MENOPAUSE CARE ACROSS THE CONTINUUM

NATALIE SAUNDERS, MD

ASSOCIATE PROFESSOR OBSTETRICS AND GYNECOLOGY

UNIVERSITY OF MICHIGAN

MENOPAUSE SOCIETY CERTIFIED PRACTIONER

MENOPAUSE CARE ACROSS THE CONTINUUM

- Menopause Transition
- Abnormal Uterine Bleeding
- Postmenopausal Bleeding
- Hormone Therapy
- Non-Hormonal Treatment Options
- Referral Guidelines

LEARNING OBJECTIVES

- By the end of this session participants will be able to:
  - Recognize normal menopausal transition changes.
  - Evaluate abnormal uterine bleeding (AUB).
  - Evaluate postmenopausal bleeding (PMB).
  - Counsel patients regarding menopause hormone therapy (MHT).
  - Identify effective non-hormonal treatment options.
  - Determine when specialty referral is indicated.

MENOPAUSE DEFINITIONS

Menopause

Permanent cessation of menstruation

Diagnosed retrospectively after 12 months of amenorrhea

Perimenopause

Time from onset of menstrual irregularity through 12 months after final menstrual period

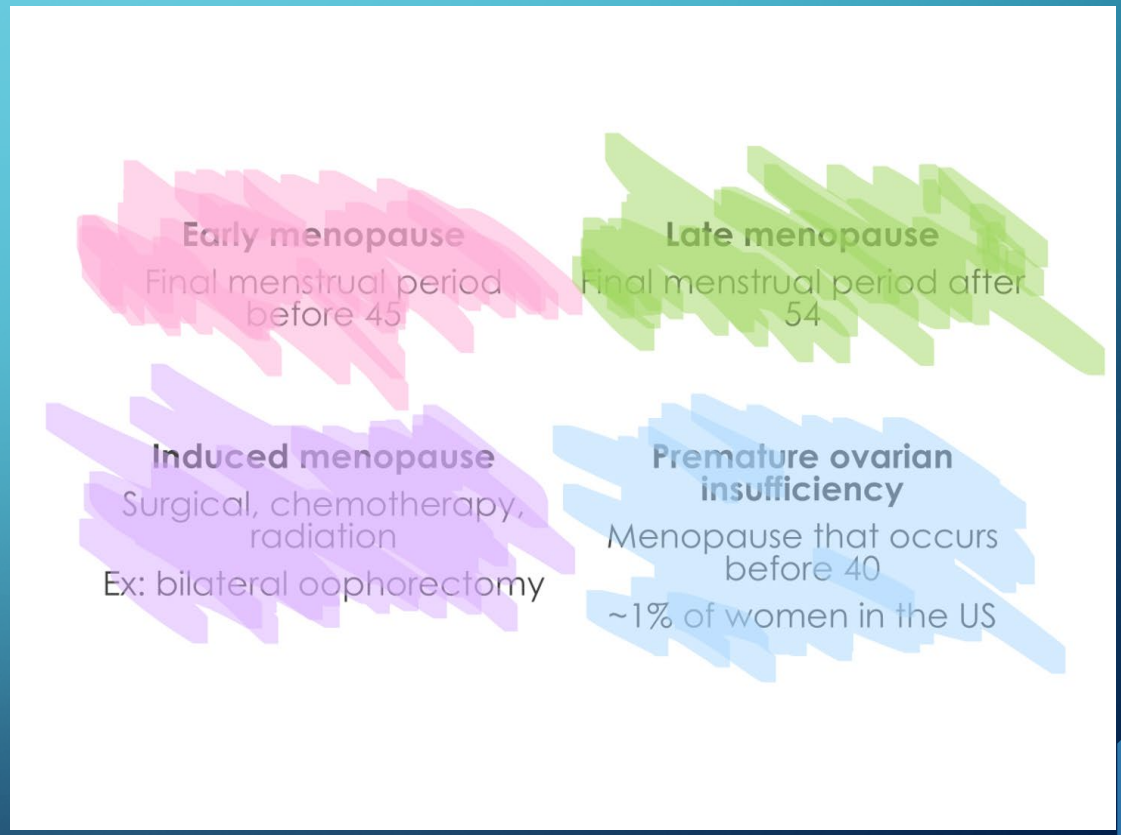
Average Age

Menopause: 52 years

Perimenopause duration: 4–8 years

STAGES OF REPRODUCTIVE AGING

- **Reproductive Stage**
- **Menopause Transition**
  - Early transition
  - Late transition
- **Post menopause**
  - >12 months after final menstrual periods



