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no disclosures



Mindfulness & Menopause

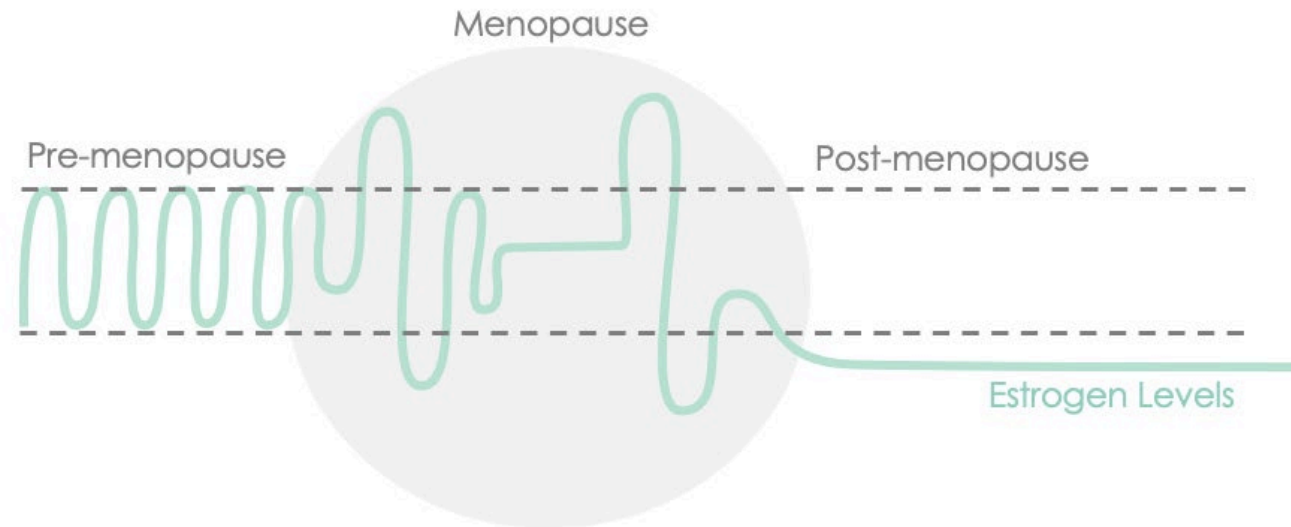
8 week evidence based program



Mindful Minute

Menopause Transition

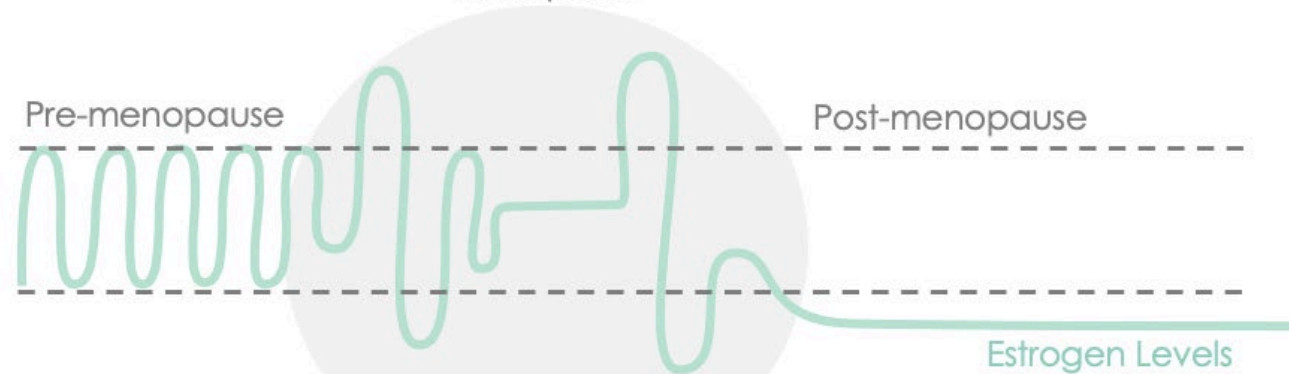
- Lasts an average of 5 years
- Monthly cycles begin to change and hormone levels begin to fluctuate



