Increasing Education Surrounding Proper use of Hormone Therapy for Menopausal Patients

Increasing Education Surrounding Proper use of Hormone Therapy for Menopausal People

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PROBLEM

- Menopause is **confusing** for patients! Here's what we saw…
  - At Colchester FM, there were multiple menopausal patients who used their Premarin estrogen cream incorrectly. Premarin vaginal cream is used for atrophic vaginitis, often in the context of menopause, and should be applied consistently for 2 weeks, then 3x/week thereafter. Instead, multiple patients were under the impression that this cream could replace their typical lubricants for intercourse; thus, they were not using the cream on a regular enough basis to see any benefit.
- **Why** is this happening?
  - Providers are not always comfortable talking about menopause, intercourse, or hormone therapy; patients need more instructions than what's written on the bottle.
  - Stigmatization of menopause contributes to miscommunication/under-communication in general about patient's needs and goals of care.
- AHEC Focus Areas → Interprofessional Education, Social Determinants of Health, & Current and Emerging Health Issues

PUBLIC HEALTH COST

- 2023 questionnaire to women 45-65 years, 78 respondents (1)

  *On a scale 0-10 regarding knowledge about menopause treatment options, **64.3% said < 4**

  ***59%** said they **did not receive adequate support** from their primary care office

  ***75%** felt they had **no support at all** from their primary care office regarding menopause.

- Vaginal estrogen cream can reduce vaginal dryness, dyspareunia, dysuria, urgency/frequency, UTIs, incontinence, and more (2)…

  →Untreated menopause-related genitourinary and/or vulvovaginal atrophy symptoms means we could be missing an easy solution for patients

  →GU symptoms are a very common cause for acute visits in the primary care setting. By reducing their frequency with hormonal creams, like Premarin, we may open acute visit slots for other patients in the outpatient setting.

**There was no available data related to menopause specific to Chittenden County.*

COMMUNITY PERSPECTIVES

- "What's helpful is that we're not calling it 'hormone replacement therapy' anymore, We're understanding this is a physiologic change in people's lives, but that hormones and other therapies can be helpful with their symptoms, so people don't have to suffer."
- "The biggest area of conversation I want to happen is perimenopause."
- "As a medical student, I didn't really get a whole lot on this topic. Same thing in residency. But I would say, when I look back on my experience a lot of my education was driven by my own perimenopausal journey over the last 10 years."

-**Dr. Anya Streeter**

- "Most patients think that menopause can only be treated with hormones, and some of them can't take hormones because of comorbid conditions. They aren't aware that we have other options that we can offer to treat other symptoms, like hot flashes or mental health issues."
- "There's a lot of people afraid about getting old and they don't want to talk about it or realize about it. And sometimes some people feel ashamed to talk about it."

-**Dr. Karla Martinez-Dulmer**

INTERVENTION/METHODS

Dot phrase to utilize in the Epic communications tab for patients who are prescribed vaginal estrogen cream (3): ".TopicalEstrogenInfo"

- **What was I prescribed?** Vaginal estrogen cream (brand name "Premarin") is a form of hormone therapy used for a variety of reasons, including atrophic vaginitis, dyspareunia (pain with intercourse), and other genitourinary menopausal symptoms.
- **How does it work/what are the benefits?** As we age and undergo menopause, our levels of estrogen and progesterone change—this is a normal physiologic process. Think of estrogen as the fertilizer for a lawn, and progesterone as the lawnmower; you need both to ensure the grass grows. Estrogen is what helps the uterus prepare for implantation of an embryo. Once we no longer need to worry about having a baby (menopause), our body spends its precious energy stores elsewhere…instead of making estrogen. However, this can be really bothersome to people because it can result in significant symptoms! During menopause, our estrogen levels decrease, leaving our vulvovaginal tissue thinner and more susceptible to damage and dryness. By using an estrogen-based topical cream, we are assisting our bodies in maintaining our tissue.
- **What are the risks?** Fortunately, the risks are limited because the cream is applied topically – meaning there is a small amount that is absorbed into the blood stream. Topical estrogen has the potential to heighten gallbladder disease, hypertriglyceridemia, and hypothyroidism. If you have questions about whether this treatment is right for you, ask your provider to have a longer conversation about if this is the right fit.
- **How do I use this?** Apply the cream to your vulvovaginal area daily for two weeks, and then three times per week thereafter.

***This cream is *not intended to be used as a lubricant for intercourse. Using it as prescribed (consistently!) will likely help with symptoms of discomfort/pain associated with intercourse. It is perfectly safe to use a water-soluble lubricant at the time of intercourse, if needed.*

- **Are there other options?** Yes! If you find this prescription is not working for you, please let us know. We want to work together to find the optimal treatment plan that suits your needs and goals. There are more systemic hormone options (pills), non-hormonal medications, and natural/homeopathic options that we can discuss. Your care should be specific to you!
- **I want to know more about menopause!** Take a peek at the book, "Hot and Bothered" by Jancee Dunn to learn more about common effects of menopause, and potential treatment options (chapters 15-16 focus on medication therapy options). This book is funny, relatable, and very evidence based. The lawn analogy used above was credit to Jancee Dunn.

RESULTS & REFLECTIONS

- This intervention will give providers a resource to facilitate discussion around perimenopause/menopause and hormone therapy. It offers patients more information about what they're being prescribed and opens the conversation in the future.
- Since researching this topic and reading Hot and Bothered by Jancee Dunn, I have noticed it's a lot easier to discuss menopausal symptoms and options with patients. I feel more equipped and comfortable discussing treatments.
- With more time, I would ask providers to record when they utilize this smart phrase to see how often it is being used. I would also ask patients who received this information if it was beneficial.
- One challenge with this intervention is getting providers to remember this tool is available. I shared the smart phrase with each provider at Colchester FM and sent them an email with this information. However, it may be difficult to remind providers this is available, especially providers who have less conversations about menopause.

FUTURE DIRECTIONS

- Rebuild the After Visit Summary (AVS) for patients diagnosed with menopause. The AVS could include educational information about the types of HT and the current literature about risks/benefits.
- Expand dot phrases to include other hormone therapies, medication therapies (i.e. SSRIs, SNRIs, etc.), and holistic care options.
- Utilize current screening tools for menopausal symptoms
  - Menopause screening dot phrases are available on Epic (sleep, mood, hot flashes, vulvovaginal sxs, etc.)

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