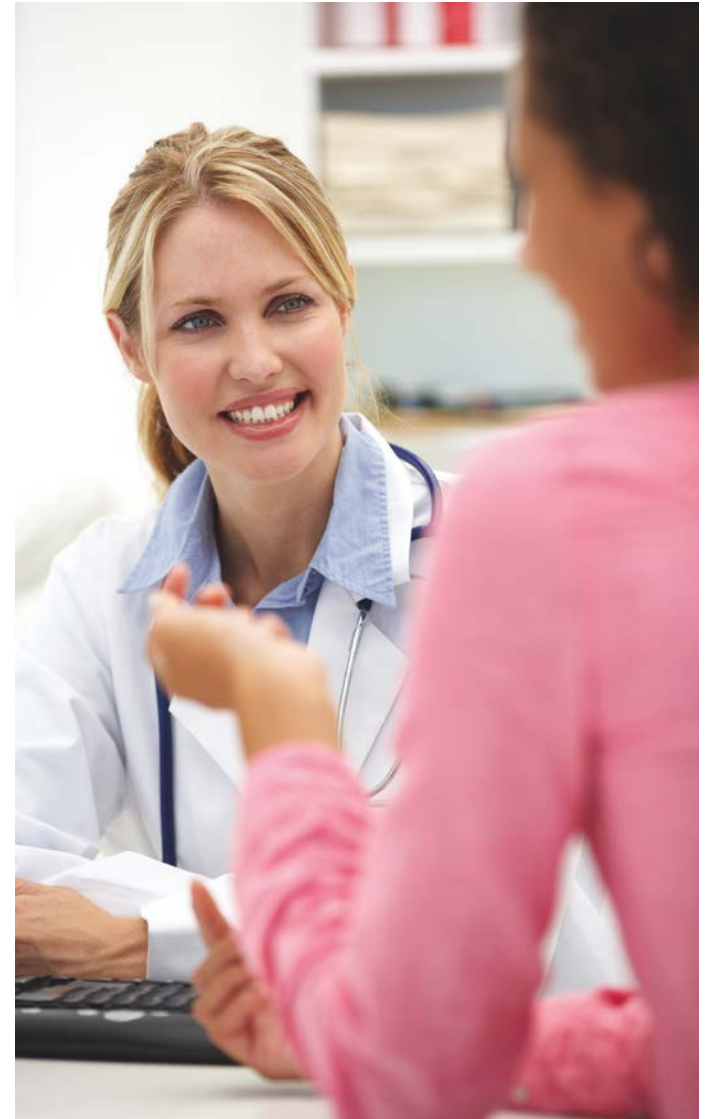


2017 Women's Health Conference

Body & Soul:
Discovering a Healthy U

California Lutheran University
Thousand Oaks



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Maintaining Hormone Balance

Lisa Little, MD







“Stop fretting about global warming. Mother Nature is going through menopause, but her hot flashes won’t last forever.”

Menopause

- Time in a woman's life when she stops having monthly periods
- The ovaries stop releasing eggs and stop making hormones estrogen and progesterone
- Average age 51
- 95% 45-55 years of age

Perimenopause

- Menopausal transition
- Lasts 4-10 years
- Marked by menstrual cycle changes
- Menstrual cycle may occur more or less frequently, may skip a menstrual cycle
- Bleeding may be lighter
- Symptoms of menopause such as hot flashes

Symptoms of Menopause

- Hot Flashes
- Night sweats
- Sleep Problems
- Vaginal dryness
- Depression
- Trouble concentrating or remembering things

Symptoms of Menopause

- Hot flashes occur in 75-80% of menopausal women often starting during perimenopause
- Only 20-30% women seek medical advice
- Hot flashes may last up to 7-8 years with symptoms persisting 4-5 years after menopause

Treatment of Menopausal Symptoms

- Behavioral measures: lowering temperature, fans, dressing in layers, avoiding spicy foods and stressful situations
- Hormone Replacement (HRT): (Estrogen vs. Estrogen/Progesterone) treatment of choice for women with moderate to severe hot flashes and no contraindications
- Non-Hormonal agents: (Antidepressants, Antiepileptics, others) Women with severe symptoms who are not candidates for HRT, option also for women after stopping HRT



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Hormone Replacement

- Most common form of treatment for symptomatic women is Hormone Replacement Therapy
- Goal of therapy is to relieve menopausal symptoms
- Women treated only for vaginal atrophy (thinning) should be treated with vaginal (local) estrogen
- Most women present with symptoms in their late 40's to 50's

Hormone Replacement

- Women in this age group should be reassured that the risk of complications for healthy, young postmenopausal women taking HRT is very low
- Other symptoms that respond to HRT:
mood/depression, vaginal atrophy, sleep disturbances, joint aches and pains

Starting Hormone Replacement

- HRT IS NOT RECOMMENDED FOR PREVENTION OF DISEASE
- Estrogen is available in many forms: tablet, patch, gels, vaginal creams and tablets, & vaginal rings
- The doses of these various estrogens vary

Starting Hormone Replacement

- Patch (transdermal) is associated with a lower risk of blood clots, stroke, and high triglycerides than oral tablets
- However, the risk of both blood clots and stroke are very low in otherwise healthy, young postmenopausal women and therefore if a woman prefers a tablet, oral estrogen felt to be safe

Who Is A Good Candidate?

