Optimal Treatment of **VASOMOTOR SYMPTOMS** Due to MENOPAUSE

and the Need for Effective Patient-Provider Communication

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Agenda

I. VMS Due to Menopause: An Overview

a. Experience/frequency

b. Psychosocial and economic considerations

c. Pathophysiology

II. Considerations with Traditional Therapies

a. Indications for treatment of menopausal symptoms

b. Nonhormonal treatments

c. Hormone therapies

d. Risks and benefits of HRT

III. New and Emerging Pharmacotherapeutic Options to Better Manage VMS Due to Menopause

a. NK3R and NK1/3R Antagonists

b. Fezolinetant

c. Elinzanetant

IV. Communication Issues and Challenges Between Women with VMS Due to Menopause and Their Healthcare Providers

a. Patient Education Resources

b. Strategies for Effective Communication

c. Physician Education Resources

V. Conclusions

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PROGRAM CHAIRS

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PROGRAM OVERVIEW

The goal of this CME program is to enhance healthcare practitioner awareness of the need for improved treatment options and access to care for VMS in menopause, awareness of the unique mechanisms of action and clinical profiles of new and emerging therapies for the treatment of VMS due to menopause, and ability to communicate with patients regarding issues and challenges associated with VMS due to menopause.

TARGET AUDIENCE

This activity is designed to meet the educational needs of US-based obstetrician-gynecologists, primary care physicians including internists, family practitioners, nurse practitioners, physician assistants, nurses, and additional healthcare providers who treat menopausal women.

LEARNING OBJECTIVES

Upon the completion of this program, attendees should be able to:

- Analyze the advantages and disadvantages associated with traditional treatment options for patients with VMS due to menopause
- Review trials data assessing the clinical profiles of new and emerging therapies with unique mechanisms of action for the treatment of VMS due to menopause
- Implement effective communication strategies with patients on issues and challenges associated with VMS due to menopause

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Alexa N. Fiffick, DO, MBS, MSCP	Has nothing to disclose.
Tara K. Iyer, MD, MSCP	Has nothing to disclose.
Camille Moreno, DO, MSCP	Discloses that she has served on the advisory board for Astellas.

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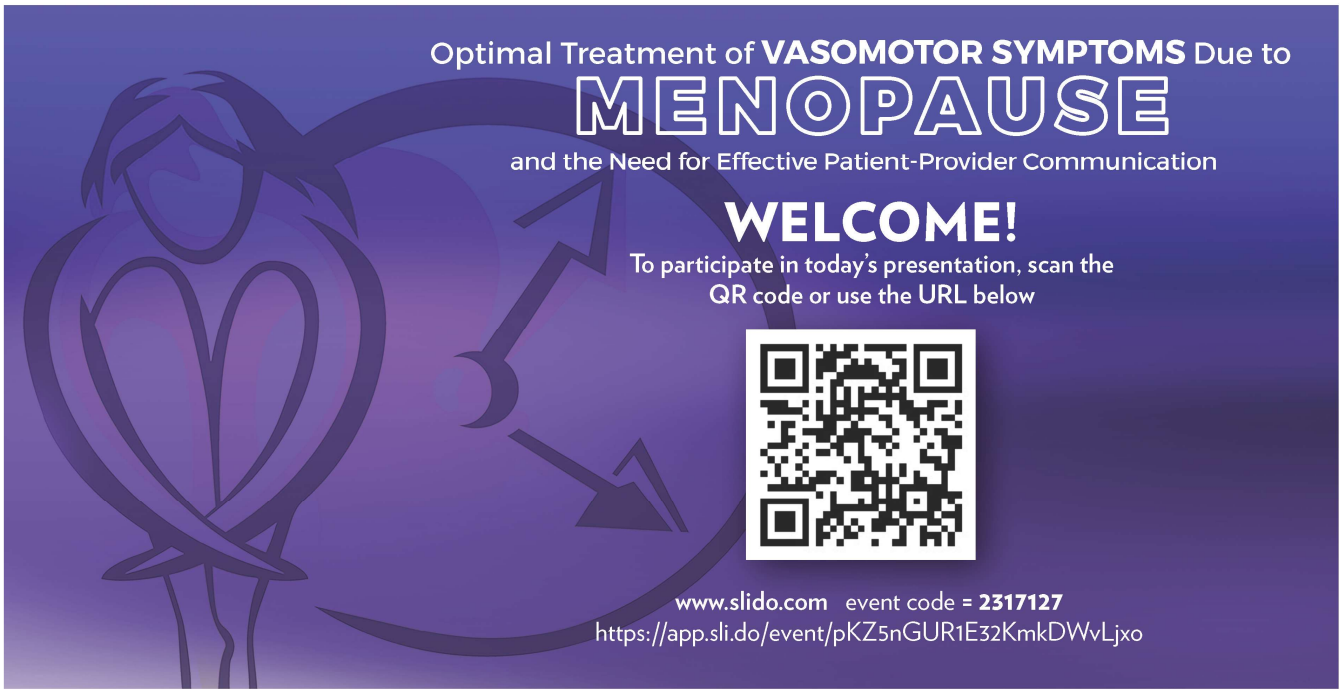

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Optimal Treatment of Vasomotor Symptoms Due to Menopause and the Need for Effective Patient-Provider Communications

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Disclosures

- **Alexa Fiffick, DO, MBS, MSCP**, has nothing to disclose
- **Tara K. Iyer, MD, MSCP,** has nothing to disclose
- During this lecture Dr. Alexa Fiffick and Dr. Tara Iyer may mention the use of medications for both US Food and Drug Administration (FDA)-approved and non-FDA-approved indications

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Pre-Test Question 1

Janine is a 48-year-old female who has been struggling with vasomotor symptoms, specifically hot flashes and night sweats, for the past 2 years. She has visited her gynecologist and is not interested in taking hormonal drugs. Which of the following would be an alternative option?

a) Estrogen
b) Gabapentin
c) Bioidentical estradiol + progesterone
d) Medroxyprogesterone acetate

Pre-Test Question 2

Rebecca is a 53-year-old female with vasomotor symptoms. She has a history of breast cancer in her family so her gynecologist prefers to put her on a neurokinin 3 (NK3) receptor antagonist. Which of the following is a US Food and Drug Administration (FDA)-approved NK3 receptor antagonist?

a) Fezolinetant
b) Elinzanetant
c) Paroxetine
d) Oxybutynin

Pre-Test Question 3

At what age should women be when gynecologists consider initiating conversations about vasomotor symptoms and menopause?

a) 20 to 25 years
b) 30 to 35 years
c) 35 to 40 years
d) 40 to 45 years

Learning Objectives

1. Analyze the advantages and disadvantages associated with traditional treatment options for patients with vasomotor symptoms (VMS) due to menopause
2. Review trials data assessing the clinical profiles of new and emerging therapies with unique mechanisms of action for the treatment of VMS due to menopause
3. Implement effective communication strategies with patients on issues and challenges associated with VMS due to menopause

VMS Due to Menopause: An Overview

Experience of VMS

- **Common characteristics**
  - Hot flashes
  - Night sweats
  - Facial flushing
  - Heart palpitations
  - Anxiety
  - Perspiration, chills
- VMS last for median of 7 to 10 years

Avis NE, et al. *Med Care*. 2003;41(11):1262-1276. Avis NE, et al. *JAMA Intern Med*. 2015;175(4):531-539.

