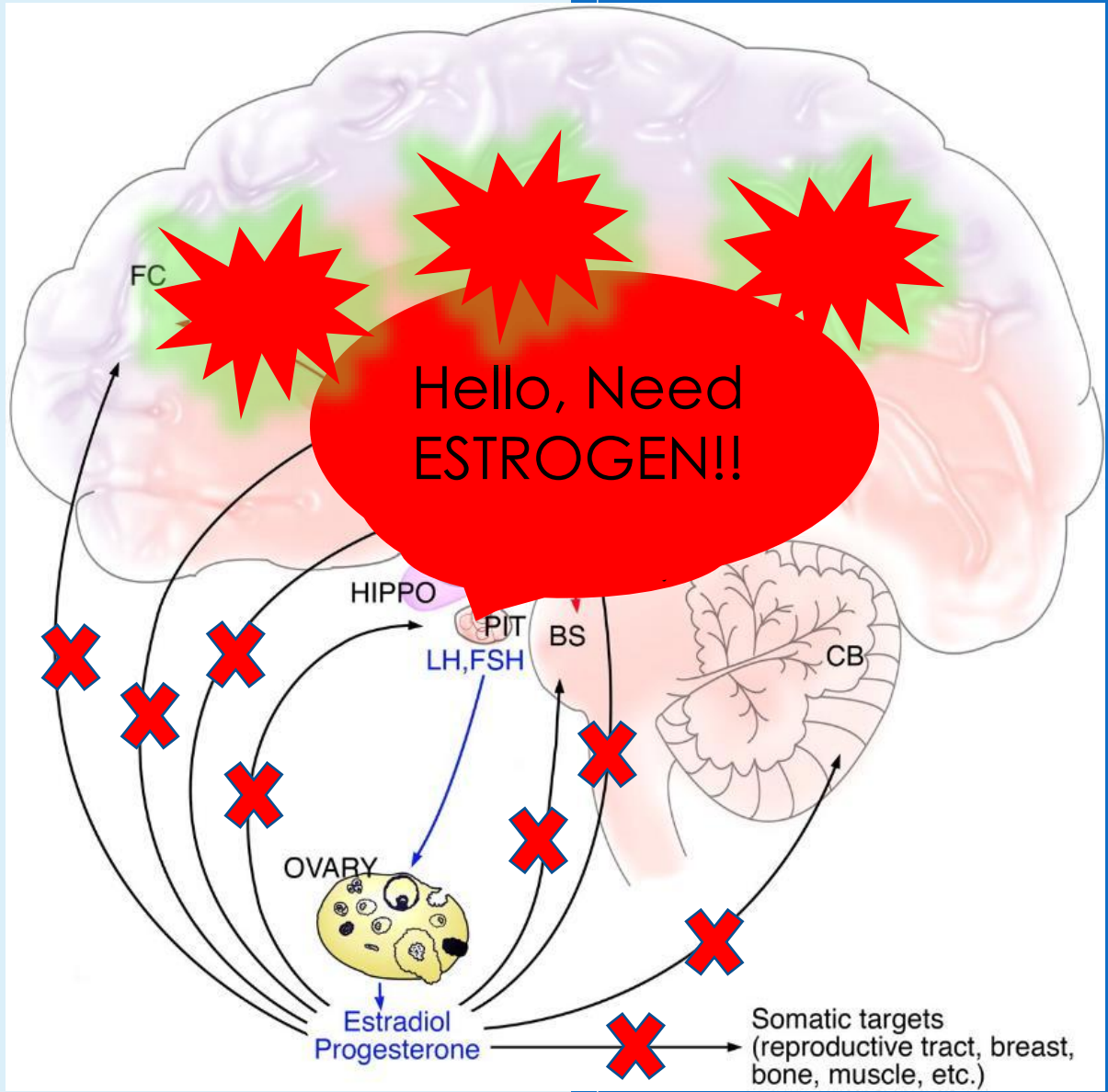


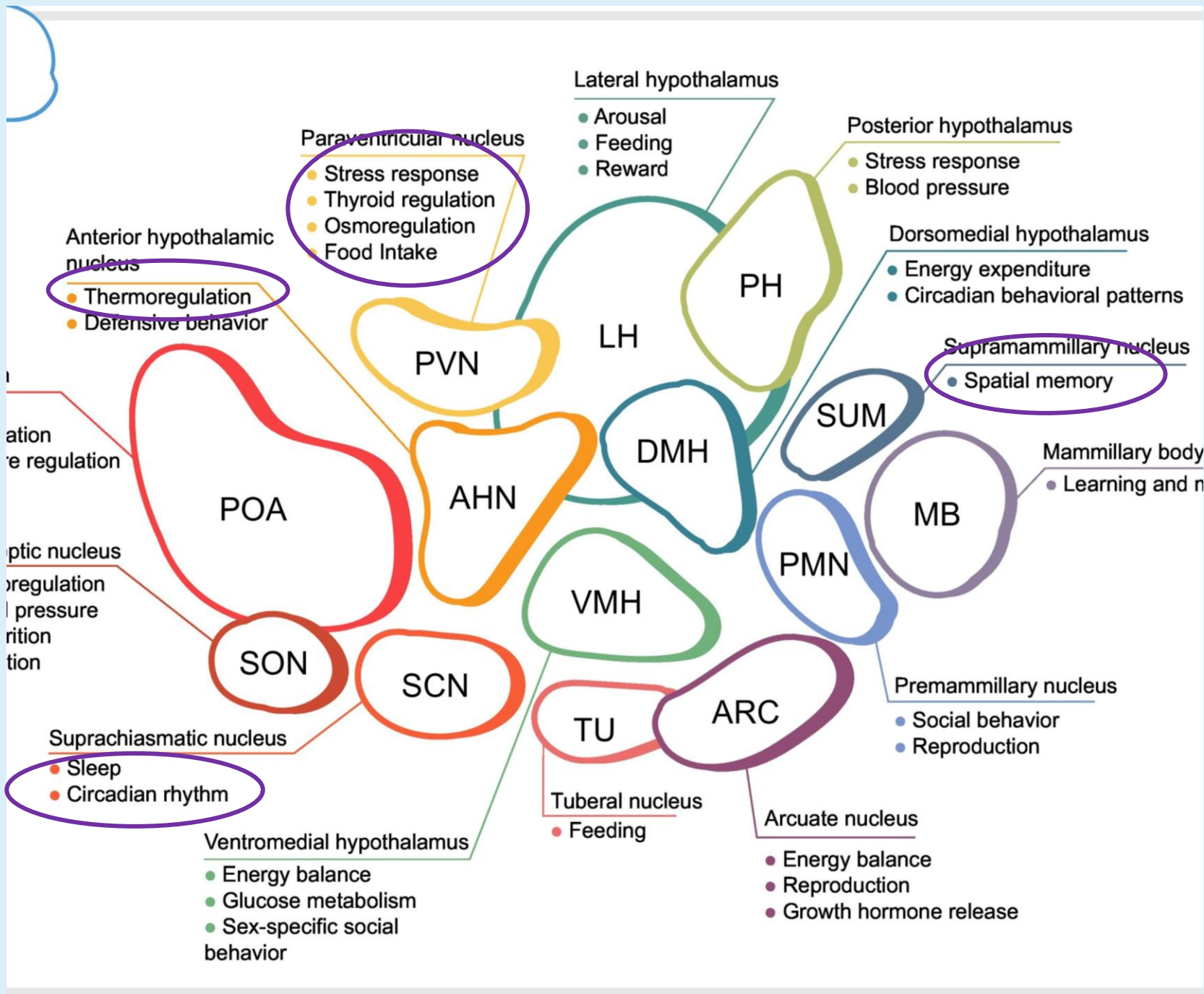
# The Roller Coaster of Menopause



What happens  