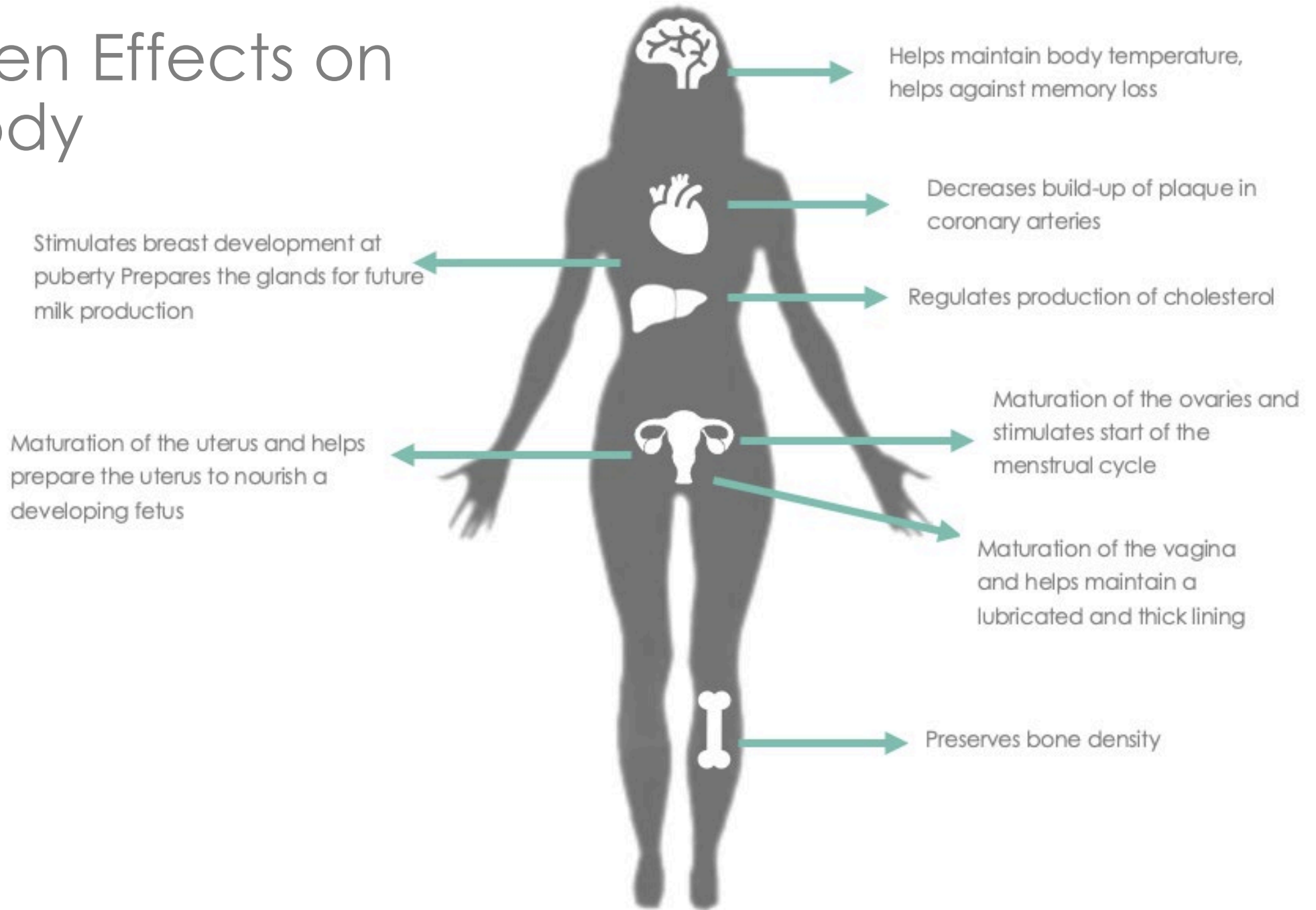
Stages of Menopause

Menopause Transition (lasts ~5 years)			Post menopause (12 months post-LMP)	
Early	Late		Early	Late
Perimenopause			LMP	
Variable cycle length	>2 skipped cycles & amenorrhea	12 months No period	None	