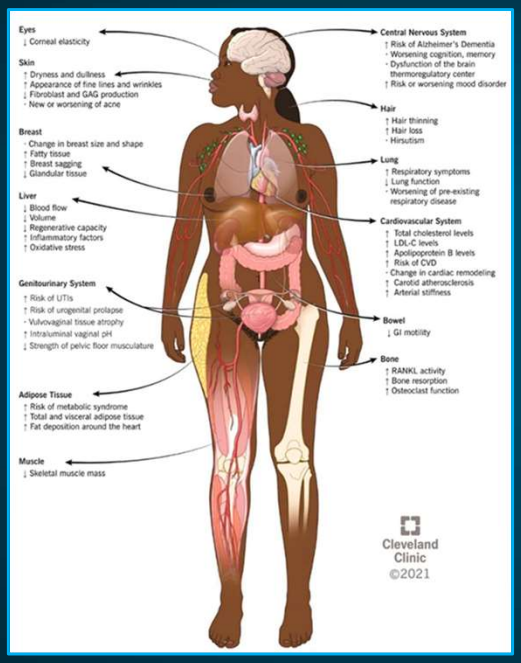
Menopause and Sleep

- Women transitioning into menopause typically complain of
  - Poor sleep quality
  - Insufficient sleep
  - Nocturnal awakenings
  - Apnea
- Sleep deprivation is a known factor for
  - Cardiovascular disease
  - Diabetes
  - Obesity
  - Neurobehavioral dysfunction

Self-reported in 40% to 56% of women compared to premenopausal women

Gava G, et al. *Medicina*. 2019;55(10):688.

Menopause Affects Every Body System



Cardiovascular	Musculoskeletal
Increased risk of heart disease and cardiovascular accident (CVA)	• Joint pain
Bone	**Integumentary**
Calcium loss from the bone is accelerated in the first 5 years of menopause • Osteopenia/osteoporosis	• Hair loss • Dry skin
Central nervous system	**Genitourinary**

• Increased risk of Alzheimer's disease
• Thermoregulatory dysfunction = vasomotor symptoms
• Memory loss, difficulty concentrating, word loss
• Insomnia
	• Change in bleeding patterns
	• Genitourinary syndrome of menopause
	  • Vaginal dryness
	  • Dyspareunia
	  • Recurrent urinary tract infection

Endocrine	
• Weight gain • Increased risk of diabetes	

Iyer TK, Thacker HL. "Menopause" In: Falcone T, Hurd WW, eds. *Clinical Reproductive Medicine and Surgery: A Practical Guide*, 4th ed. Springer Nature; 2022.

VMS may have negative health implications

- Research has increasingly shown that hot flashes may not physiologically benign symptoms
- Hot flashes have been associated with:
  - Increased carotid intima thickness
  - Increased carotid and aortic calcifications
  - Increased endothelial dysfunction
  - Decreased endothelial nitric oxide production
  - Increased insulin resistance/elevated blood glucose levels
  - Increased heart rate variability
  - Increased white matter hyperintensities
  - Increase in N-telopeptide (NTx)

Thurston RC, Joffe H. Vasomotor symptoms and menopause: findings from the Study of Women's Health Across the Nation. Obstet Gynecol Clin North Am. 2011;38(3):489-501. Kravitz HM, Zhao X, Bromberger JT, et al. Sleep disturbance during the menopausal transition in a multi-ethnic community sample of women. Sleep. 2008;31(7):979-990. Mishra GD, Chung HF, Pandeya N, et al. The InterLACE study: design, data harmonization and characteristics across 20 studies on women's health. Maturitas. 2016;92:176-185. Chung HF, Pandeya N, Dobson AJ, et al. The role of sleep difficulties in the vasomotor menopausal symptoms and depressed mood relationships: an international pooled analysis of eight studies in the InterLACE consortium. Psychol Med. 2018;1:1-12. Franco OH, Muka T, Colpani V, et al. Vasomotor symptoms in women and cardiovascular risk markers: systematic review and meta- analysis. Maturitas. 2015;83(3):353-361. Thurston RC, El Khoudary SR, Sutton-Tyrrell K, et al. Vasomotor symptoms and insulin resistance in the Study of Women's Health Across the Nation. J Clin Endocrinol Metab. 2012;97(10):3487-3494. Thurston RC, El Khoudary SR, Sutton-Tyrrell K, et al. Vasomotor symptoms and lipid profiles in women transitioning through menopause. Obstet Gynecol. 2012;119(4):753-761. Jackson EA, El Khoudary SR, Crawford SL, et al. Hot flash frequency and blood pressure: data from the Study of Women's Health Across the Nation. J Womens Health (Larchmt). 2016;25(12):1204-1209. Thurston RC, Chang Y, Barinas-Mitchell E, et al. Menopausal hot flashes and carotid intima media thickness among midlife women. Stroke.2016;47(12):2910-2915. Gast GC, Grobbee DE, Pop VJ, et al. Vasomotor symptoms are associated with a lower bone mineral density. Menopause. 2009;16(2):231-238. Crandall CJ, Aragaki A, Cauley JA, et al. Associations of menopausal VMS with fracture incidence. J Clin Endocrinol Metab. 2015;100(2):524-534.

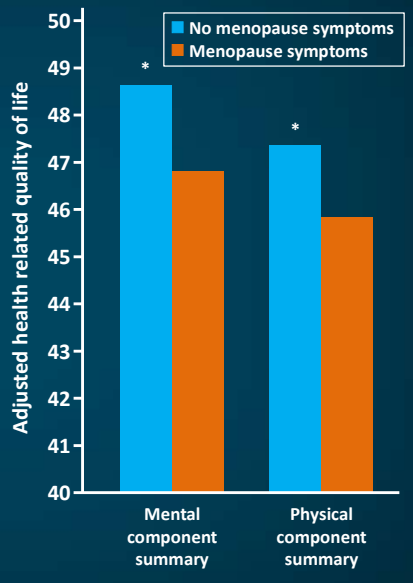
VMS Frequency

- 75% of perimenopausal women in the US report suffering from hot flashes
- However, the number and frequency of episodes vary from patient to patient
- The highest occurrence of VMS usually occurs **within the first 2 postmenopausal years**

Avis NE, et al. *Obstet Gynecol Clin North Am.* 2018;45(4):629-640. Nakano K, et al. *J Womens Health (Larchmt).* 2012;21(4):433-439.

