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## Let's Talk Menopause: A Brochure Educating and Empowering Women in Menopause

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# LET'S TALK MENOPAUSE

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Milton Family Medicine

Delaney Sztraicher

March 2022

# Problem Identification

- Epidemiology
  - More than 6 million women in the US experience menopausal and postmenopausal symptoms annually<sup>1</sup>
  - By the year 2025, the number of postmenopausal women is expected to rise to 1.1 billion worldwide<sup>3</sup>
  - Vasomotor symptoms occur in up to 80% of women in the United States during the menopausal transition, lasting for a median of 7 to 10 years<sup>1,2</sup>
- Impact of Education
  - Less educated women often dismiss symptoms or ignore them<sup>5</sup>
  - In a study of Hispanic woman, 81% felt that having an understanding menopause would help them with symptom management
  - A survey of residents from family medicine, internal medicine, and OBGYN felt they were not at all prepared to manage women entering menopause. A mere <7% felt adequately prepared<sup>4</sup>
- Cultural Impact
  - A study that evaluated the relationship between attitudes and sociocultural perceptions and how women experience menopause, found that “women of traditional and modern cultures who had a positive ‘take control’ attitude suffer less from sleep disturbances, anxiety, depression, and headaches.”<sup>5</sup>

# Public Health Cost

- The annual cost of menopausal symptoms were higher than osteoporosis, lipid disorders, and esophageal disorders<sup>8</sup>. Additionally menopause is associated with increased risk of developing certain chronic health conditions including hypertension, osteoporosis, and depression. Menopause accounts for \$12.9 billion of the \$68 billion cost of hypertension, \$2.7 billion of the \$9 billion cost of osteoporosis, and \$8.7 of the \$71 billion cost of depression to US healthcare.<sup>11</sup>
- The total health expenditures for menopausal symptoms were estimated at \$3 billion annually in the United States.<sup>7</sup>
- The monetary burden for women experiencing vasomotor symptoms is approximately \$660 billion globally. This is partly due to 121% greater utilization of healthcare resources. Additionally, these women have nearly 60% more work productivity loss days equating to over \$150 billion in productivity losses. This comes to an economic burden of more than \$810 billion.<sup>11</sup>
- Other indirect costs may include productivity losses at work or at home, increased energy use for air conditioning and laundering of sheets soiled with sweat, and hygiene-related personal costs<sup>9</sup>. An analysis comparing women with diagnosed menopause symptoms and those without found that symptomatic women had higher overall medical costs, prescription drug costs, and sick leave costs. Additionally they took more sick leave days and had lower rates of productivity.<sup>10</sup>

# Community Perspective

“There’s definitely still a taboo around menopause. I didn’t want to talk about it. Once you say it out loud it’s there, you can’t take it back. It’s difficult to come to the realization that half of your life is over. You don’t really hear about what you can do about menopause. I was lucky, however, that my doctor was on top of it.”

– Milton Family Medicine Patient

“Women don’t know about all of the symptoms and especially the diseases like osteoporosis and cardiovascular disease that are associated with menopause.”

– Andrea Fossati, MD

# Intervention and Methodology

- Creation of a handout that examines the different signs and symptoms of menopause and explores different treatment options
- This resource additionally lists common apps from femtech organizations, and books and podcasts about menopause
- This resource will guide women through perimenopause, provide them the tools to facilitate conversations with peers and physicians, and help them make educated treatment decisions
- Ideally, this handout would be available for providers to hand out at clinics throughout Chittenden County

# Results

## What is Menopause?

Menopause is achieved when you have not had a period for a full year. This includes any bleeding, including spotting for 12 months in a row. The average age of reaching menopause is 52 in the United States, but can range from 45-58. Once you've reached menopause you can no longer get pregnant.

Perimenopause is also known as the transition to menopause, which typically begins in your mid-to late 40s. In this period, your hormone levels (estrogen and progesterone) are changing causing you to experience menopausal symptoms. Perimenopause can last between two to eight years, but for most it lasts four years. You are still able to get pregnant during perimenopause.

Post-menopause includes the years that follow menopause. It is abnormal to have bleeding during this period, so consult a healthcare provider if this happens to you. The risks of certain health conditions including heart disease and osteoporosis increases.



