

Menopause Guidelines

1. General
 - a. Occurs generally between ages 45 to 55
 - b. Symptoms
 - i. Vasomotor: Hot flashes and night sweats
 - ii. Genitourinary: Vaginal Dryness
 - iii. Other: Insomnia, mood swings and depression
 - c. Elevated FSH
2. General Recommendations
 - a. Regular weight bearing exercise
 - b. Calcium supplementation of 1500mg/day in divided doses with Vitamin D
 - c. Contraception until one year of amenorrhea
3. Assess Need for Hormone Replacement Therapy and Contraindications
 - a. Short-Term Use (<5 years) for Treatment of Symptoms of Menopause
 - b. Long-Term Use (>5 years) for Treatment or Prevention of Osteoporosis
 - c. Absolute Contraindications
 - i. Breast Cancer
 - ii. Endometrial Cancer
 - iii. Vascular Thrombosis
 - iv. Active Liver Disease
 - v. Unexplained Vaginal Bleeding
 - d. Relative Contraindications (Transdermal Estrogen May be Considered)
 - i. Active Gallbladder Disease
 - ii. Hypertriglyceridemia
4. Discuss Risks and Benefits of Hormone Replacement Therapy
 - a. Benefits
 - i. Relief of Vasomotor Symptoms (hot flashes)
 - ii. Relief of Genitourinary Symptoms (vaginal atrophy)
 - iii. Treatment and Prevention of Osteoporosis

Risks for osteoporosis include race (Asian or White) current tobacco use, BMI < 22, family history, corticosteroid use, hyperparathyroidism, and hyperthyroidism.

- b. Risks
 - i. Venous Thromboembolism (Increase risk by a factor of 2.7)
 - ii. Gallbladder Disease (Increase risk by a factor of 1.4)
 - iii. Breast Cancer (Increase risk by a factor of 1.35 after 5 or more years)
 - iv. Increase in risk of coronary events in patients with known or risk for coronary artery disease

- c. Uncertain Benefits
 - i. Reduction of Colorectal Cancer
 - ii. Reduction of Alzheimer's Syndrome
 - iii. Primary Prevention of Atherosclerosis

5. Medication Options

- a. Hormonal Therapy (see Chart)
 - i. Estrogen-Progestin Combination
 - 1. Use in Patients with an Intact Uterus
 - 2. Cyclic Therapy (Estrogen Days 1-25; Provera 10mg Days 16-25)
 - 3. Daily Therapy (Estrogen and Provera 2.5mg daily)
 - ii. Estrogen Only (Menest, Estrace, Premarin, Ogen, Orthro-est, Estratab)
 - Use in Hysterectomized Patients
 - iii. Progestin Only (Medroxyprogesterone)
 - 1. Vasomotor Symptom Relief
 - 2. Not Helpful for Osteoporosis Prevention
 - 3. Adverse Lipid Effects (lowers HDL and increase LDL)
 - iv. Estrogen-Androgen Combination (Estratest)
 - 1. Candidates:
 - a. Women with bilateral oophorectomies
 - b. Persistent Vasomotor Symptoms on Maximal Hormone Replacement Therapy
 - c. Persistent Loss of Libido
 - 2. Risks:
 - Weight Gain, Hirsutism, Acne and Altered Liver Function

- b. Non-Estrogen Alternatives
 - i. Vasomotor Symptom Relief
 - 1. Medroxyprogesterone: 10-20mg/day
 - 2. Depoprovera: 50 –150 mg IM/month
 - 3. Clonidine: 0.05 - .4 mg/day or TTS #1/week
 - 4. Methyldopa: 500 – 750 mg/day

5. Bellergal-S: One tablet twice a day as needed

ii. Osteoporosis Treatment

1. Biphosphonates

- a. Risendronate (Adrenol): 5 mg/day or 35 mg/week
- b. Alendronate (Fosomax): 10 mg/day or 70 mg/week
- c. Risks and Benefits
 - i. No effect on breast, uterine or vascular tissues
 - ii. Risk for esophageal ulceration

2. Selective Estrogen Receptor Modulator

- a. Raloxifene (Evista): 60 mg/day
- b. Risks and Benefits
 - i. Increase risk for thromboembolism and may increase hot flashes.
 - ii. Possible risk reduction for breast cancer.

3. Calcitonin (Miacalcin): 200IU (one intranasal spray)/day

- a. Effects may wane over time.