MENOPAUSE TRANSITION (STRAW +10)

First Period ↓ — 12th month, Final Menstrual Period (FMP 0) ↓

Stages	-5	-4	-3b	-3a	-2	-1	+1a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POST MENOPAUSE			
	Early	Peak	LATE		Early	Late	Early			Late
					PERIMENOPAUSE					
Duration	variable				variable	1 – 3 years	2 years (1+1)		3 - 6 years	Remaining Lifespan
PRINCIPAL CRITERIA										
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in flow/length	Variable length. Persistent ≥7 day difference in length of consecutive cycles	Interval of amenorrhea >= 60 days				
SUPPORTIVE CRITERIA										
Endocrine FSH AMH Inhibin B			Normal Low Low	Variable Low Low	↑Variable Low Low	↑>25 IUL Low Low	↑Variable Low Low		Stabilises Very Low Very Low	
Antral Follicle Count 2-10mm			Low	Low	Low	Low	Very Low		Very Low	
DESCRIPTIVE CHARACTERISTICS										
Symptoms						Vasomotor symptoms Likely	Vasomotor Symptoms Most Likely			*Increasing* symptoms of urogenital atrophy

*Perimenopause ends after 12 consecutive months without menstruation. These 12-months are defined as the menopause.

COMMON SYMPTOMS OF MENOPAUSE TRANSITION

- **Vasomotor**
- Sleep disturbance
- Mood changes
- Cognitive complaints
- Sexual dysfunction

GENITOURINARY SYNDROME OF MENOPAUSE

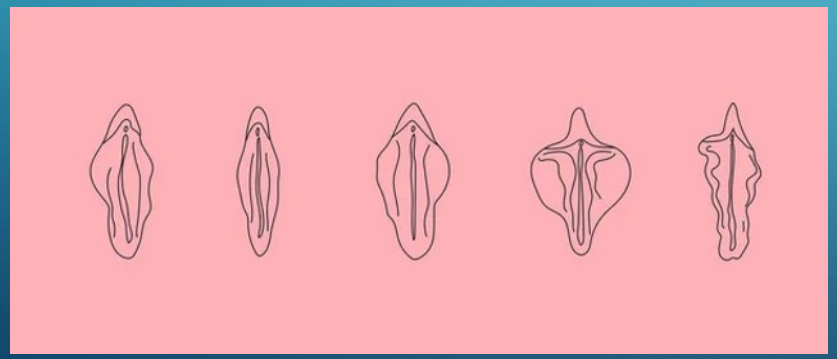
Sore

Irritation

Recurrent UTI

Burning

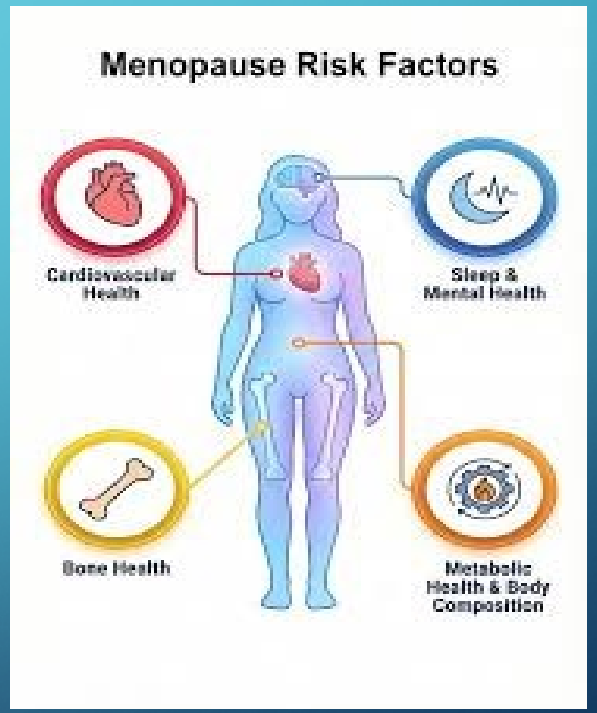
Pain with sex



- A collection of symptoms and signs associated with decreased sex steroid levels that can involve changes to the labia, clitoris, vagina, urethra, and bladder. The term includes symptoms associated with menopause affecting the vaginal area as well as the lower urinary tract