\*Be sure to talk with your health care provider before starting a supplement or new treatment

## Symptoms

- Hot flashes
- Night sweats
- Mood swings
- Irregular periods (periods may come more or less often and be lighter or heavier)
- Sleep disturbances
- Increased abdominal fat
- Vaginal dryness and discomfort
- Thinning of hair
- Memory problems (forgetfulness, trouble focusing)
- Urinary problems (urge incontinence)
- Depression and Anxiety
- Decreased interest or pleasure with sex
- Treatments
- Hot flashes
- Increased risk for osteoporosis, heart disease, and stroke

## Treatment Options\*

### Hot Flashes

- Hormone replacement therapy
- Avoidance of trigger foods: keep a hot flash journal of foods and stressors that are triggering (common triggers include alcohol, caffeine, and spicy foods)
- Lifestyle modifications: regular aerobic exercise, wearing layers, using a fan or AC
- Herbal medicines: black cohosh, phytoestrogens (soy, red clover, flaxseed), Chaste tree berry, Motherwort, Sage tea
- Other medications: Selective Serotonin Reuptake Inhibitors, Gabapentin, Clonidine

### Irregular Bleeding

- Contraceptive options such as birth control pills and IUD

## Osteoporosis and Bone Loss

- Medication Options: Fosamax, [Reclast](#), [Forteo](#), [Evenity](#), [Tymlos](#), [Evista](#), [Prolia](#)
- 1000 IU's Vitamin D daily
- Calcium
- Avoid smoking and cut down alcohol use
- Get regular exercise

## Urinary Problems

- Kegel exercises to help strengthen the pelvic floor muscles
- Vaginal estrogen cream

## Vaginal discomfort and dryness

- Topical hormone therapy: low dose estrogen cream, ring, insert, and gel
- Water based vaginal lubricant
- Kegel exercises to strengthen the pelvic floor
- Avoid irritants such as bubble baths or strong soaps

## Sleep Problems

- Daily physical activity
- Maintain good sleep hygiene
- Avoid nighttime caffeine and alcohol

## Mood changes

- Cognitive behavioral therapy
- Mindfulness and meditation exercises
- Regular exercise

## Alternative therapies

- Acupressure
- Acupuncture
- Aromatherapy
- Hypnosis
- Biofeedback and relaxation training
- Herbal medicines
- Yoga



"No two women are alike. There is lots of variability of symptoms both within the same woman, but also between individuals. It's important to remember that things don't just slow down then stop. Menopause is not linear, there is a lot of fluctuation. It can be helpful to look at the big picture as something like stress can spark menopausal symptoms. Women should try to make connections to tease out triggers like stress or certain foods that can cause their symptoms. Make sure to pay attention to your body and ask questions as you enter this new phase of your life."

- Local Burlington Physician

"There are tons of things that could've been the cause of my symptoms other than menopause. So menopause would have been my last thought. I tried to find 8 different things that it could have been, and it ended up being menopause. I was lucky that my doctor was on top of it. However, it's not an easy topic to talk about."

- Menopausal woman

## Free Phone Applications

- Health and Her – symptom tracker with additional alternative techniques for menopausal symptoms
- Luminosity – memory training app for menopausal brain fog
- Peanut – social networking app with a menopause support community
- Balance – symptom tracker with downloadable Health Report
- Caria – symptom tracker and social networking app with menopause-friendly recipes and workout routines
- Perry – social networking app to share experiences and get advice

## Podcasts

- Menopause: unmuted
- The Happy Menopause
- [Morphus](#) to menopause
- Not Your Mother's Menopause with Dr. Fiona Lovely
- [Midlife-ish](#): Slay Menopause through Mindful Living
- The Girlfriend Doctor w/ Dr. Anna [Cabeca](#)
- Essentially You: Empowering You On Your Health & Wellness Journey With Safe, Natural & Effective Solutions
- [Menopodcast](#) menopause for the 21<sup>st</sup> century
- Soulful menopause project
- The menopause movement podcast

## Books

- The Menopause Manifesto: Own Your Health with Facts and Feminism
- [Menopocalypse](#): How I Learned to Thrive During Menopause and How You Can Too
- The Menopause Book: The Complete Guide: Hormones, Hot Flashes, Health, Moods, Sleep, Sex
- Mayo Clinic's The Menopause Solution
- Before the Change: Taking Charge of Your Perimenopause
- The Wisdom of Menopause: Creating Physical and Emotional Health During the Change
- Our Bodies, Ourselves: Menopause
- Dr. Susan Love's Menopause and Hormone Book
- The Little Book of Menopause
- Preparing for perimenopause and menopause
- The magic of menopause: a holistic guide
- The Hot Topic

# Evaluation of Effectiveness and Limitations

- Elicit feedback from patients at follow-up visits who have previously been provided the resource pamphlet
- Survey primary care providers regarding the usefulness of the pamphlet on their patient interactions
  
- Limitations
  - Only available in English
  - Only available as written copy – assumes that patients have a certain literacy level and that they are able to come into the office
  - The apps provided on the pamphlet are limited to patients with the appropriate technology and internet access

# Recommendations for future projects

- Survey female patients in perimenopause about their experiences and resources that they have found to be useful
- Create electronic version of the pamphlet and include in patient summary
- Create resources that are inclusive of diverse patient populations by creating pamphlets in other languages commonly spoken in nearby communities

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# Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented

Name: Andrea Fossati, MD

Name: Milton Family Medicine Patient – anonymous to protect patient privacy