Psychosocial and Economic Considerations

- A 2023 study by the Mayo Clinic estimated $1.8 billion in lost work time per year and $26.6 billion annually when medical expenses are added in the US alone
- 2005 US National Health and Wellness Survey: Menopause may cause significant "humanistic and economic burden"
  - Lower mental and physical health-related quality of life (QoL)
  - Symptomatic women experience significantly higher overall work impairment, impairment in daily activities, and more physician visits
- Personal and global financial impact
- Possible relationship issues
- Impact on sexuality
- Impact on physical appearance/confidence



Faubion SS, et al. *Mayo Clinic Proceedings.* 2023;98(6):833-845. Whiteley J, et al. *J Womens Health (Larchmt).* 2013;22(11):983-990.

Question

Women from which ethnic descent are more likely to experience the longest duration of vasomotor symptoms (~10 years)?

a) Caucasian
b) Hispanic
c) Black
d) Asian

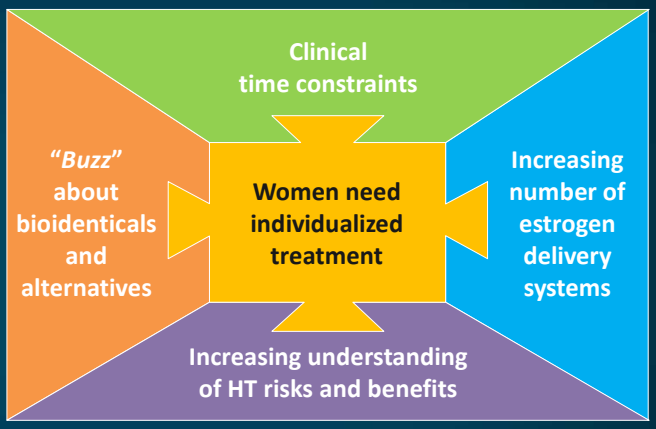
Case Study

- Andrea, who is in her late 40s, tells you that her last menstrual period was at least 6 months ago and she has not had any menstrual bleeding since. She also mentions that she's starting to experience more frequent night sweats that are disrupting her sleep, causing her to feel tired the next day
- She tells you that she had normal lab results that were ordered by her primary care provider (PCP) this year including
  - Thyroid stimulating hormone (TSH)
  - Comprehensive metabolic panel (CMP)
  - Complete blood count (CBC)
  - Lipid panel
  - Ferritin
  - A1C
- She is not on any prescription therapies and has not tried any over-the-counter (OTC) product to help with her night sweats
- She is wondering if she's close to menopause and is asking you what she can do to help with her symptoms; she's sexually active only with her husband who had a vasectomy

Considerations With Traditional Therapies

Indications for Menopausal Symptoms Treatment

- ✓ Relief of menopausal symptoms
- ✓ Prevention of osteoporosis
- ✓ Maintain quality of life
- ✓ Premature ovarian insufficiency
- ✓ Surgical or radiation-induced menopause



HT = hormone therapy.

Harper-Harrison G, Shanahan MM. Hormone replacement therapy. *StatPearls*. 2023 (https://www.ncbi.nlm.nih.gov/books/NBK493191/). Sopiarz N, Sparzak PB. Primary ovarian insufficiency. *StatPearls*. 2023 (https://www.ncbi.nlm.nih.gov/books/NBK589674/). Paciuc J. *Adv Exp Med Biol*. 2020;1242:89-120. URLs accessed 4/23/2024.

Lifestyle Modification Possibilities

- Mind-body techniques with sufficient data
  - Cognitive behavioral therapy (CBT) → literature demonstrates slight reduction in hot flashes/night sweats and benefits in mood, quality of life, and overall functioning
  - Clinical hypnosis → literature demonstrates it to be effective in reducing hot flashes and night sweats in survivors of breast cancer and in postmenopausal women
- Exercise/weight loss
- Inconclusive or lack of robust evidence: Yoga, acupuncture, s-equol, paced respiration, OTC/herbal supplements (including black cohosh), avoiding triggers, cooling techniques
- Embr Wave bracelet: Expensive (~$300) but may be helpful

The North American Menopause Society (NAMS) 2023 nonhormone therapy position statement. *Menopause*. 2023;30(6):573-590.

Nonhormone Medications for VMS

- Low doses of antidepressants/anti-anxiety medications: Great choice if you also have depression or anxiety
  - SSRIs: Escitalopram, citalopram, paroxetine
    - Paroxetine and fluoxetine cannot be used with tamoxifen
  - SNRIs: Desvenlafaxine, venlafaxine, duloxetine
    - Better for patients with joint pain or chronic pain issues
  - Pertinent side effects: Sexual dysfunction, weight gain
- Gabapentin: Neuropathic pain medication
  - Good choice if having issues with sleep
  - Pertinent side effects: Weight gain, brain fog, drowsiness
- Oxybutynin: Overactive bladder medication
  - Good choice if also have overactive bladder, urinary frequency, or leakage issues
  - Pertinent side effects: Dry mouth, dizziness, headache
- Clonidine: Antihypertensive
  - Consider if also have uncontrolled blood pressure, though this drug isn't recommended by guidelines
  - Pertinent side effects: Dry mouth, dizziness, tiredness

Generic (brand)	Daily dose	Appropriate for tamoxifen users
Paroxetine salt (Brisdelle)*	7.5 mg	No
Paroxetine (Paxil)	10–20 mg	No
Paroxetine ER (Paxil CR)	12.5–25 mg	No
Citalopram (Celexa)	10–20 mg	No
Escitalopram (Lexapro)	10–20 mg	No
Venlafaxine (Effexor XR)	37.5–75 mg	Yes
Desvenlafaxine ER (Pristiq)	25–100 mg	Yes
Gabapentin (Neurontin)	100–1200 mg	Yes
Clonidine (Cataores)	0.1 mg	Yes

CR = controlled release; ER = extended-release; SNRIs = serotonin and norepinephrine reuptake inhibitors; SSRIs = selective serotonin reuptake inhibitors; XR = extended-release.

Loprinzi CL. Non-estrogen treatments for menopausal symptoms. *UptoDate*. 2023 (https://www.uptodate.com/contents/non-estrogen-treatments-for-menopausal-symptoms-beyond-the-basics/print#:~:text=SSRIs%20%E2%80%93%20The%20selective%20serotonin%20receptor,flashes%20in%20the%20United%20States). Accessed 4/23/2024. Carroll DG. *Am Fam Physician*. 2006;73(3):457-464. Harris E. *JAMA*. 2023;329(22):1907.