Menopause



Estrogen Effects on the Body



Menopause is **not** a disease

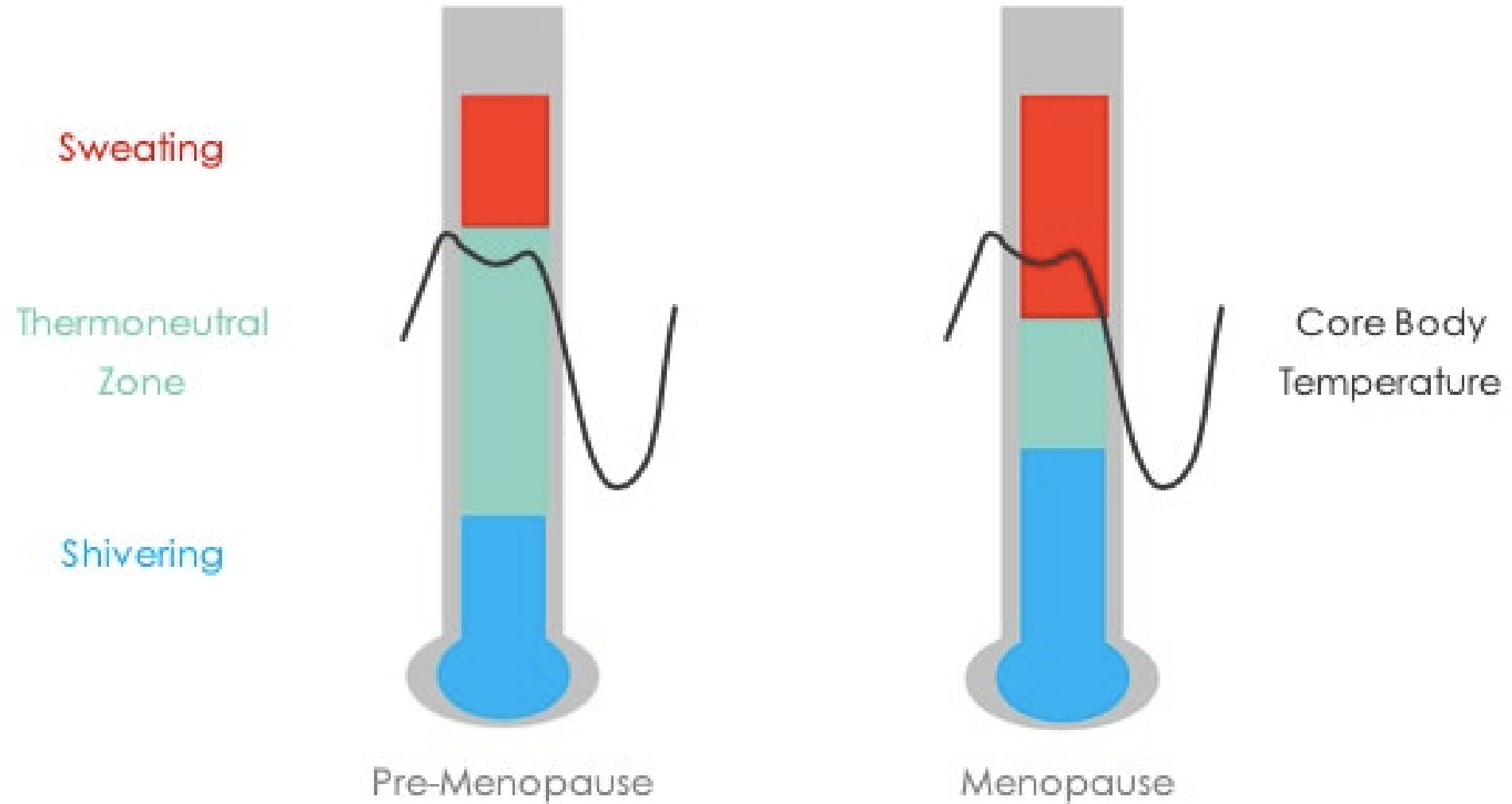
Menopause effects all women

Women may spend a quarter to a third of their life in menopause

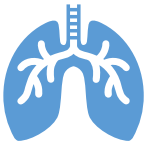
Menopause Symptoms

	Pre-menopause	Late Perimenopause	2 years Post-menopause
Lack of energy	43%	43%	43%
Depression	26%	38%	32%
Aches and Joint Pain	41%	53%	57%
Insomnia	31%	38-39%	43%
Memory change	31%	44%	42%
Vasomotor	10%	42-58%	41-48%
Vaginal dryness	3%	21%	32%
Bladder control	12%	14%	26%
Sexual dysfunction	–	42%	88%
Dry mouth	18%	23%	29%