in the ovaries  
during the  
menopause  
transition?

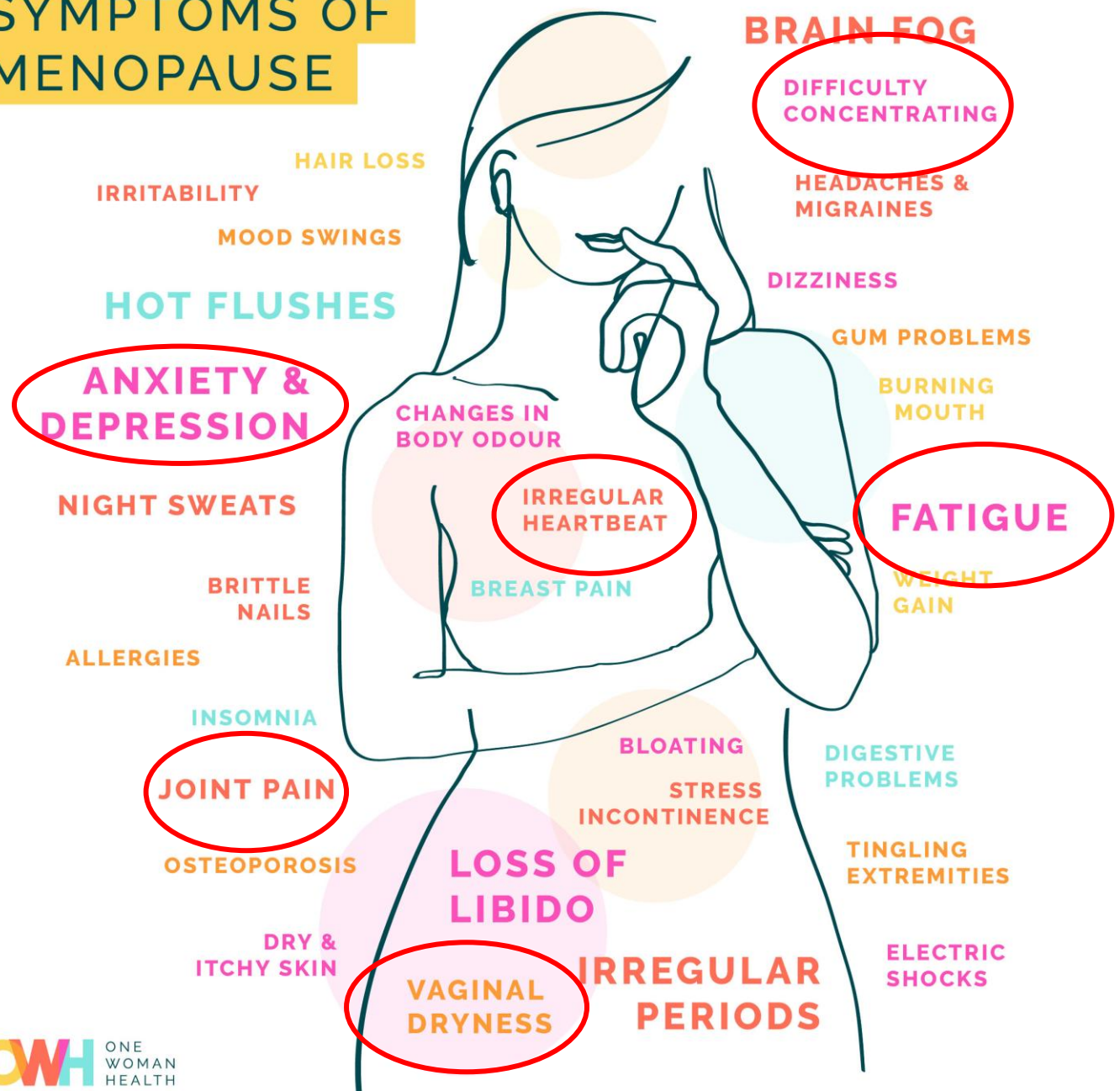
# Impact on the brain...