LONG TERM HEALTH IMPLICATIONS

- Bone loss
- Osteoporosis
- Cardiovascular disease risk
- Changes in body composition
- Genitourinary syndrome of menopause (GSM)



DIAGNOSING MENOPAUSE

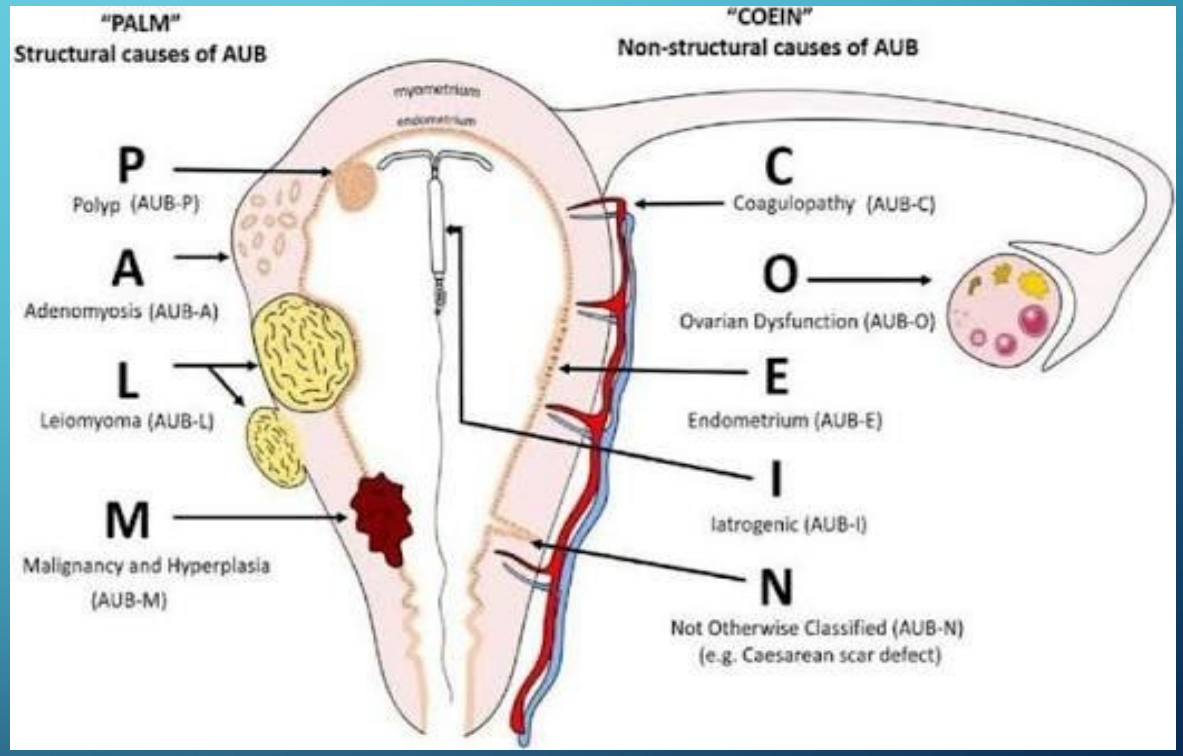
- **Hormone testing generally NOT needed**
- Consider testing when:
  - Age <45 years
  - Suspected primary ovarian insufficiency
  - Hysterectomy with ovaries intact
  - Uncertain diagnosis

ABNORMAL UTERINE BLEEDING

- **Definition**
  - Bleeding that differs in:
    - Frequency
    - Regularity
    - Duration
    - Volume
- **Common during perimenopause**
- Must distinguish physiologic changes from pathology.