Vasomotor Symptoms



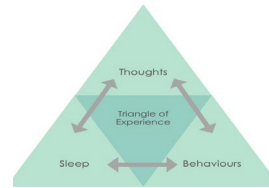
Behavioural Interventions



Paced Respiration



Mindfulness Based
Stress Reduction
(MBSR)



Cognitive Based
Therapy (CBT)



Yoga



Clinical Hypnosis

Non-Hormonal Prescriptions

- Anti-depressant
 - SSRIs: fluoxetine (Prozac[®]), paroxetine (Paxil[®]), escitalopram (Cipralex[®])
 - SNRIs: venlafaxine (Effexor[®]) and desvenlafaxine (Pristiq[®])
- Anti-Seizure
 - Gabapentin
- Antihypertensive
 - Clonidine
- Neuropathic pain drug
 - Pregabalin (Lyrica[®])

In general, prescription drugs decrease hot flashes by 50-60% but this response can vary amount women

Sleep Hygiene



Diet



Physical activity



Environment



Stress
reduction

*****CBT for Insomnia***

Vaginal symptoms

- Dryness
- Loss of lubrication
- Dyspareunia (painful intercourse)
- Vaginitis
- Discharge
- Vulval itching and burning

Urological symptoms

- Frequency of urination
- Recurrent cystitis (bladder infections)
- Dysuria (pain or burning on urination)
- Urge incontinence
- Stress incontinence
- Mixed incontinence

Urological Symptoms



- Urinary incontinence affects nearly 50% of adult women
- **Pelvic floor physiotherapy is first line in defense against incontinence**
 - Pelvic floor physiotherapy involves rehabilitation of muscles which are involved in sexual function, bowel/bladder function and the stability of the pelvis.