- Safe option for healthy, symptomatic women who are within 10 years of menopause or younger than age 60 years of age without any contraindications
- For women with recurrent symptoms after stopping HRT, non-hormonal options should be considered
- HRT should be individualized and not discontinued solely based on age, extended use may be reasonable when the doctor and patient agree that the benefits of symptoms relief outweigh the risks

Who Is A Good Candidate?

- Over 40% of women ages 60-65 have persistent hot flashes that can impair their quality of life
- For women who choose extended use of HRT, restart estrogen at lowest dose with plans for future attempt to stop HRT

Contraindications

- Breast cancer
- Coronary Heart Disease
- Previous blood clot
- Stroke
- Liver disease
- Vaginal bleeding
- Uterine cancer
- High Triglycerides
- Gallbladder disease

Duration Of Therapy

- Short-term, generally not more than 5 years or beyond 60 years of age
- As noted above, hot flashes may persist for up to 7-8 years, for women experiencing recurrent symptoms current recommendation to try non-hormonal options before resuming HRT

Bioidentical Hormones

- The use of custom-compounded bioidentical hormone therapy is not recommended due to lack of evidence for their safety or efficacy
- The term “bioidentical hormone” technically refers to a hormone with the same structure as a hormone that is produced from the body

Bioidentical Hormones

- In popular culture the term refers to the use of custom-compounded regimens (pills, gels, sublingual tablets, suppositories) with doses based on serial hormone monitoring
- Most women have turned to this approach due to safety concerns about conventional hormone replacement

Bioidentical Hormones

- Derived from soy and plant extracts and are modified to be identical to the bodies hormones
- This is the same approach used for most approved and commercially available menopausal hormone preparations (exception conjugated equine estrogens like Prempro)
- The quality of the products may be substandard in some cases

Bioidentical Hormones

- There are no trials demonstrating either efficacy or safety
- The contents, dose, quality and sterility of these products are not subject to regulation
- When tested, potencies and absorption are variable

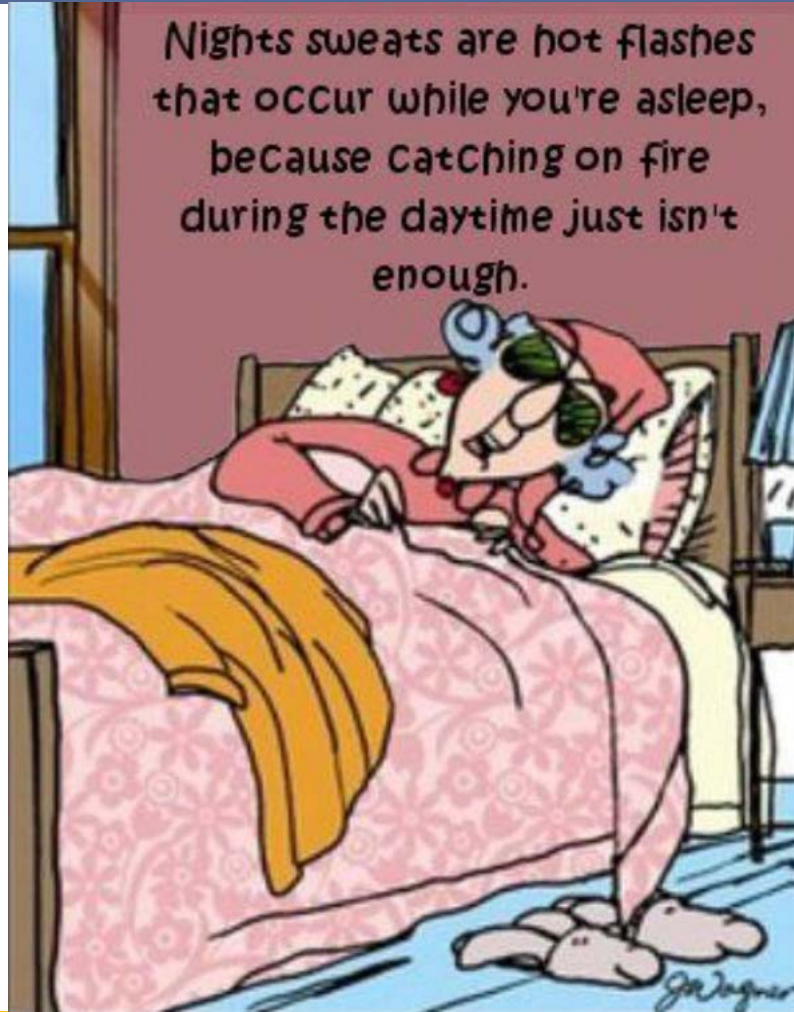
Benefits

- Mortality: 30% mortality reduction in women under 60
- Osteoporosis: fracture at the hip and vertebrae reduced
- Type 2 Diabetes: reduction
- Improve quality of life
- Estrogen may improve balance and reduce falls
- Reduction in cataracts
- Reduction in Colon cancer

Side Effects HRT

- Breast soreness
- Vaginal bleeding
- Bloating
- Mood symptoms

Nights sweats are hot flashes that occur while you're asleep, because catching on fire during the daytime just isn't enough.



