SYMPTOMS
OBJECTIVE

- Handling a clinical situation
- Symptomatic and asymptomatic menopause
EXPECTED OUTCOME

a) Checklists of symptoms
b) Clinical assessment
CASE

- 41 yr old
- Asymptomatic
- Getting regular periods
- Has heard she will have lot of problems at menopause
CONCERNS

- How will you counsel her?
- Natural phenomenon, many have no problems
- Some women may develop symptoms
- Symptoms with risk factors
- Symptoms with already present physical problems or past cancer treated
- What are the symptoms?
When is Medical Intervention Required?

Symptoms and Disorders in Relation to Age and Menopause

Vasomotor Symptoms
Sleep Disorders
Mood Changes

Vaginal Atrophy
Dyspareunia
Skin Atrophy

Menstrual Disorders

Osteoporosis
Atherosclerosis
Coronary Heart Disease
Cerebrovascular Disease

VASOMOTOR SYMPTOMS

- Hot Flushes: 75% of women experience it
- Varies in frequency, intensity and duration
- Can last from 4-10 minutes, vary from 1-2/hr to 1-2/wk. Usually involves face and neck.
- Can manifest at night as night sweats and disturb sleep significantly
- May be associated with palpitations, anxiety, irritability and panic
Prevalence and Timing of VMS

When do VMS occur?

- Usually begin during the menopause transition
- Mean duration bothersome VMS: 10.2 y
- VMS can persist 6 mo to 10+ y, with ↓ frequency and intensity over time
- Some experience VMS> 11 y

HOT FLUSH

Grading

- **Mild**: Feeling of heat without sweating
- **Moderate**: Feeling of heat with sweating
- **Severe**: Feeling of heat with sweating, palpitation that disrupts usual activity
Hot Flushes may continue years after menopause

501 untreated women, ages 29-82 Y. Mean age of natural menopause 49.5

*Kronenberg F. Ann NY Acad Sci. 1990*
PSYCHOLOGICAL SYMPTOMS

- Irritability, Mood Swings
- Poor Memory, Loss of Concentration
- Low self esteem

Musculo-skeletal symptoms

- Backache, Joint pains
SLEEP

- Prevalence increases from 14% in general population to 40% in perimenopause and menopause
- Can be associated with hot flushes and anxiety and depression
- Fibromyalgia
- Obstructive sleep apnea
Sleep disorders

- Sleep disorders can be primary sleep disorders which get exacerbated during perimenopause
- Restless leg syndrome (RLS)
- PLMD (Persistent limb movement disorder)
- There can be social and behavioural or partner problems which can lead to sleep disorders
- Timely referral to sleep physician would help improve quality of life
ASSOCIATED CONDITIONS WITH AGE

- Obesity and sleep apnoea
- Gastro esophageal reflux
- Urinary incontinence and nocturia,
- Thyroid dysfunction,
- Chronic pain syndromes
- fibromyalgia.
- As women age, increased use of neuroactive medications may also contribute to sleep difficulties
GENITO-URINARY SYMPTOMS

- Urethral syndrome: frequency, urgency, dysuria, recurrent UTI
- Vaginal dryness, Dyspareunia
- Loss of libido
The Vagina and Menopause

- Vaginal mucosa becomes thin, pale, dry
  - Increases likelihood of trauma from intercourse, speculum evaluation during pelvic examination
- Presenting complaints: pain, bleeding, tearing during vaginal penetration
- Symptoms not limited to sexually active women

![Atrophic vaginal mucosa](image1)
![Estrogenized vaginal mucosa](image2)
Sexual problems

- Dyspareunia leading to sexual dysfunction - corrected by local estrogen therapy
- Acquired sexual desire disorder in some women responds to testosterone therapy
- In the absence of availability of other androgen preparations in India, tibolone is a good option to treat vasomotor symptoms, psychological and libido problems, and for prevention of osteoporosis
MENOPAUSE ---A WAKE –UP CALL

- Time to think about healthy ageing
- Prevent and early detection of CVD, osteoporosis, cancers
- Annual Health Check
CLINICAL EVALUATION

- Evaluate women’s need
- Evaluation of women’s individual risk factor

DETAILED HISTORY

- Symptoms of Menopause
- Elicit Risk Factors for various diseases
- Dietary or Nutrition Assessment
- Physical Activity
- Sexual Practices
- Drug abuse
- Stress
- Medical history - Diabetes, Hypertension, CVD
- Family History - Malignancy, CVD, osteoporosis
ASSESSMENT

- Assess general condition of patient
- Physical examination:
  - Pulse
- Blood pressure
  - Optimal BP (<130/85) to be rechecked every 2 years
  - Normal level (<140/90 mmHg) to be checked yearly
  - Greater than 140/90 mmHg need second measurement to confirm diagnosis of hypertension.
● Auscultation of the heart and lungs

● Height

● Weight

● Waist circumferences

● Calculate BMI

● Breast examination

● Pelvic examination.
Mrs M aged 45 years with irregular cycles, presented with complaints of feeling of heat going up her neck to the head, followed by profuse sweating & chills, lasting for 2-3 minutes, 5-6 times/day and even at night.