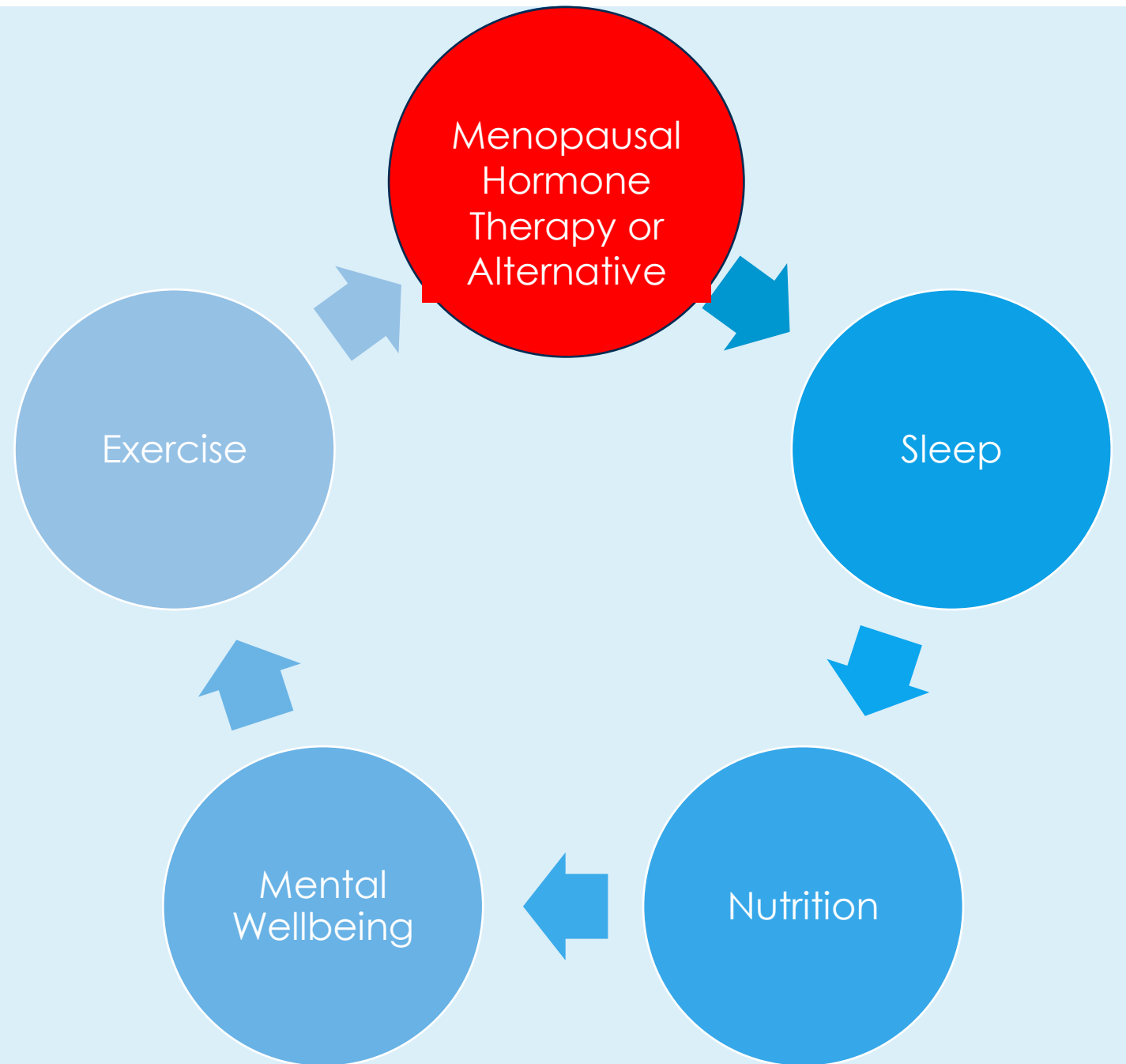
Not just hot flashes...

# SYMPTOMS OF MENOPAUSE



And that's not all...

What can  
be done?