MOOD SWINGS CAUSED BY
THE MENOPAUSE AREN'T
HELPED BY SUGGESTIONS



Non-hormonal Treatments

- Option for women that have moderate to severe hot flashes who are not a candidate for HRT
- Option for women who experience recurrent hot flashes after stopping HRT
- Antidepressants
- Anti-epileptics
- Alternative therapies: Promising, Inconsistent, & Ineffective therapies

Antidepressants

- Clinical response is more rapid (days) than the typical response for depression
- Equally effective in women with breast cancer, surgical, or natural menopause
- Brisdelle (Paroxetine 7.5 mg) only agent that has received approval by the FDA for treatment of hot flashes (should be avoided in women on Tamoxifen)
- Other medications include Wellbutrin, Celexa, & Lexapro

Anti-epileptics

- Gabapentin
- Effective for women whose hot flashes occur at night
- At high doses this drug can be comparable to Estrogen although side effects such as headache, dizziness, and disorientation limit its use
- Combination therapy with antidepressant does not appear to be more effective for hot flashes

Women With History Of Breast Cancer

- Hot flashes are a common problem secondary to treatments with chemotherapy agents and Tamoxifen
- 80% of patients on Tamoxifen report hot flashes
- Antidepressants appear to be as effective in women taking Tamoxifen
- Lexapro, Celexa, and Effexor better options in women taking Tamoxifen
- Antidepressants do not appear to interfere with metabolism of Aromatase Inhibitors

Alternative Therapies: Promising

- Cognitive Behavioral Therapy: menopause associated insomnia
- Hypnosis
- Mind-body-based therapies (stress management, relaxation, deep breathing techniques, and guided imagery)

Alternative Therapies: Inconsistent

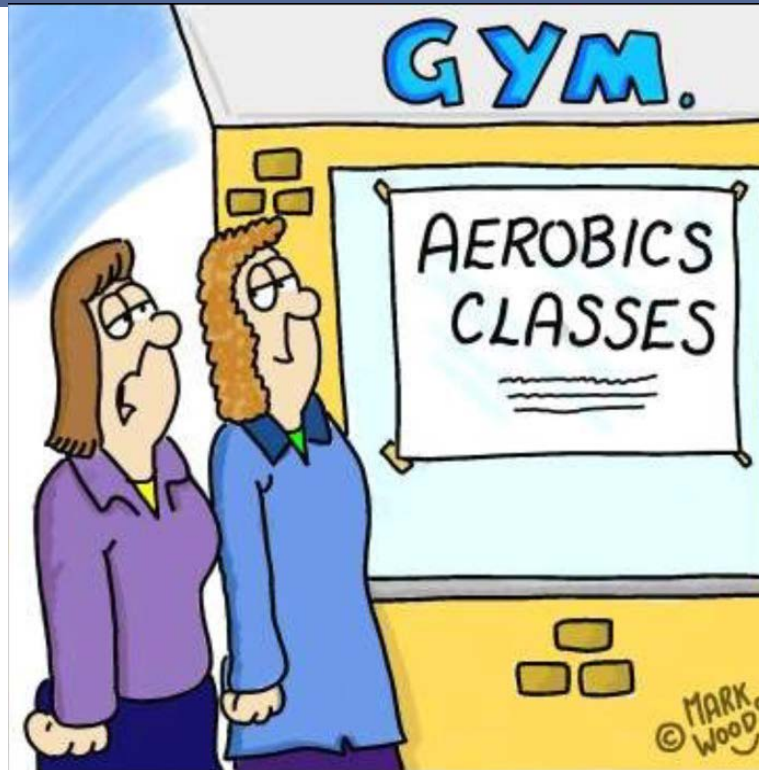
- **Plant-based Therapies:** Isoflavones & herbal therapies
- Found in soybeans, chickpeas, and lentils, flaxseed, grains, fruits, and vegetables
- No benefit over placebo
- Area of potential concern is that phytoestrogens have both estrogenic and anti-estrogenic effects
- Experts recommend that dietary soy is okay in women with breast cancer but to avoid dietary supplements until their safety has been established

Alternative Therapies: Inconsistent

- Herbal therapies: Black Cohosh & Chinese Herbs
- Paced Respiration
- Weight loss
- Exercise

Alternative Therapies: Ineffective

- Acupuncture
- Evening Primrose oil
- Flaxseed



If I want a rapid heartbeat
and to get all hot, I only
need to wait for my
menopause symptoms!

Questions?

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