Prescription Therapies for VMS

- **FDA-approved prescription treatments**
  - Hormone therapy
    - Estrogen-only therapy (ET), combined estrogen plus progestogen therapy (EPT)
  - Paroxetine
- **Off-label prescription therapies**
  - Selective serotonin reuptake inhibitors
  - Serotonin-norepinephrine reuptake inhibitors
  - Gabapentinoids
  - Oxybutynin

Loprinzi CL. Non-estrogen treatments for menopausal symptoms. *UptoDate*. 2023 (https://www.uptodate.com/contents/non-estrogen-treatments-for-menopausal-symptoms-beyond-the-basics/print#:~:text=SSRIs%20%E2%80%93%20The%20selective%20serotonin%20receptor,flashes%20in%20the%20United%20States). Accessed 4/23/2024. Carroll DG. *Am Fam Physician*. 2006;73(3):457-464.

ET and EPT Hormone Therapy

- **Estrogen therapy (ET)**
  - Unopposed estrogen for postmenopausal women who have undergone hysterectomy
  - Low doses for women with vaginal symptoms regardless of presence of uterus
- **Estrogen-progestogen therapy (EPT)**
  - For postmenopausal women with a uterus
  - Progestogen reduces the risk of endometrial adenocarcinoma because of unopposed estrogen
- **Estrogen agonist/antagonist therapy**
  - For postmenopausal women with a uterus who prefer a progestogen-free option
  - Estrogen antagonist/agonist has a similar effect to progestogen on the uterine lining

NAMS. Hormone therapy: benefits & risks (https://www.menopause.org/for-women/menopauseflashes/menopause-symptoms-and-treatments/hormone-therapy-benefits-risks). Accessed 4/23/2024.

Bioidentical Hormone Therapy

- Hormones that are chemically identical to the hormones produced by the ovaries during the reproductive years
- The term also is used for custom-compounded HT by compounding pharmacies
  - These products are not FDA approved
- ***Bioidentical hormone therapy*** is a marketing term not recognized by the FDA
- Several FDA-approved bioidentical hormone preparations (eg, estradiol pills, patches, gels, sprays, vaginal ring) and oral micronized progesterone are on the market

Jackson LM, et al, eds. *The Clinical Utility of Compounded Bioidentical Hormone Therapy: A Review of Safety, Effectiveness, and Use*. Washington, DC; National Academies Press; 2020.

Hormone Therapy Options for VMS

After Women's Health Initiative (2002), a majority of women and clinicians shifted to bioidentical hormone therapy.

FDA-approved		Not FDA-approved
Combination synthetic estrogens + progestins* 	**Separate bioidentical estradiol + progesterone** 	**Compounded bioidentical estradiol + progesterone** 
*Products include a synthetic progestin with synthetic bioidentical estrogen ~2.5 million total annual prescriptions	~3.9 million total annual prescriptions (each)	12 to 18 million total annual prescriptions
Prempro® Achvella® Angeliq® Femhrt® Duavee® ClimaraPro* Combipatch®	Oral or transdermal estradiol and Prometrum®	Compounded estradiol + progesterone
FDA-approved	Not FDA-approved to be used together	Compounded drugs are not FDA-approved
1 copay	2 copays	Often not covered by insurance
Insurance coverage	Insurance coverage	Almost 100% out of pocket

Benefits of HRT

- Decreased absolute risk for
  - All cause mortality
  - Fracture
  - Diabetes
  - Breast cancer (ET only)
- VMS treatment
  - In turn, improvement in sleep
- Genitourinary syndrome of menopause (GSM) treatment
  - In turn, improvement in sexual function
- Prevention of bone loss/fracture

NAMS. Hormone therapy: benefits & risks. (https://www.menopause.org/for-women/menopauseflashes/menopause-symptoms-and-treatments/hormone-therapy-benefits-risks). Accessed 4/23/2024.

Contraindications to Hormone Therapy

- Undiagnosed abnormal genital bleeding
- Known, suspected, or history of breast cancer
  - Except in appropriately selected patients being treated for metastatic disease or with oncology involvement
- Suspected estrogen-dependent neoplasia
- Active or history of deep vein thrombosis, pulmonary embolism
- Active or recent (within the past year) arterial thromboembolic disease
- Liver dysfunction or disease
- Known or suspected pregnancy
- Known hypersensitivity to ET or EPT

Harper-Harrison G, Shanahan MM. Hormone replacement therapy. StatPearls. 2023 (https://www.ncbi.nlm.nih.gov/books/NBK493191/). Accessed 4/23/2024.

Benefits and Risks of HRT

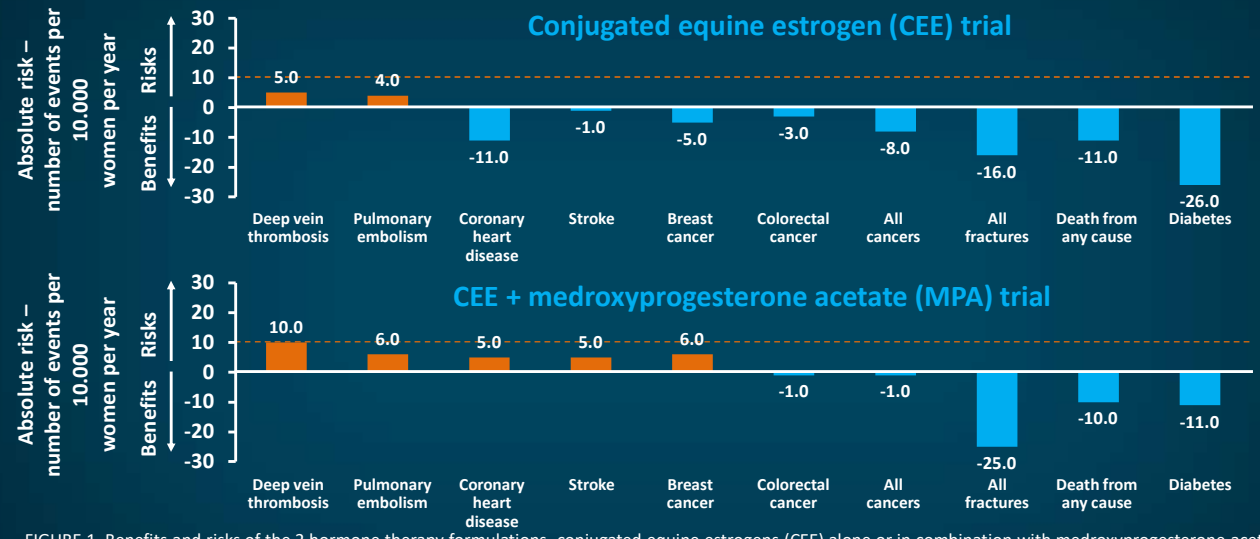


FIGURE 1. Benefits and risks of the 2 hormone therapy formulations, conjugated equine estrogens (CEE) alone or in combination with medroxyprogesterone acetate (MPA), evaluated in the Women's Health Initiative for women aged 50 to 59 years. Risks and benefits are expressed as the difference in number of events (number in the hormone therapy group minus the number in the placebo group) per 10,000 women per year, with <10 per 10,000 per year representing a rare event (dashed red line). Adapted from Manson JE, et al.