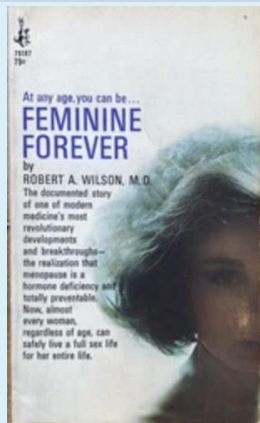


# Women's Health Initiative (WHI)

1980s  
Conflicting  
Observational Studies

1990s  
WHI: RCT of HT to  
reduce CVD risk

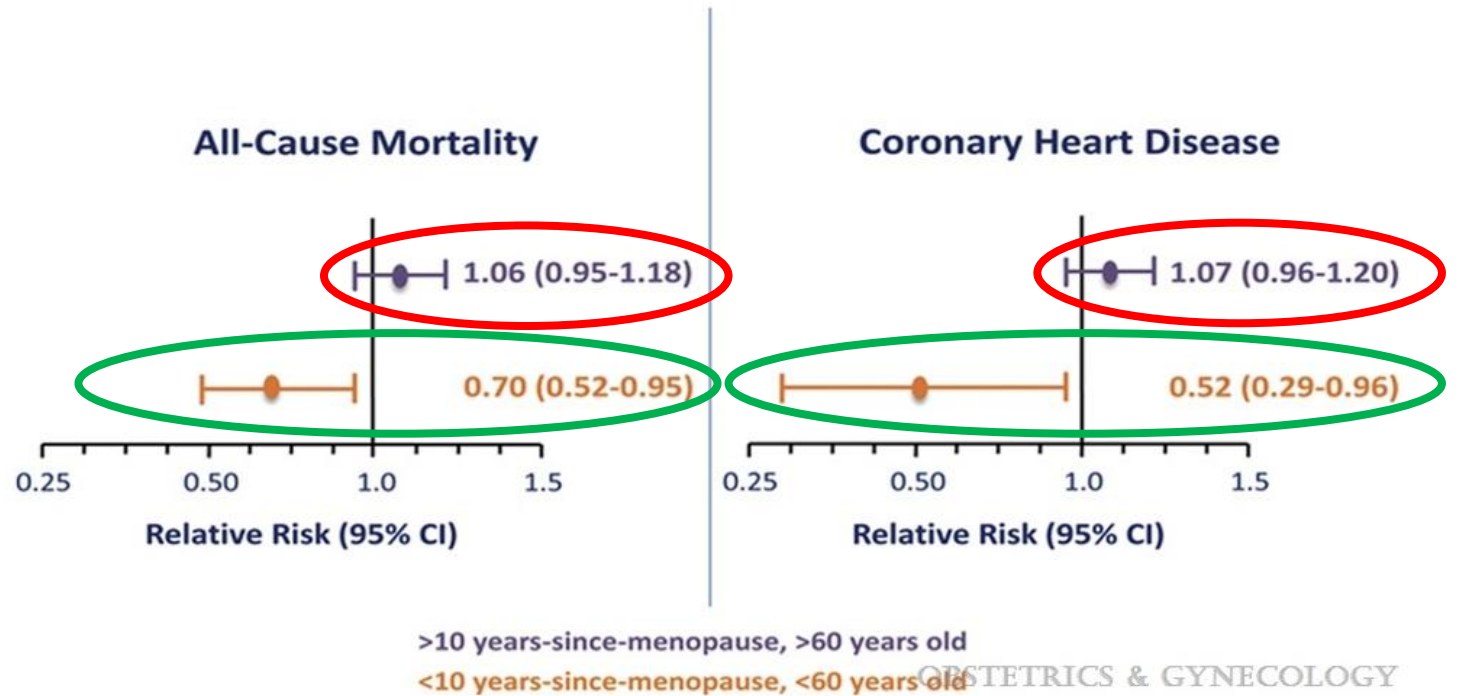
2002  
NIH Press Conference  
WHI halted due to risk



- 160,000 women
- Mean age 63
- Conjugated Equine Estrogen (CEE)
- Medroxyprogesterone acetate (MPA)

- Increased breast cancer in CEE+MPA arm of the MHT trial
- Headline: **25% Increase in Breast Cancer**
- 79 % Drop in Rx for MHT

Timing is everything



Hodis HN, Mack WJ. Menopausal hormone replacement therapy and reduction of all-cause mortality and cardiovascular disease: it is about time and timing. *Cancer J* 2022;28:208-23. doi: 10.1097/PPO.0000000000000591

# 2022 Hormone Therapy Position Statement of The Menopause Society

”For women aged **younger than 60 years or who are within 10 years of menopause onset** and have no contraindications, the benefit-risk ratio is favorable for treatment of bothersome vasomotor symptoms and the prevention of bone loss.”

# Menopausal Hormone Therapy (MHT)

## Timing

- Under 60 years of age OR
- Within 10 years of menopausal transition

## CVD Risk\*

- Blood pressure, Cholesterol, Diabetes, Smoking
- Obstetrical history and Mental health history
- Menopausal symptoms