She says she can’t sleep & feels drowsy, tired and irritable all day.
When do we say a patient is in menopause?

- Periods stopped
- Symptoms
- FSH level
First a detailed history & thorough clinical exam

- Any investigations?
- Routine screening
- FSH?
  - No need
# DIFFERENTIAL DIAGNOSIS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nifedipine</td>
<td>Thyrotoxicosis</td>
</tr>
<tr>
<td>Diltizam</td>
<td>Carcinoid Syndrome</td>
</tr>
<tr>
<td>Niacin</td>
<td>Pheochromocytoma</td>
</tr>
<tr>
<td>Raloxifene</td>
<td>Systemic Mastocytosis</td>
</tr>
<tr>
<td>Clomiphene citrate</td>
<td>Renal Cell Carcinoma</td>
</tr>
<tr>
<td>Monosodium Glutamate</td>
<td>Horner’s Syndrome</td>
</tr>
</tbody>
</table>
Breast self-exam

1. Examine your breasts in the shower
2. Examine your breasts in the mirror with your arms down, up, and on your hips
3. Stand and press your fingers on your breast, working around the breast in a circular
4. Lie down and repeat step 3
5. Squeeze your nipples to check for discharge. Check under the nipple last.
### Mid Life OPD cards

**Name of Dr:**

**Address of Dr:**

**S.no:**

**Patient Name:**

**Age:**

**Address of Patient:**

**Religion:** Hindu / Sikh / Christian / Muslin

**Ph. Mobile:**

---

### PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Name:</th>
<th>NIDDM</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Hypertension</td>
<td>Heart problem</td>
</tr>
<tr>
<td>Menarche (age):</td>
<td>Fragility fracture</td>
<td>Rheumatic arthritis</td>
</tr>
<tr>
<td>Menopause (age):</td>
<td>Cancer breast</td>
<td>Cancer ovary</td>
</tr>
<tr>
<td>Marital status:</td>
<td>Any other cancer</td>
<td>Thromboembolic phenomenon</td>
</tr>
<tr>
<td>Menstrual formula:</td>
<td>Asthma, thyroid disorder, gall stones</td>
<td>Eye problem</td>
</tr>
<tr>
<td>Chronic history:</td>
<td>Joint ache and pain</td>
<td>Ear problem</td>
</tr>
<tr>
<td>Address &amp; mail:</td>
<td>Hot flashes</td>
<td>Mood disturbances</td>
</tr>
<tr>
<td>Allergic to (please specify, if any)</td>
<td>Urinary tract problems</td>
<td>Urinary tract problems</td>
</tr>
</tbody>
</table>

### LIFESTYLE HISTORY

| History of alcohol intake > 2 drinks: | Memory loss/delayed |
| Smoking: | Hearing loss |
| Caffeine: | Mood disturbances |
| Exercise: | Urinary tract problems |
| Diet calcium: | Memory loss/delayed |
| Vitamin D Intake: | Urinary tract problems |
| Medication history if any: | Family history |
| Special intake if any and closer: | NIDDM | Hypertension |

### FAMILY HISTORY

<table>
<thead>
<tr>
<th>NIDDM</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart problem</td>
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<tr>
<td>Rheumatic arthritis</td>
<td>Cancer breast</td>
</tr>
<tr>
<td>Cancer ovary</td>
<td>Any other cancer</td>
</tr>
</tbody>
</table>

### GENERAL PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Physical</th>
<th>BASE LINE INVESTIGATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height:</td>
<td>Hemoglobin</td>
</tr>
<tr>
<td>Weight:</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>BMI:</td>
<td>HDL</td>
</tr>
</tbody>
</table>

### BASE LINE INVESTIGATIONS

<table>
<thead>
<tr>
<th>HDL</th>
<th>CHOLESTEROL TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIG/LYERIDES</td>
<td>LDL</td>
</tr>
<tr>
<td>TSH</td>
<td></td>
</tr>
</tbody>
</table>

### LOCAL EXAMINATION

<table>
<thead>
<tr>
<th>Blood sugar (F)</th>
<th>Blood sugar (PP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deo scan</td>
<td>BMD (Tz Score)</td>
</tr>
<tr>
<td>Pap smear</td>
<td>TSH</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Mammaryography</td>
</tr>
<tr>
<td>General:</td>
<td></td>
</tr>
</tbody>
</table>
GUIDE TO LIVE HEALTHY LIFE LONG & ALWAYS

DIET
Calcium Intake: 1200-1300 mg Daily
Vit D 400-600 IU /Day

Blood Indicators
Hemoglobin Level: 12 Gm%

Exercise
Aerobic Exercise: 30 Minutes 5 times a week, Weight Bearing/Resistance Exercise: 20min /Day, 2-3 Days a week

Vital Stats
WHR (Waist Hip Ratio- 0.8 Women) or absolute 34 inches, BMI 18-25 ideal

BREAST CANCER SCREENING
- Breast self-examination
- Clinical examination - every year
- Mammography - more than 40 years age - every 2 years