NAMS. 2022 Hormone therapy position statement. *Menopause*. 2022;29(7):767-794.

Case Study Update

- Andrea mentions that she developed deep venous thrombosis (DVT) after a long flight to Japan when she was 35 years old
- She was not on any contraception at that time nor any other prescription medications
- She reports that she saw a “blood” doctor, was recommended to take a blood thinner for ~6 months, and was found to have a Factor V deficiency

Question

Which of the following is a benefit of hormonal replacement therapy?

a) Reduction in all cause mortality
b) Reduction in bone fracture
c) Reduction in diabetes
d) Reduction in deep vein thrombosis

New and Emerging Pharmacotherapeutic Options to Better Manage VMS Due to Menopause

New Developments: NK3R and NK1/3R Antagonists

The thermoregulatory center in the hypothalamus is

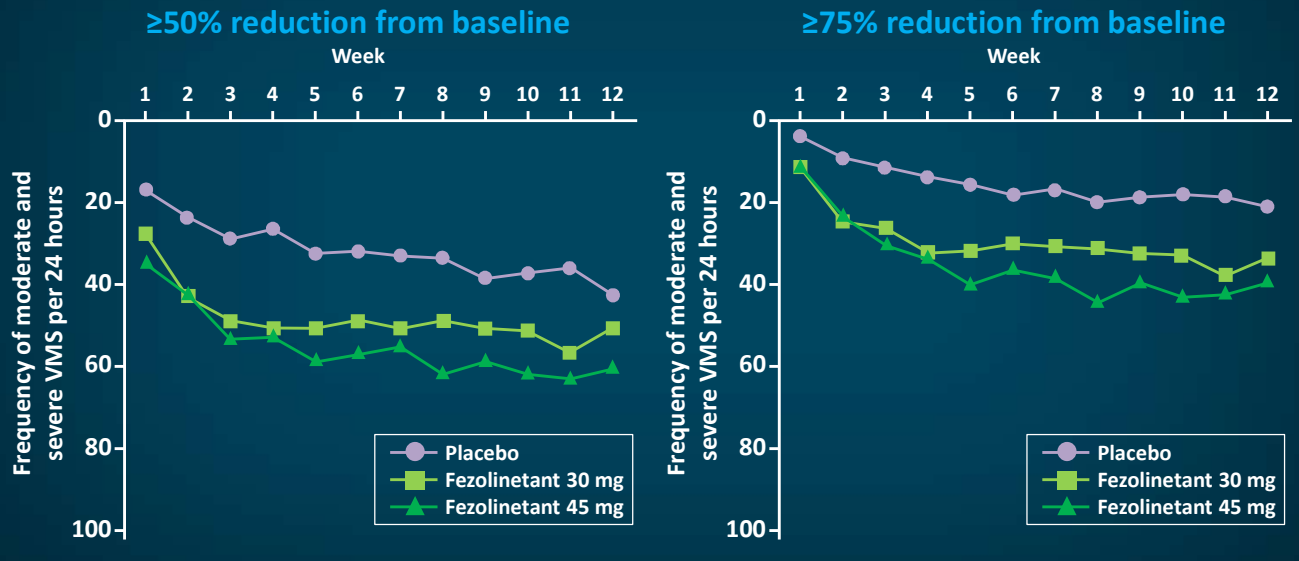
- ***Stimulated*** by neurokinin 3 receptor (**NK3R**) activation
- ***Inhibited*** by **estrogen** via negative feedback
  - This balance is disrupted in menopause, producing vasomotor symptoms

New Developments: Fezolinetant

- **Fezolinetant:** VEOZAH approved by the FDA in May 2023
  - ***NK3 receptor antagonist***
  - SKYLIGHT → fezolinetant 45 mg was efficacious for the treatment of moderate to severe VMS associated with menopause
  - Caution with certain medications (CYP1A2 inhibitors, including caffeine)
  - Need to check liver function tests (LFTs) at baseline, 3, 6, and 9 months
  - Most common side effects: Headache, gastrointestinal (GI) disturbances

Lederman S, et al. *Obstet Gynecol*.2022:139:39S.

Fezolinetant



Johnson KA, et al. *J Clin Endocrinol Metab*. 2023;108(8):1981-1997.

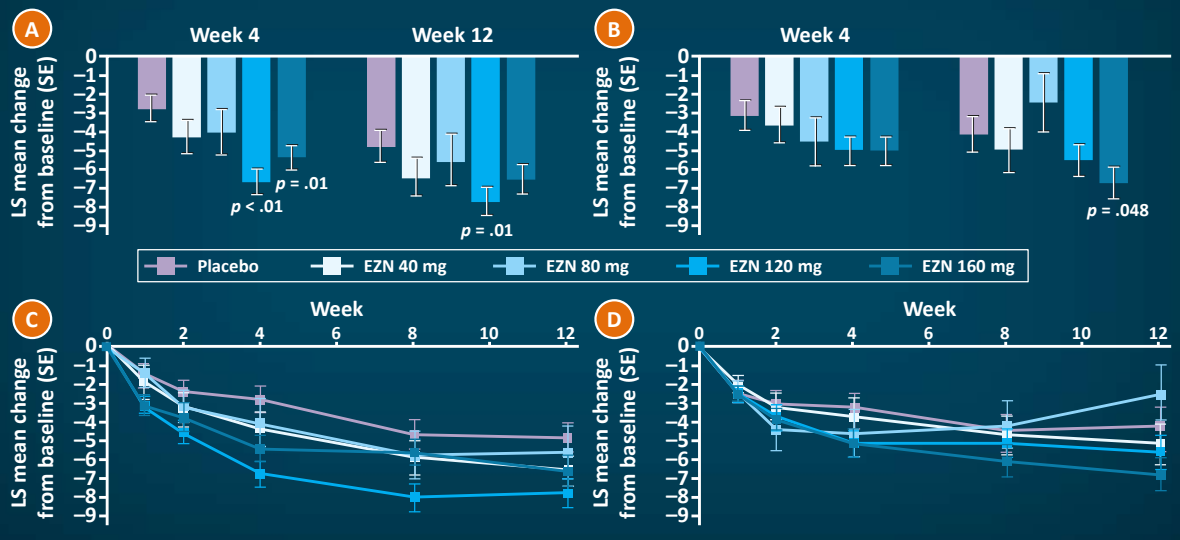
New Developments: Elinzanetant

- **Elinzanetant**: Currently in multiple phase 3 trials "OASIS" trial
  - OASIS → elizanetant is a dual NK1/NK3 receptor antagonist being studied for the treatment of vasomotor symptoms

Simon JA, et al. *Menopause*. 2023;30(3):239-246.