## Bone Density\* and Lean Muscle

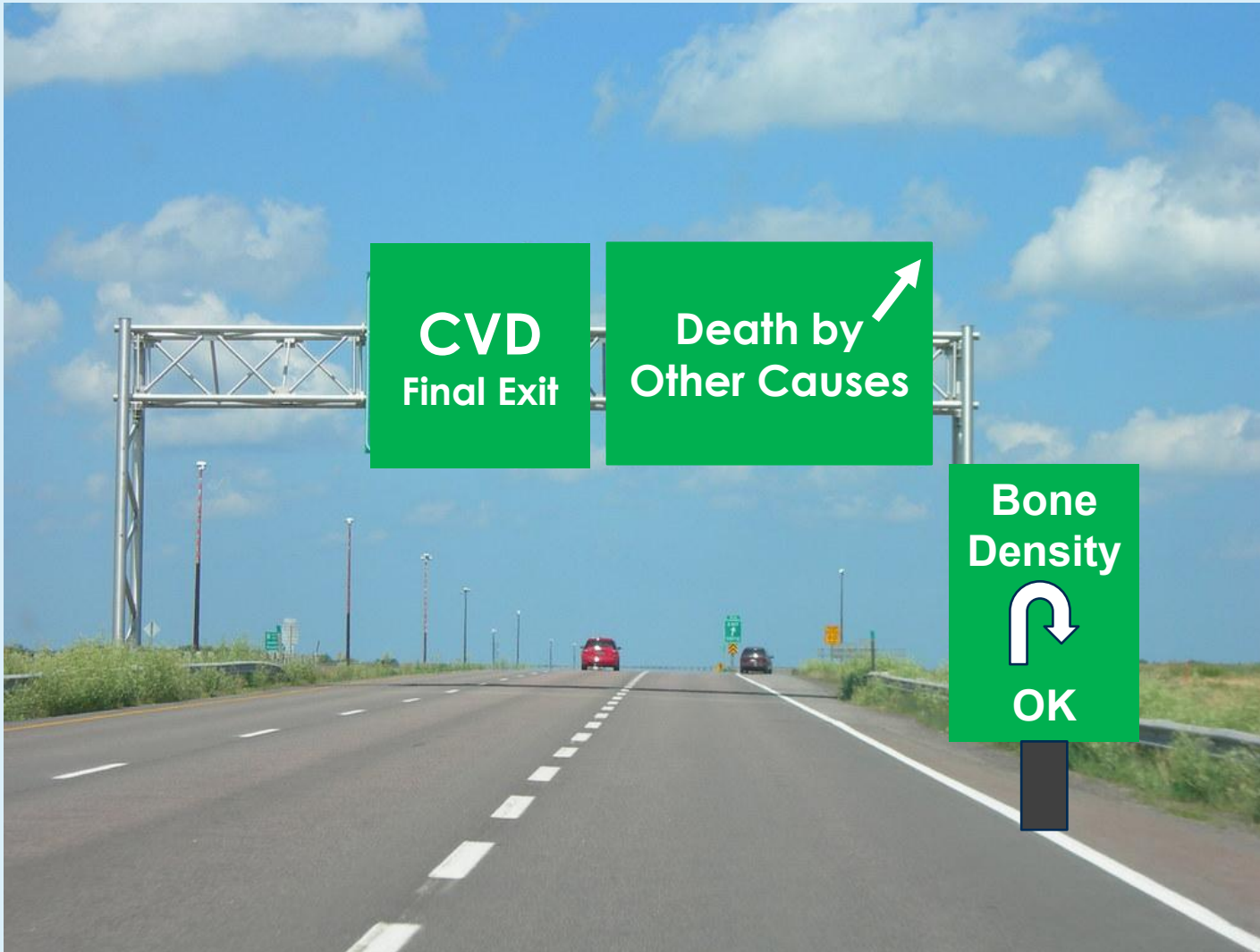
- Family history
- Personal history

## Breast Cancer Risk\*

- Family history
- Personal history

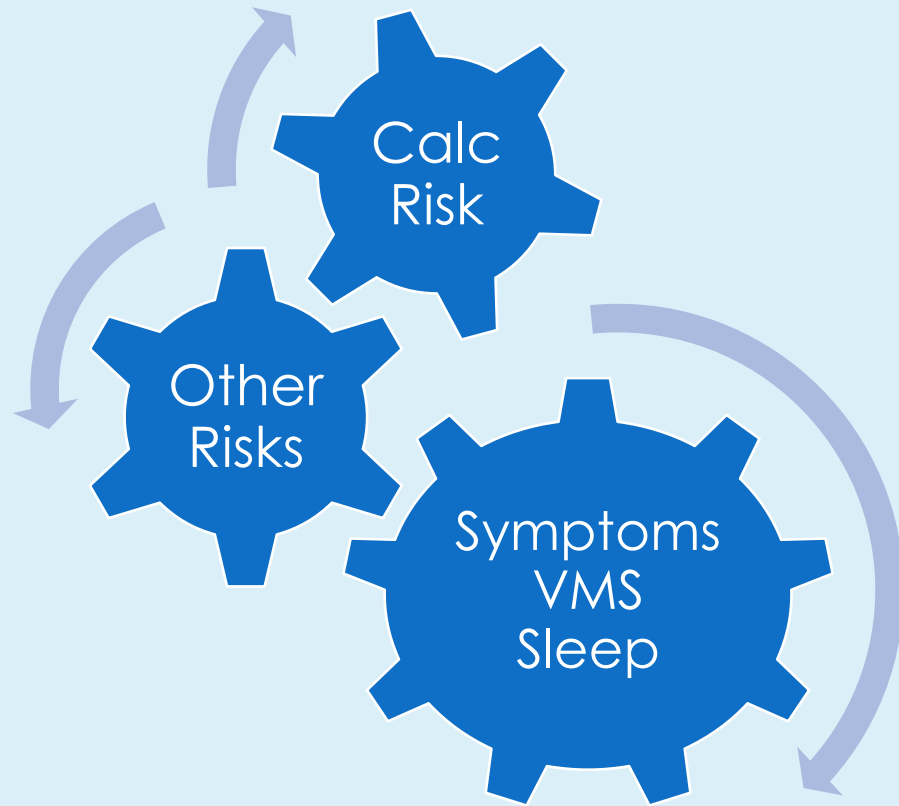
\*Risk assessment tools available

The 2022 hormone therapy position statement of The North American Menopause Society,  
Menopause: The Journal of The North American Menopause Society Vol. 29, No. 7, pp. 767-794



How far is the final exit?