MENOPAUSE RATING SCALE
- Hot flushes, sweating (episodes of sweating)
- Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)
- Depressive mood/believing sad, down on the verge of tears, lack of drive, mood swings
- Irritability, feeling nervous, limit tension, feeling aggressive
- Anxiety (nerve restless ness, feeling panicky)
- Sexual problems, change in sexual desire, activity and satisfaction
- Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness, fatigue, headache, dizziness)
- Bladder problem (difficulty in urinating, increase in frequency, bladder incontinence)
- Dryness of vagina (sensation of burning or dryness in vagina, difficulty in sexual intercourse)
- Joint & muscular discomfort (joint pain, muscle pain, backache)

According to WHO Standards, the degree of severity are consistent with:

- No problem/None: absent negligible
- Mild problem: slight low
- Moderate problem: medium high
- Severe problem: high extreme
- Complete problem: total

<table>
<thead>
<tr>
<th>Degree of Severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent negligible</td>
<td>0-4%</td>
</tr>
<tr>
<td>Slight low</td>
<td>5-24%</td>
</tr>
<tr>
<td>Medium high</td>
<td>25-49%</td>
</tr>
<tr>
<td>High extreme</td>
<td>50-95%</td>
</tr>
<tr>
<td>Total</td>
<td>95-100%</td>
</tr>
</tbody>
</table>

The Trademark of Abbott Group of Companies

Indian Menopause Society
HT: DURATION OF USE

Premature menopause-
- upto the natural age of menopause

Natural Menopause-
- Safety data of EPT therapy with CEE +MPA is 3-5yrs, with ET safety data for use is 7yrs with a 4yr follow up

Stopping HT:
- May be abrupt or the dose and dosage tapered.
INDIVIDUALIZED

- The decision to use HT must be individualized based on specific patient factors and anticipated risks and benefits.
- These include quality-of-life priorities, age, time since menopause, and risk for VTE, heart disease, stroke, and breast cancer.
Hormone therapy - Indications

- 3 most beneficial effects of estrogens: symptom relief, urogenital atrophy, and bone
- The most effective treatment for vasomotor symptoms is HT (GRADE A).
- Progesterones or low-dose oral contraceptive pills can be used in the menopause transition phase for relief of symptoms (GRADE A).
- Vaginal estrogen therapy - most effective in the treatment of urogenital atrophy

CLINICAL PRACTICE GUIDELINE ON MENOPAUSE, Executive Summary and Recommendations, Indian Menopause Society. J Mid Life Health 2013
Hormone Therapy - Indications

- Local therapy for atrophic vaginitis: use of smallest effective dose; can be continued indefinitely, safety data do not go beyond 1 yr.
- Vaginal estrogen can be used for Recurrent UTI after ruling out other causes (GRADE A).
- EPT/ET for prevention and treatment of osteoporosis; reduces the risk of spine, hip and other osteoporotic fractures by 33-40%. (GRADE A)
- HT for bone protection within ten years of menopause.
MHT is the most effective treatment for vasomotor symptoms associated with menopause at any age, but benefits are more likely to outweigh risks for symptomatic women before the age of 60 years or within 10 years after menopause.

MHT is effective and appropriate for the prevention of osteoporosis-related fractures in at-risk women before age 60 years or within 10 years after menopause.

CLIMACTERIC 2013;16:203–204
HT: PRECAUTIONS

- Pre HT work up and an annual follow up
- The dose and duration of HT individualized and a risk – benefit assessment carried out annually
- A full gynecological assessment mandatory prior to starting HT and at regular intervals thereafter
- Self-breast examination - monthly and clinical breast examination at least annually
- A mammogram [where available] -1-3 yearly if the initial mammogram is normal.( GRADE C.)
HRT: MAXIMIZING EFFICACY, MINIMIZING PROBLEMS
ESTROGENIC SIDE-EFFECTS

- Start with low-dose estrogen in most cases
- 1.0 mg E₂ or 0.3 mg CEE
- Warn re possibility of side-effects initially and reassure
- Consider local use of estrogens for new/persistent urogenital symptoms, e.g. vaginal dryness, even when systemic therapy has been initiated
WHY LOWER HT DOSES?

- Continued efficacy with fewer side-effects and possibly fewer risks
- Potential for greater acceptance by women
- Improved continuance to achieve potential long-term health benefits
- Efficacy in prevention of osteoporosis is not compromised
HT CONTRAINDICATIONS

- Current, past or suspected breast cancer
- Known or suspected estrogen-dependent malignant tumors (e.g. endometrial cancer)
- Undiagnosed genital bleeding
- Untreated endometrial hyperplasia
- Previous idiopathic or current venous thromboembolism (deep venous thrombosis, pulmonary embolism)

HT CONTRAINDICATIONS

- Active or recent arterial thromboembolic disease (e.g. angina, myocardial infarction)
- Untreated hypertension
- Active liver disease
- Known hypersensitivity to the active substances or to any of the excipients
- Porphyria cutanea tarda (an absolute contraindication)

CONCLUSION

- Aim should be to help patients make informed choices
- Keep abreast
- Evaluate quality
- Individualise treatment
- Full range of effective choices
- Behavioral & pharmacologic approach