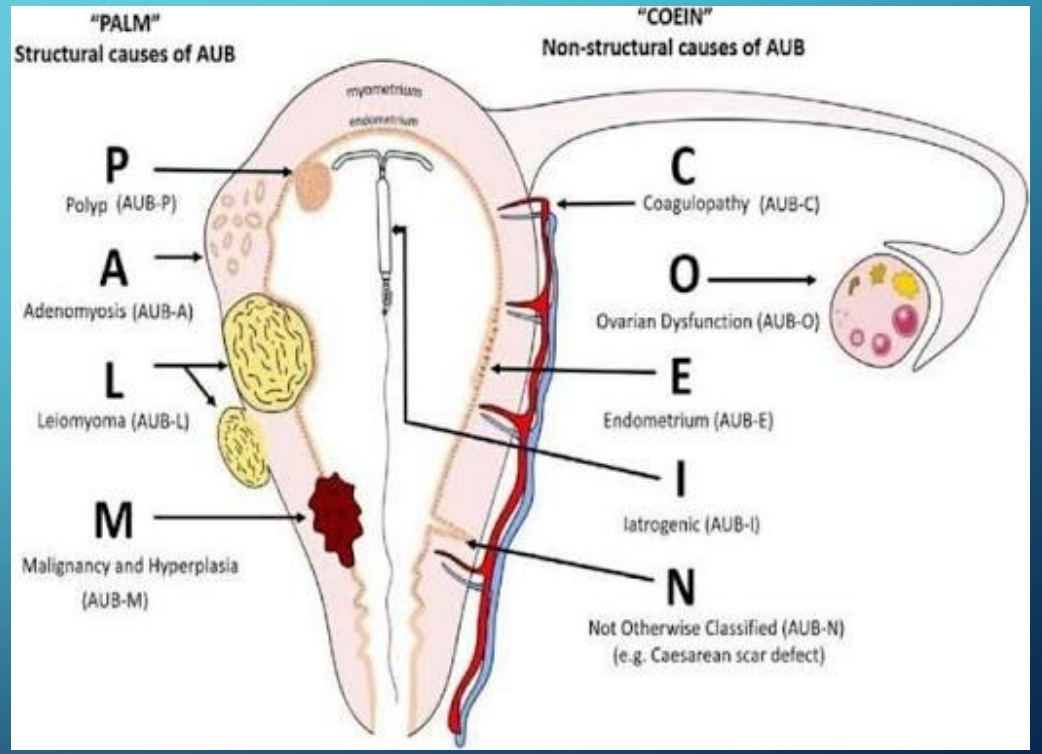
PALM-COEIN CLASSIFICATION

- **Structural Causes (PALM)**
- Polyp
- Adenomyosis
- Leiomyoma
- Malignancy/Hyperplasia