# CHD Risk Assessment

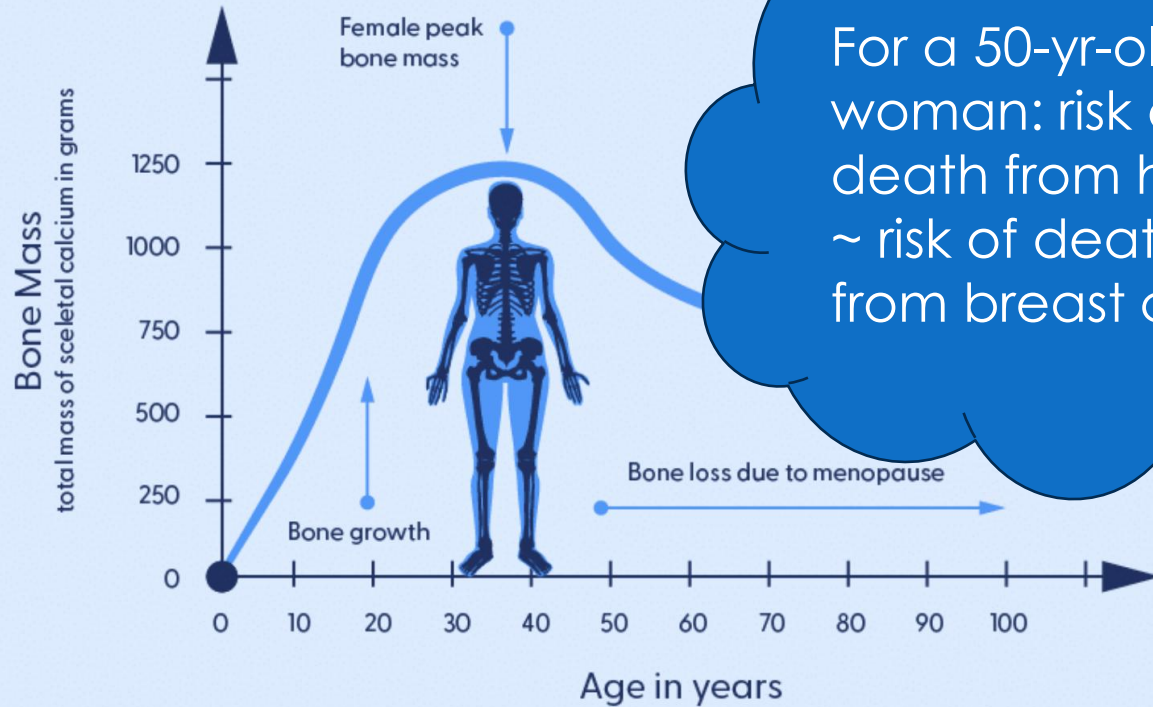


Assess CVD risk and time since menopause onset<sup>e-h</sup>

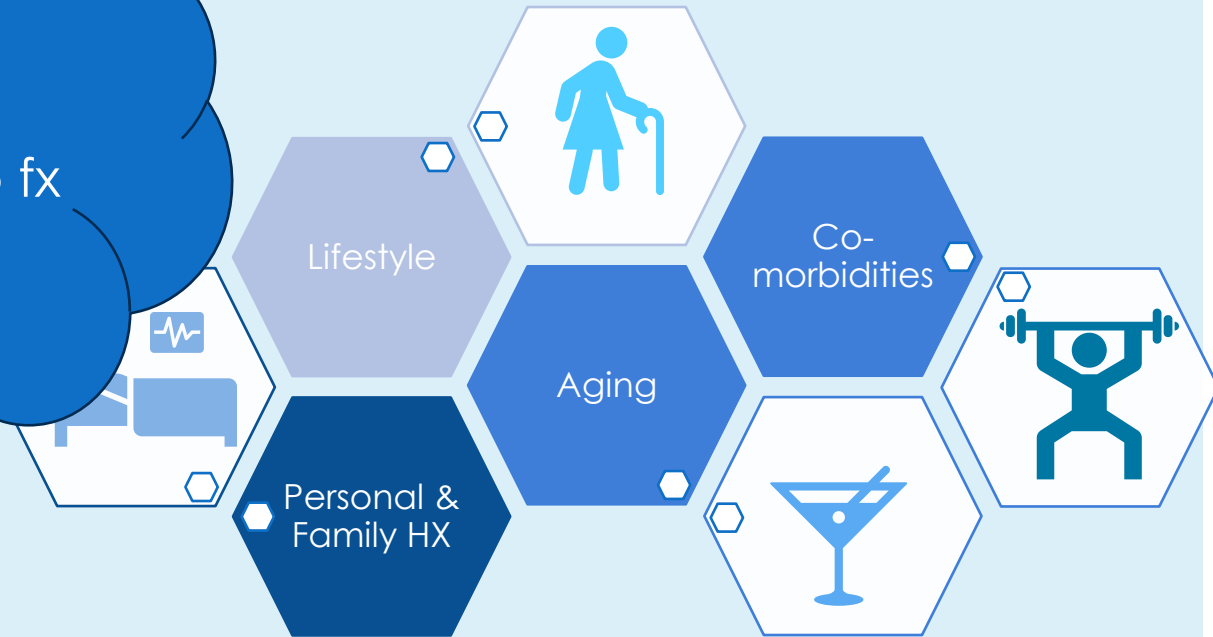
CVD Risk Over 10 Years (ACC/AHA Risk prediction score) <sup>f</sup>	Years Since Menopause Onset		
	≤5	6 to 10	>10 <sup>h</sup>
Low <sup>f</sup> (<5%)	HT OK	HT OK	Avoid HT
Moderate <sup>g</sup> (5% to 10%)	HT OK (choose transdermal)	HT OK (choose transdermal)	Avoid HT
High <sup>h</sup> (>10%)	Avoid HT	Avoid HT	Avoid HT