Elinzanetant

Change from baseline in mean daily frequency (A, C) and weekly severity (B, D) of moderate and severe VMS by treatment group



EZN = elinzanetant; LS = least squares; SE = standard error; VMS = vasomotor symptoms.

Simon JA, et al. *Menopause*. 2023;30(3):239-246.

Case Study (continued)

- Andrea discusses her options with you, weighing the pros and cons of her choices. She understands she is not a great candidate for hormone therapy but is not interested in SSRI/SNRI treatment because she does not have any mood symptoms; she is also hesitant to try oxybutynin and gabapentin due to concerns about side effects. Ultimately, you mutually decide to try fezolinetant 45 mg/day

Question

Which of the following medications are FDA-approved options for treatment of menopausal VMS?

a) Venlafaxine
b) Pregabalin
c) Sertraline
d) Fezolinetant
e) Fluoxetine

Communication Issues and Challenges Between Women With VMS Due to Menopause and Their Healthcare Providers

Patient Education Resources

- **The Menopause Society** (*formerly the "North American Menopause Society" aka NAMS*)
  - Patient-friendly "MenoNotes"
  - Frequently asked questions (with answers from the education committee)
  - Educational video series
  - "Find a Menopause Practitioner" website feature (search by zip code)
  - *The Menopause Guidebook*
- **MenoChannel**
  - Educational video series with leading experts

Patient Education Resources

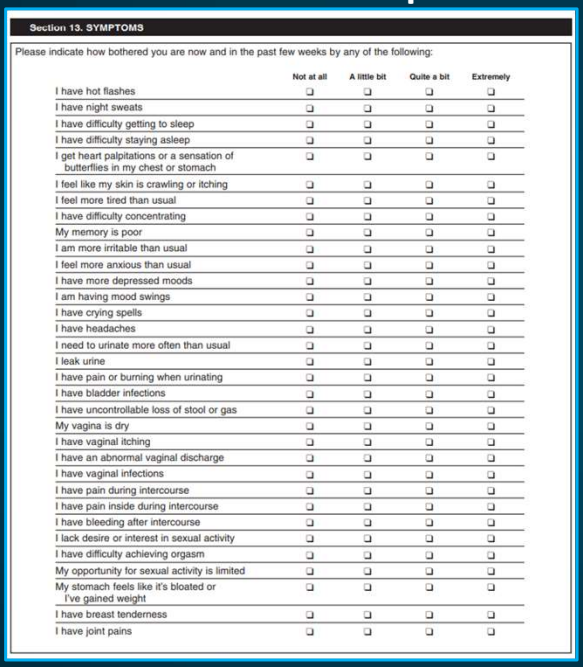
- **American College of Obstetricians and Gynecologists (ACOG)**
  - "Topics A-Z"
  - "ACOG Explains: Managing Menopause Symptoms"
- **Podcasts**
  - Dr Streicher's Inside Information: THE Menopause Podcast
  - Hello Menopause!
  - You Are Not Broken
- **Books**
  - *The Menopause Brain* by Lisa Mosconi, PhD
  - *The New Menopause* by Mary Claire Haver, MD
  - *Unlock Your Menopause Type* by Heather Hirsch, MD, MS, NCMP

Strategies for Effective Communication (part 1)

- **Routinely initiate conversations prior to midlife** (*as early as 30 to 35 years of age*)
  - Avoid dismissing the concerns if the patient is "too young" or "still has a period"
- **Have patients fill out a symptom checklist and send it via portal/bring it to the visit**
  - Additionally, ask patients to write down questions/concerns so they all can be addressed
  - This will usually help expedite the conversation
- **Schedule separate "problem visit" appointments to discuss perimenopause/menopause**
  - It deserves the same respect as other symptoms → don't let it get relegated to the end of the annual gynecology exam

Parish, Sharon J. MD1; Nappi, Rossella E. MD, PhD2,3; Kingsberg, Sheryl PhD4. Perspectives on counseling patients about menopausal hormone therapy: strategies in a complex data environment. Menopause 25(8):p 937-949, August 2018. | DOI: 10.1097/GME.0000000000001088

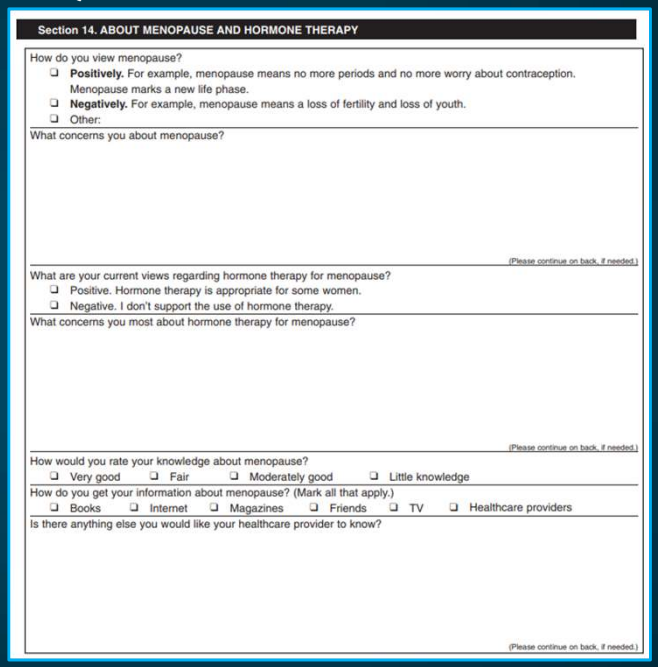
Menopause Health Questionnaire



Section 13. SYMPTOMS

Please indicate how bothered you are now and in the past few weeks by any of the following:

	Not at all	A little bit	Quite a bit	Extremely
I have hot flashes	❑	❑	❑	❑
I have night sweats	❑	❑	❑	❑
I have difficulty getting to sleep	❑	❑	❑	❑
I have difficulty staying asleep	❑	❑	❑	❑
I get heart palpitations or a sensation of butterflies in my chest or stomach	❑	❑	❑	❑
I feel like my skin is crawling or itching	❑	❑	❑	❑
I feel more tired than usual	❑	❑	❑	❑
I have difficulty concentrating	❑	❑	❑	❑
My memory is poor	❑	❑	❑	❑
I am more irritable than usual	❑	❑	❑	❑
I feel more anxious than usual	❑	❑	❑	❑
I have more depressed moods	❑	❑	❑	❑
I am having mood swings	❑	❑	❑	❑
I have crying spells	❑	❑	❑	❑
I have headaches	❑	❑	❑	❑
I need to urinate more often than usual	❑	❑	❑	❑
I leak urine	❑	❑	❑	❑
I have pain or burning when urinating	❑	❑	❑	❑
I have bladder infections	❑	❑	❑	❑
I have uncontrollable loss of stool or gas	❑	❑	❑	❑
My vagina is dry	❑	❑	❑	❑
I have vaginal itching	❑	❑	❑	❑
I have an abnormal vaginal discharge	❑	❑	❑	❑
I have vaginal infections	❑	❑	❑	❑
I have pain during intercourse	❑	❑	❑	❑
I have pain inside during intercourse	❑	❑	❑	❑
I have bleeding after intercourse	❑	❑	❑	❑
I lack desire or interest in sexual activity	❑	❑	❑	❑
I have difficulty achieving orgasm	❑	❑	❑	❑
My opportunity for sexual activity is limited	❑	❑	❑	❑
My stomach feels like it's bloated or I've gained weight	❑	❑	❑	❑
I have breast tenderness	❑	❑	❑	❑
I have joint pains	❑	❑	❑	❑



Section 14. ABOUT MENOPAUSE AND HORMONE THERAPY

How do you view menopause?