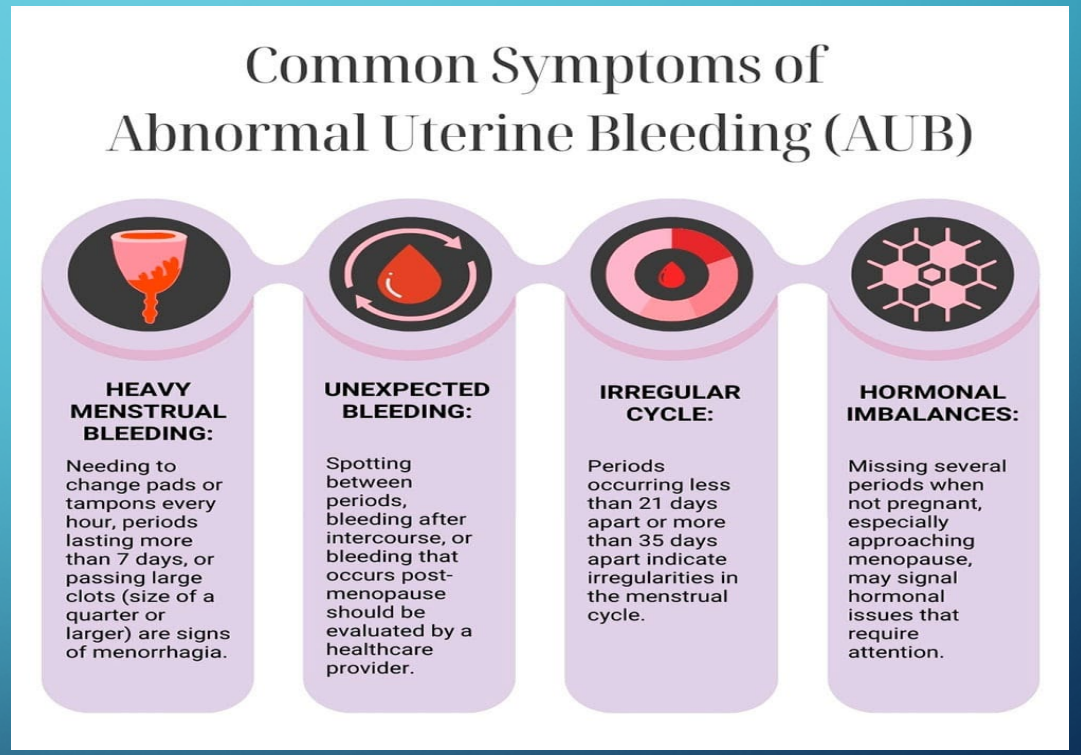
PALM-COEIN CLASSIFICATION

- **Non-Structural Causes (COEIN)**
- Coagulopathy
- Ovulatory dysfunction
- Endometrial
- Iatrogenic
- Not otherwise classified



AUB EVALUATION

- History
  - Bleeding pattern
- Medications
- Cancer risk factors
- Physical examination
- Laboratory evaluation:
  - Pregnancy test
  - CBC
  - TSH as indicated



ENDOMETRIAL EVALUATION

- Endometrial biopsy recommended:
  - Age ≥45 years with AUB
  - Persistent bleeding
  - Risk factors for endometrial cancer
  - Failed medical therapy
- Risk factors:
  - Obesity
  - Diabetes
  - Chronic anovulation
  - Lynch syndrome

IMAGING FOR AUB

- **Transvaginal Ultrasound**
  - Evaluate:
    - Endometrial thickness
    - Fibroids
    - Polyps
- Ovarian pathology
- **Consider**
  - Sonohysterography
  - Hysteroscopy

MEDICAL MANAGEMENT

- Levonorgestrel IUD
- Combined hormonal contraception
- Progestin therapy
- Tranexamic acid
- NSAIDs
- Treatment individualized based on goals and contraindications

POSTMENOPAUSAL BLEEDING

- **Definition**
- Any vaginal bleeding occurring ≥12 months after menopause.
- **Clinical Pearl**
  - PMB = Endometrial cancer until proven otherwise.

CAUSES OF PMB

- Most common:
  - Endometrial/vaginal atrophy
- Other causes:
  - Polyps
  - Hyperplasia
  - Endometrial cancer
  - Hormone therapy
- Cervical pathology

PMB EVALUATION

- History and examination
- First-line testing: Transvaginal ultrasound
  AND
- Endometrial biopsy

ENDOMETRIAL THICKNESS

- **TVUS Findings**
- ≤4 mm
- Low risk of endometrial cancer
- Negative predictive value >99%
- 4 mm
- Additional evaluation required
- Persistent bleeding requires evaluation regardless of thickness.

- Endometrial sampling should be the first-line test for women at higher risk based on clinical risk factors (age, obesity, unopposed estrogen use, PCOS, type 2 diabetes, family history of gynecologic malignancy, atypical glandular cells on cervical cytology).

MENOPAUSE HORMONE THERAPY

- Most effective treatment for:
  - Vasomotor symptoms
  - Night sweats
- Also benefits:
  - Bone health
  - Sleep
  - Quality of life

NAMS Position Statement

The 2022 hormone therapy position statement of The North American Menopause Society

- Hormone therapy is the most effective treatment for VMS and GSM and has been shown to prevent bone loss and fracture
- Risks of hormone therapy differ for women, depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is needed
- Treatment should be individualized using the best available evidence to maximize benefits and minimize risks, with periodic reevaluation

CANDIDATES FOR MHT

- Best candidates:
- Younger than 60 years
- Within 10 years of menopause onset
- Moderate to severe symptoms
- No contraindications
- Benefit-risk profile generally favorable.