# Musculoskeletal Risk Assessment

Decreasing bone mass with age in women



For a 50-yr-old woman: risk of death from hip fx ~ risk of death from breast ca



# Breast Cancer Risk Assessment



Botswana 2023

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



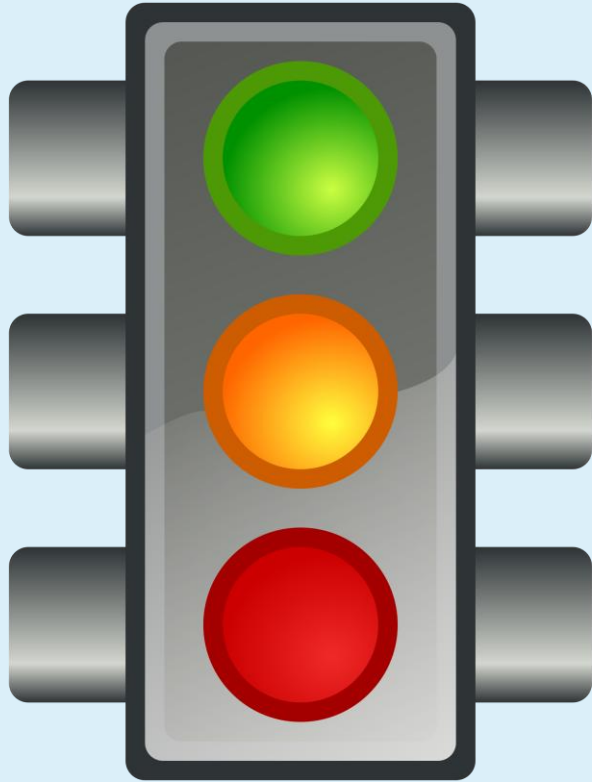
An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



# Taking the next step...



Healthy under 60 years of age or within 10 years of menopause, minimal risk factors → all the options

Comorbidities, 10 yr CVD risk 5-10% → transdermal estrogen

Absolute contraindications: estrogen sensitive cancer, unexplained vaginal bleeding, CHD, h/o MI, CVE, VTE, high risk thromboembolic disease



# MHT Plan

- Uterus = estrogen + progestogen
- No Uterus = estrogen
- Oral v Transdermal
- Dose
- Duration
- Expectations

# Dr Kolb's Rx

## Post menopausal or Peri-menopausal not needing contraception

- Estradiol patch
  - Dosages: 0.025, **0.0375**, 0.05, 0.075 and 0.1 mg/day
  - Apply to clean dry skin lower abdomen or hip
  - Change twice a week
- Micronized progesterone 100 mg PO QHS if uterus present
- Follow-up, adjust dosing in 6-12 weeks

## Peri-menopausal needing contraception

- Transdermal estradiol with a levonorgestrel IUD + estradiol
  - Not FDA approved
- Low estrogen combined oral contraceptive pill
- Progesterone only oral contraceptive pill + estradiol

# So many choices...

Estrogens	Progestogens
Transdermal estradiol <ul style="list-style-type: none"> <li>• Patch – twice weekly* or weekly</li> <li>• Gel – daily pump or pkt</li> <li>• Spray - daily</li> <li>• Vaginal ring – Q 3 months</li> <li>• Mist – daily</li> </ul> <p>* Current Shortage</p>	Oral <ul style="list-style-type: none"> <li>• Micronized progesterone</li> <li>• Norethindrone</li> <li>• Medroxyprogesterone</li> </ul> Alternatives <ul style="list-style-type: none"> <li>• Levonorgestrel IUD</li> </ul>
Oral - daily <ul style="list-style-type: none"> <li>• Estradiol (E2)</li> <li>• Conjugated equine estrogen (CEE)</li> </ul>	
Combination Options	
Transdermal <ul style="list-style-type: none"> <li>• E2 + norethindrone – twice weekly patch</li> <li>• E2 + levonorgestrel – weekly patch</li> </ul>	Oral <ul style="list-style-type: none"> <li>• E2 + norethindrone</li> <li>• E2 + progesterone</li> <li>• Combined oral contraceptive</li> </ul>
<ul style="list-style-type: none"> <li>• Conjugated estrogens + bazedoxifene</li> </ul>	

# Your patient is high risk, now what?

Rx Alternatives	Supplement Alternatives	Behavioral Alternatives
<ul style="list-style-type: none"> <li>• SSRI, SNRI (1)</li> <li>• Gabapentin (1)</li> <li>• Fezolinetant (1)</li> <li>• Oxybutynin (1-2)</li> <li>• Stellate Ganglion Block (2-3)</li> </ul>	<ul style="list-style-type: none"> <li>• Soy, phytoestrogens (NR)</li> <li>• Black Cohosh (NR)</li> <li>• Inconsistent evidence compared to placebo</li> <li>• Supplement quality, toxicity</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive Behavioral Therapy (1)</li> <li>• Clinical Hypnosis (1)</li> <li>• Weight Loss (2-3)</li> <li>• Dietary Modification (NR)</li> <li>• Exercise (NR)</li> <li>• Stress reduction (NR)</li> </ul>

Level 1-consistent scientific evidence, Level 2-limited or inconsistent, Level 3-consensus, expert opinion

NR – Not Recommended *The 2023 nonhormone therapy position statement of The North American Menopause Society*

# Does it work...

Drug	Dose	% Reduction	Side effects
Estrogen		Up to 80%	Breast tenderness, nausea, bloating and headaches
Progesterone	300 mg	Up to 55%	Mood, bloating, drowsiness
Venlafaxine	37.5 – 150 mg	Up to 61%	W/D, GI, sexual, anorexia, weight loss
Desvenlafaxine	50-100 mg	Up to 64%	GI, sexual
Paroxetine (FDA approved)	7.5 mg	Up to 45%	<i>Do not use with tamoxifen</i> , headache, nausea, insomnia
Fluoxetine	20-40 mg	Up to 50%	<i>Do not use with tamoxifen</i>
Citalopram	10-30 mg	Up to 50%	GI, drowsiness
Escitalopram	10-20 mg	Up to 47%	GI, insomnia, drowsiness
Gabapentin	Up to 2700 mg	Up to 72%	Drowsiness, weight gain
Fezolinetant	45 mg	50-75%	Abdominal pain, diarrhea, insomnia, elevated transaminases