❑ **Positively.** For example, menopause means no more periods and no more worry about contraception. Menopause marks a new life phase.

❑ **Negatively.** For example, menopause means a loss of fertility and loss of youth.

❑ Other:

What concerns you about menopause?

(Please continue on back, if needed.)

What are your current views regarding hormone therapy for menopause?

❑ Positive. Hormone therapy is appropriate for some women.

❑ Negative. I don't support the use of hormone therapy.

What concerns you most about hormone therapy for menopause?

(Please continue on back, if needed.)

How would you rate your knowledge about menopause?

❑ Very good ❑ Fair ❑ Moderately good ❑ Little knowledge

How do you get your information about menopause? (Mark all that apply.)

❑ Books ❑ Internet ❑ Magazines ❑ Friends ❑ TV ❑ Healthcare providers

Is there anything else you would like your healthcare provider to know?

(Please continue on back, if needed.)

NAMS. Menopause health questionnaire (https://www.menopause.org/docs/default-document-library/questionnaire.pdf?sfvrsn=90fd425b_0). Accessed 4/23/2024.

Strategies for Effective Communication (part 2)

- **Thorough review of obstetrics/gynecology (OB/GYN) and other health histories**
  - Differentiate symptoms associated with menses, pregnancy, etc
  - Identify prior types of treatment used for these problems, how they were tolerated, and any contraindications
  - Look for trends in prior OB/GYN history and current symptoms (ie, history of premenstrual dysphoric disorder [PMDD] or postpartum depression [PPD] often associated with psychiatric symptoms of the menopause transition)
- **Discuss the pros/cons of ALL options for treatment**
  - If HT is/is not an option for the patient, explain why
  - Educate yourself on ALL the options, and be ready to offer them or put in a referral order to a menopause expert
- **Continue improving the education of yourself, your trainees, and your colleagues by discussing menopause like this!**

Parish, Sharon J. MD1; Nappi, Rossella E. MD, PhD2,3; Kingsberg, Sheryl PhD4. Perspectives on counseling patients about menopausal hormone therapy: strategies in a complex data environment. Menopause 25(8):p 937-949, August 2018. | DOI: 10.1097/GME.0000000000001088 ; Christianson, Mindy S. MD; Ducie, Jennifer A. MD; Altman, Kristiina MD, PhD; Khafagy, Ayatallah M. MB, BCh, MPH; Shen, Wen MD, MPH. Menopause education: needs assessment of American obstetrics and gynecology residents. Menopause 20(11):p 1120-1125, November 2013. | DOI: 10.1097/GME.0b013e31828ced7f

Physician Education Resources

The Menopause Society

- *Menopause Practice: A Clinician's Guide*, 6th ed
- The Menopause A to Z Slide Set
- Practice Pearls
- NAMS Position Statements
- Menopause Society Certified Practitioner (MSCP) exam to become a "Menopause Society-Certified Practitioner"
- The Menopause Society Annual Meeting
  - 9/10/2024 to 9/14/2024, Chicago, Illinois

Ms Medicine

- ProvidHERS weekly discussion group
  - 1-hour discussions/lectures covering various menopause and women's health topics, hosted by leading experts and researchers
  - 8 pm Eastern time most weeks of the year
  - Also recorded for playback

The North American Menopause Society. https://www.menopause.org Accessed 4/23/24.

Question

What is the best way to improve communication with your patients surrounding menopause?

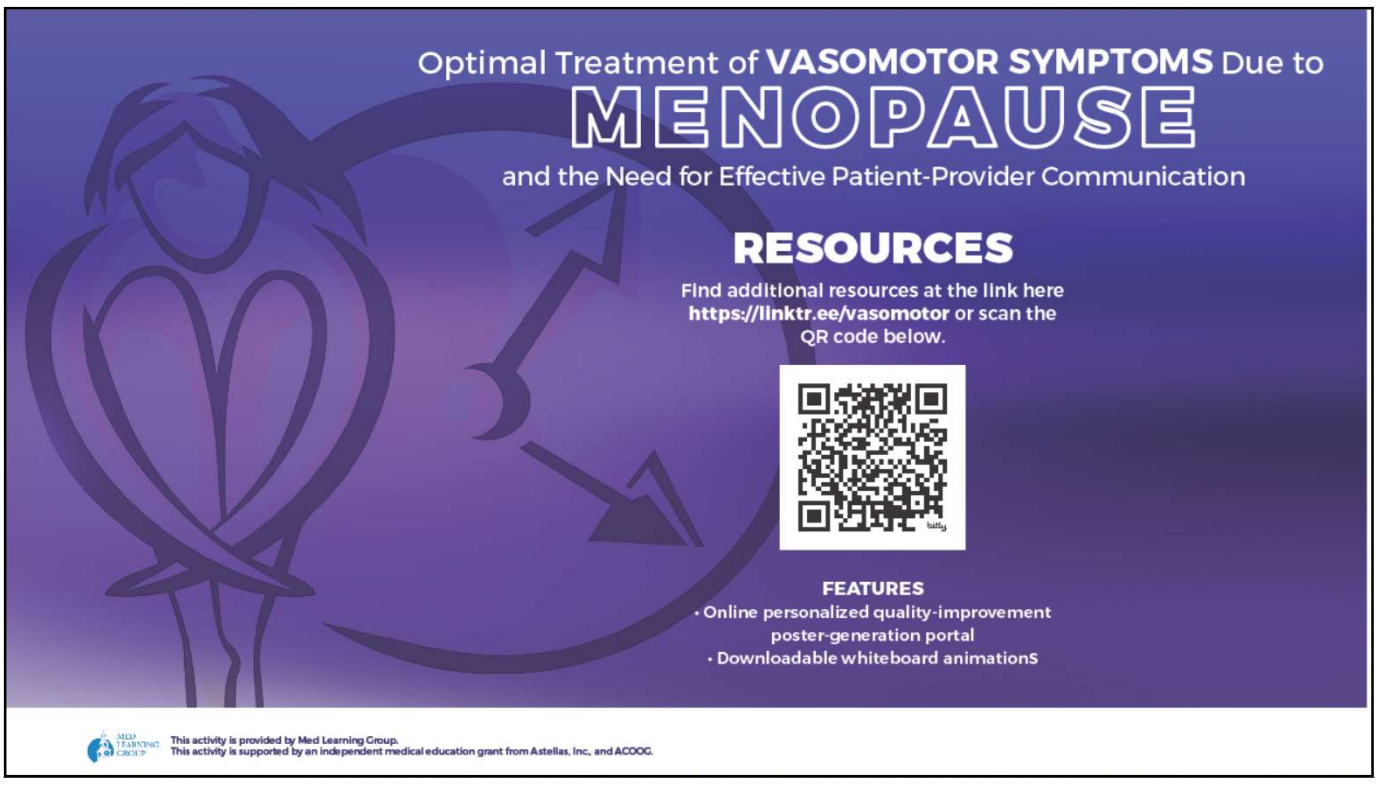
a) Cover menopause during the annual exam