Treatment of Vulvovaginal Atrophy

Vaginal
lubricants

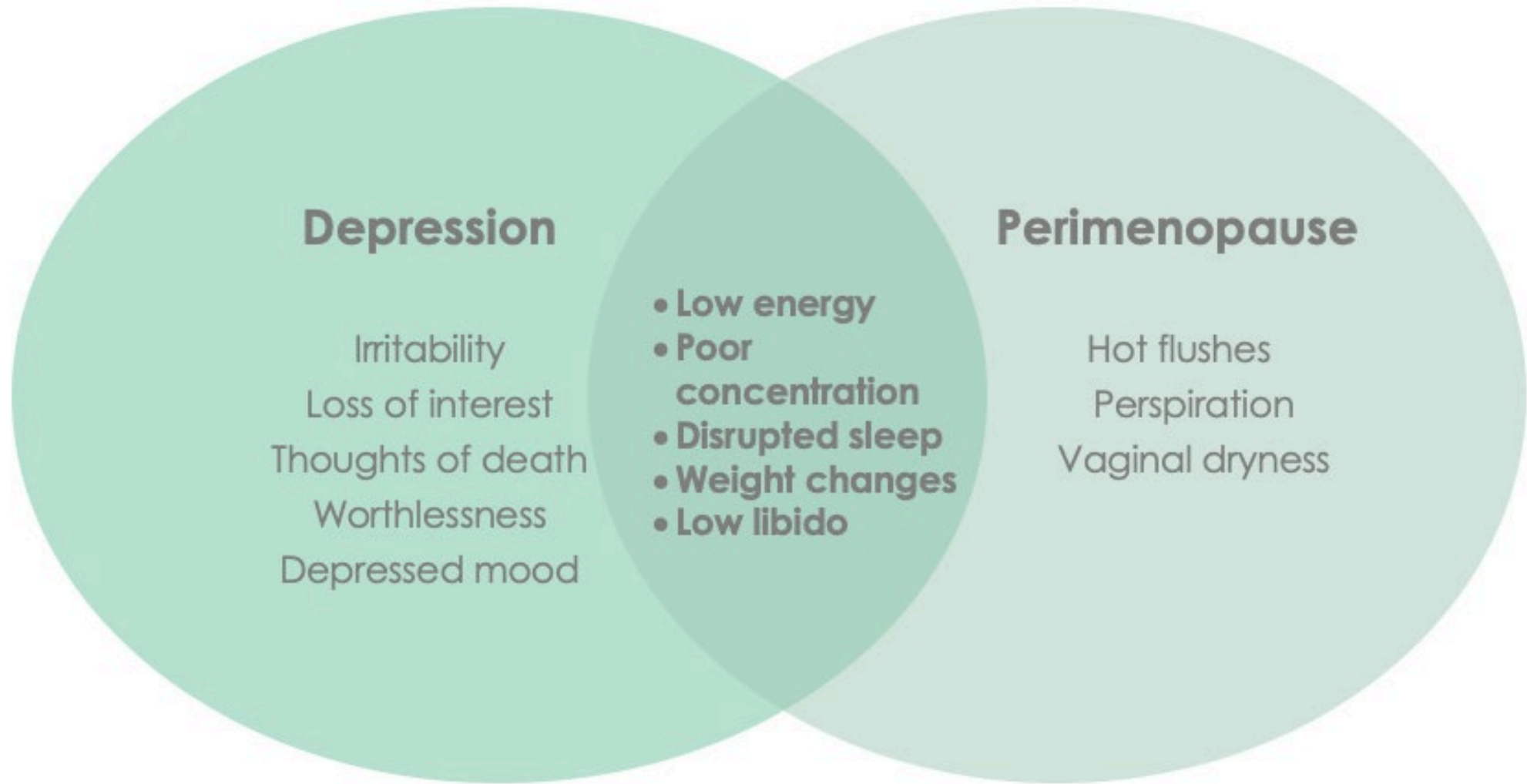
Vaginal
moisturizers

Regular sexual
activity

Vaginal dilators

Pelvic floor
exercises

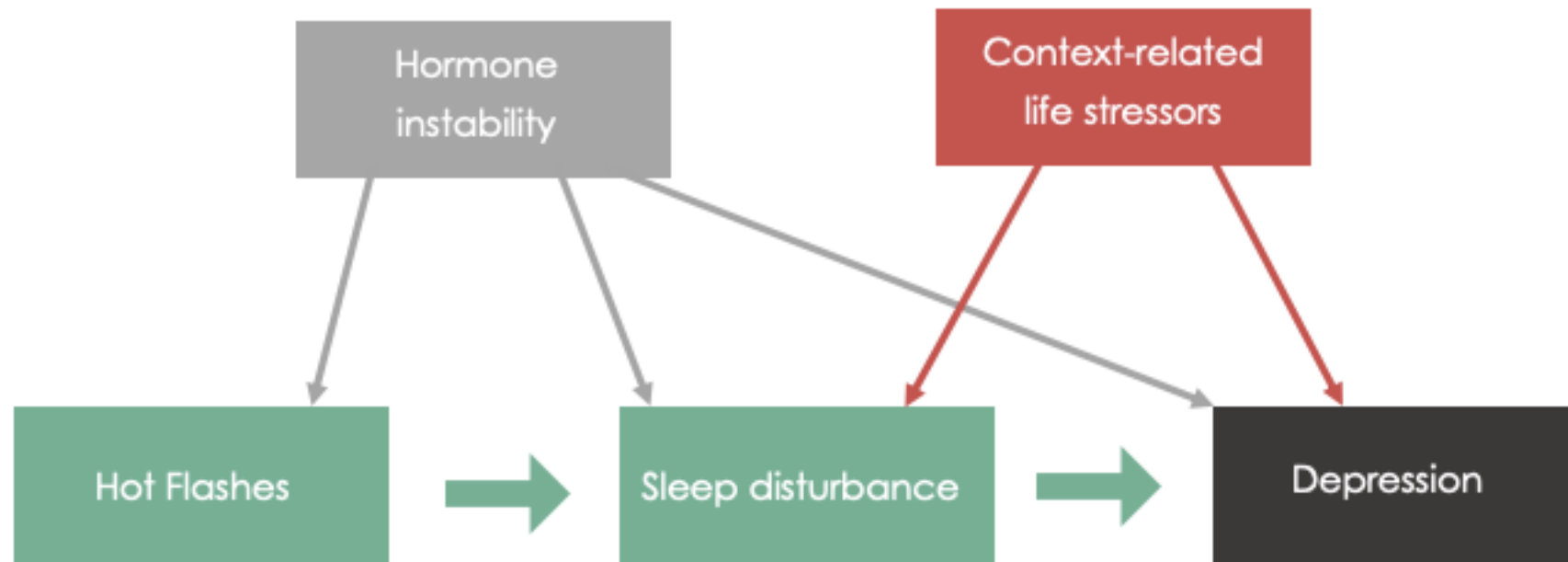
Hormone