# Menopause SmartSet

Menopause for Primary Care 

 [Manage User Versions](#)

[Click to leave feedback about this SmartSet](#)



Intended for primary care to use to help patients with menopause symptoms  
Last reviewed Jan 2025

- ▶ Vaginal Estrogen
- ▶ Menopausal Hormone Therapy (HMT)
- ▶ Non-Hormone Therapy
- ▶ Testosterone Therapy
- ▶ Referrals
- ▼ Patient Education Regarding Menopause
  - ▶ General Menopause Patient Education

[Click for more](#)

# A CONTEMPORARY VIEW OF MENOPAUSE HORMONE THERAPY

Barbara Levy MD MSCP, James A. Simon MD MSCP  
*Obstetrics and Gynecology* 144(1):p 12-23, July  
2024





# QUESTIONS

# Testosterone Rx for Women

Rx: Testim 1% testosterone gel (substitute generic)

Sig: Apply 0.5 ml (chocolate chip size amount) to the back of calf daily. Tube should last approximately 10 days.

Disp: 30 tubes

Refills: 0

Additional Information: Patient has received a 5 ml syringe and been educated on applying proper amount of medication.



## Tips

- Walgreens and CVS are the least expensive and most accommodating.
- Dx: HSDD might get covered by insurance, if not, GoodRx cost ~ \$100-130 per 30 tubes.
- Patient may need to call pharmacy to “unstick” the Rx and reinforce the need for tubes.

# Sylvia 54-year-old

- 14 months since last menses
- Mod – severe hot flashes and night sweats, poor sleep, irritable
- BMI 18.6
- HTN on meds
- History of depression, increased irritability
- Current smoker ~ 5 cig/d
- Personal history of fracture
- Maternal hip fracture
- Total Chol 211, HDL 66

# Sylvia 54-year-old

- CVD Risk – MenoPro, AHA
  - Moderate

**6.0%**

10-year risk of heart disease or stroke

- Osteoporosis Risk - FRAX
  - Elevated

**BMI: 18.6**

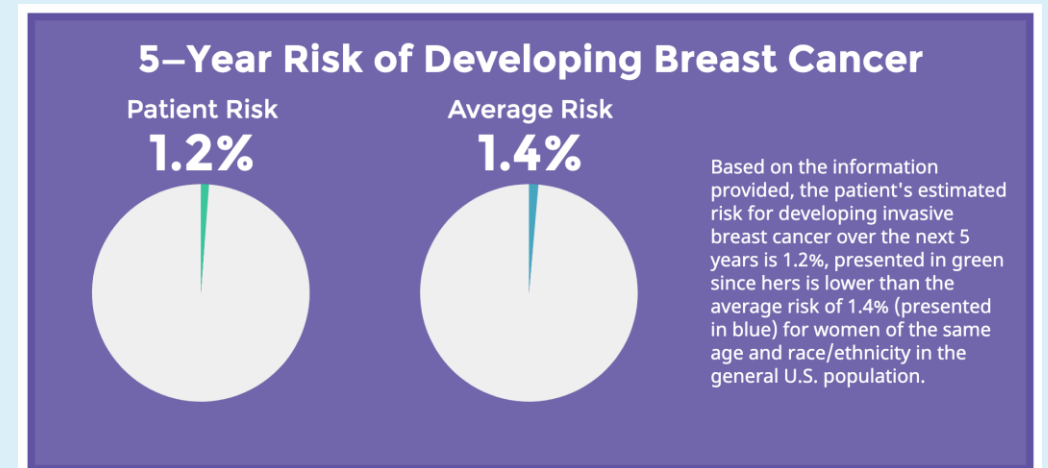
The ten year probability of fracture (%)



**without BMD**

Major osteoporotic	<b>23</b>
Hip Fracture	<b>4.6</b>

- Breast Cancer Risk - NIH
  - Low



# Sylvia

CVD: Moderate

Fx: Increased

Breast Ca: Below average

Would like MHT because she heard from a friend it will “keep her young”	
Is caring for her mother after her hip fracture, worried about getting osteoporosis	
Ex-husband did not like her smoking	
Moderate CVD risk	
Breast Cancer Risk	

# Sylvia

CVD: Moderate

Fx: Increased

Breast Ca: Below average

Would like MHT because she heard from a friend it will “keep her young”	<ul style="list-style-type: none"><li>• Intact uterus = E+P</li><li>• <b>TD estradiol 0.0375 mg/d + MP 100 mg QHS</b></li></ul>
Is caring for her mother after her hip fracture, worried about getting osteoporosis	<ul style="list-style-type: none"><li>• MHT will preserve bone density and reduce fracture risk</li></ul>
Ex-husband did not like her smoking	<ul style="list-style-type: none"><li>• Smoking cessation will reduce CVD risk and fracture risk</li></ul>
Moderate CVD risk	<ul style="list-style-type: none"><li>• Transdermal E, micronized P</li><li>• Risk reduction lifestyle measures</li></ul>
Breast Cancer Risk	<ul style="list-style-type: none"><li>• Small increased risk</li><li>• Review background risk</li><li>• Reinforce screening</li></ul>