TYPES OF MHT

- **Uterus Present**
  - Estrogen + Progestogen
- **Prior Hysterectomy**
  - Estrogen alone
- Routes:
  - Oral
  - Transdermal
  - Vaginal

Table 1. Treatment Options for Menopausal Vasomotor Symptoms ⇦

Treatment	Dosage/Regimen	Evidence of Benefit*	FDA Approved
	Hormonal		
Estrogen-alone or combined with progestin			
• Standard Dose	Conjugated estrogen 0.625 mg/d	Yes	Yes
	Micronized estradiol-17β 1 mg/d	Yes	Yes
	Transdermal estradiol-17β 0.0375–0.05 mg/d	Yes	Yes
• Low Dose	Conjugated estrogen 0.3–0.45 mg/d	Yes	Yes
	Micronized estradiol-17β 0.5 mg/d	Yes	Yes
	Transdermal estradiol-17β 0.025 mg/d	Yes	Yes
• Ultra-Low Dose	Micronized estradiol-17β 0.25 mg/d	Mixed	No
	Transdermal estradiol-17β 0.014 mg/d	Mixed	No
Estrogen combined with estrogen agonist/antagonist	Conjugated estrogen 0.45 mg/d and bazedoxifene 20 mg/d	Yes	Yes
Progestin	Depot medroxyprogesterone acetate	Yes	No
Testosterone		No	No
Tibolone	2.5 mg/d	Yes	No
Compounded bioidentical hormones		No	No

CONTRAINDICATIONS TO MHT

- Breast cancer
- Estrogen-dependent malignancy
- Active liver disease
- Unexplained vaginal bleeding
- Prior VTE
- Stroke
- Coronary disease

NON-HORMONAL OPTIONS

FDA-Approved

- Fezolinetant
- Elinzanetant

SSRIs/SNRIs

- Paroxetine
- Escitalopram
- Venlafaxine
- Desvenlafaxine

Gabapentin

Oxybutynin

GENITOURINARY SYNDROME OF MENOPAUSE

Vaginal Moisturizers

- Used regularly (2–3 times weekly) to improve vaginal hydration.

Lubricants

- Water-based
- Silicone-based (often longer-lasting)

Local Vaginal Hormone Therapy

- **Vaginal Estradiol Tablet**
- Imvexxy
- Estring
- **Vaginal Estrogen Creams**
- **Intrarosa (DHEA)**

- **Osphena**

WHEN TO REFER

- **Menopause Specialist**
  - Persistent symptoms despite treatment
  - Complex hormone therapy decisions
  - Premature menopause
  - Primary ovarian insufficiency
  - History of cancer requiring individualized management

WHEN TO REFER FOR BLEEDING

- **Urgent Referral**
  - Endometrial hyperplasia
  - Endometrial cancer
  - Persistent PMB
  - Abnormal biopsy results
  - Large intracavitary lesions

KEY TAKE HOME POINTS

- ✓ Menopause is a clinical diagnosis.
- ✓ AUB in women ≥45 years often requires endometrial evaluation.
- ✓ Any postmenopausal bleeding warrants assessment.
- ✓ MHT remains the most effective therapy for vasomotor symptoms.
- ✓ Effective non-hormonal options exist.
- ✓ Early referral improves outcomes for complex patients.

RESOURCES

- The Menopause Society
- Stages of Reproductive Aging Workshop
- The American College of Obstetricians and Gynecologists
- The International Federation of Gynecology and Obstetrics
- **Postmenopausal Bleeding**
- The American College of Obstetricians and Gynecologists
  - Committee Opinion No. 734 (reaffirmed 2023)
- **Genitourinary Syndrome of Menopause**
- The International Society for the Study of Women's Sexual Health & The Menopause Society
- Consensus Statement on Genitourinary Syndrome of Menopause.

QUESTIONS?

- Thank you!
- nsaunder@med.umich.edu