b) Tell patients "it's a natural phase that will eventually end."

c) Tell patients you have a "one size fits all" approach to menopause

d) Ask the patient to schedule a problem visit to discuss menopausal concerns, then perform a thorough history of present illness (HPI) and physical exam (PE) at that visit

Thank you!


Optimal Treatment of VASOMOTOR SYMPTOMS Due to
MENOPAUSE
and the Need for Effective Patient-Provider Communication
RESOURCES
Find additional resources at the link here
https://linktr.ee/vasomotor or scan the
QR code below.
FEATURES
• Online personalized quality-improvement poster-generation portal
• Downloadable whiteboard animations
This activity is provided by Med Learning Group.
This activity is supported by an independent medical education grant from Astellas, Inc., and ACOOG.

Optimal Treatment of Vasomotor Symptoms Due to Menopause and the Need for Effective Patient-Provider Communications

Resource	Address
Avis NE, et al. *Med Care*. 2003;41(11):1262-1276.	https://journals.lww.com/lww-medicalcare/abstract/2003/11000/health_related_quality_of_life_in_a_multiethnic.6.aspx
Avis NE, et al. *JAMA Intern Med*. 2015;175(4):531-539.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4433164/pdf/nihms686556.pdf
Iyer TK, Thacker HL. "Menopause" In: Falcone T, Hurd WW, eds. *Clinical Reproductive Medicine and Surgery: A Practical Guide*, 4th ed. Springer Nature; 2022.	https://link.springer.com/book/10.1007/978-3-030-99596-6
Avis NE, et al. *Obstet Gynecol Clin North Am*. 2018;45(4):629-640.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6226273/pdf/nihms-1500450.pdf
Nakano K, et al. *J Womens Health (Larchmt)*. 2012;21(4):433-439.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3321671/pdf/jwh.2011.2999.pdf
Faubion SS, et al. *Mayo Clinic Proceedings.* 2023;98(6):833-845.	https://www.mayoclinicproceedings.org/article/S0025-6196(23)00112-X/abstract
Whiteley J, et al. *J Womens Health (Larchmt)*. 2013;22(11):983-990.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3820128/pdf/jwh.2012.3719.pdf
Harper-Harrison G, Shanahan MM. Hormone replacement therapy. *StatPearls.* 2023.	https://www.ncbi.nlm.nih.gov/books/NBK493191
Sopiarz N, Sparzak PB. Primary ovarian insufficiency. *StatPearls*. 2023.	https://www.ncbi.nlm.nih.gov/books/NBK589674/
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The North American Menopause Society (NAMS) 2023 nonhormone therapy position statement. *Menopause*. 2023;30(6):573-590.	https://journals.lww.com/menopausejournal/abstract/2023/06000/the_2023_nonhormone_therapy_position_statement_of.4.aspx
Loprinzi CL. Non-estrogen treatments for menopausal symptoms. *UptoDate*. 2023.	https://www.uptodate.com/contents/non-estrogen-treatments-for-menopausal-symptoms-beyond-the-basics/print#:~:text=SSRIs%20%E2%80%93%20The%20selective%20serotonin%20receptor,flashes%20in%20the%20United%20States
Carroll DG. *Am Fam Physician*. 2006;73(3):457-464. Harris E. *JAMA*. 2023;329(22):1907.	https://www.aafp.org/pubs/afp/issues/2006/0201/p457.html https://jamanetwork.com/journals/jama/article-abstract/2805536
NAMS. Hormone therapy: benefits & risks.	https://www.menopause.org/for-women/menopauseflashes/menopause-symptoms-and-treatments/hormone-therapy-benefits-risks
Jackson LM, et al, eds. *The Clinical Utility of Compounded Bioidentical Hormone Therapy: A Review of Safety, Effectiveness, and Use*. Washington, DC; National Academies Press; 2020.	https://www.ncbi.nlm.nih.gov/books/NBK562877/

Harper-Harrison G, Shanahan MM. Hormone replacement therapy. ***StatPearls***. 2023.	https://www.ncbi.nlm.nih.gov/books/NBK493191
NAMS. 2022 Hormone therapy position statement. *Menopause*. 2022;29(7):767-794.	https://journals.lww.com/menopausejournal/fulltext/2022/07000/the_2022_hormone_therapy_position_statement_of_the.4.aspx
Lederman S, Shapiro M. Stute P, et al. *Obstet Gynecol*. 2022:139:39S.	https://journals.lww.com/greenjournal/abstract/2022/05001/phase_3_study_of_fezolinetant_for_treatment_of.130.aspx
Johnson KA, et al. *J Clin Endocrinol Metab*. 2023;108(8):1981-1997.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10348473/?report=printable
Simon JA, et al. *Menopause*. 2023;30(3):239-246.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9970022/pdf/meno-30-239.pdf
Parish SJ, Nappi RE, Kingsberg S. Perspectives on counseling patients about menopausal hormone therapy: strategies in a complex data environment. ***Menopause***. 2018;25(8):937-949.	https://journals.lww.com/menopausejournal/abstract/2018/08000/perspectives_on_counseling_patients_about.15.aspx
NAMS. Menopause health questionnaire.	https://www.menopause.org/docs/default-document-library/questionnaire.pdf?sfvrsn=90fd425b_0
Christianson MS, Ducie JA, Altman K, Khafagy AM, Shen W. Menopause education: needs assessment of American obstetrics and gynecology residents. ***Menopause***. 2013; 20(11):1120-1125.	https://journals.lww.com/menopausejournal/abstract/2013/11000/menopause_education__needs_assessment_of_american.4.aspx
The North American Menopause Society	https://www.menopause.org

All URLs accessed April 25, 2024.