therapy



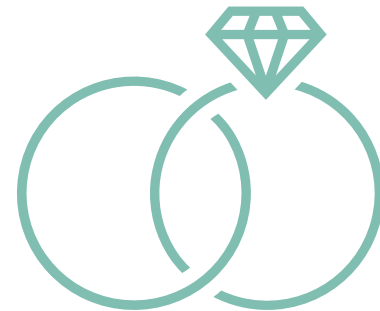
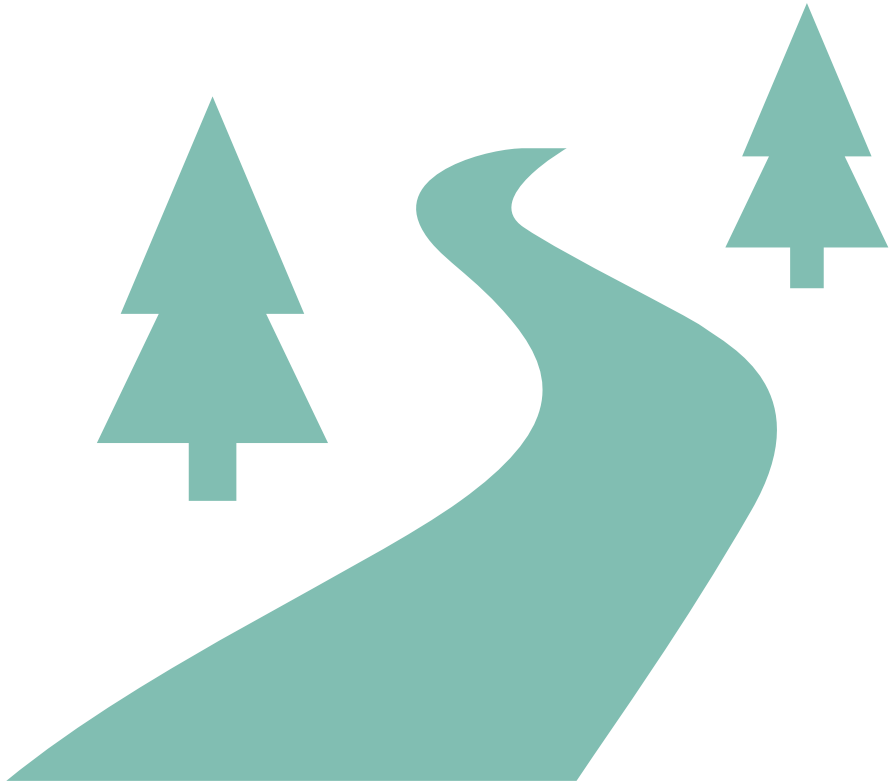
Brain-Related Symptoms of Menopause



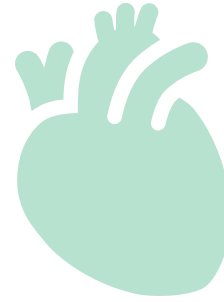
Menopause- Associated Pathways to Depression



Grief & Loss



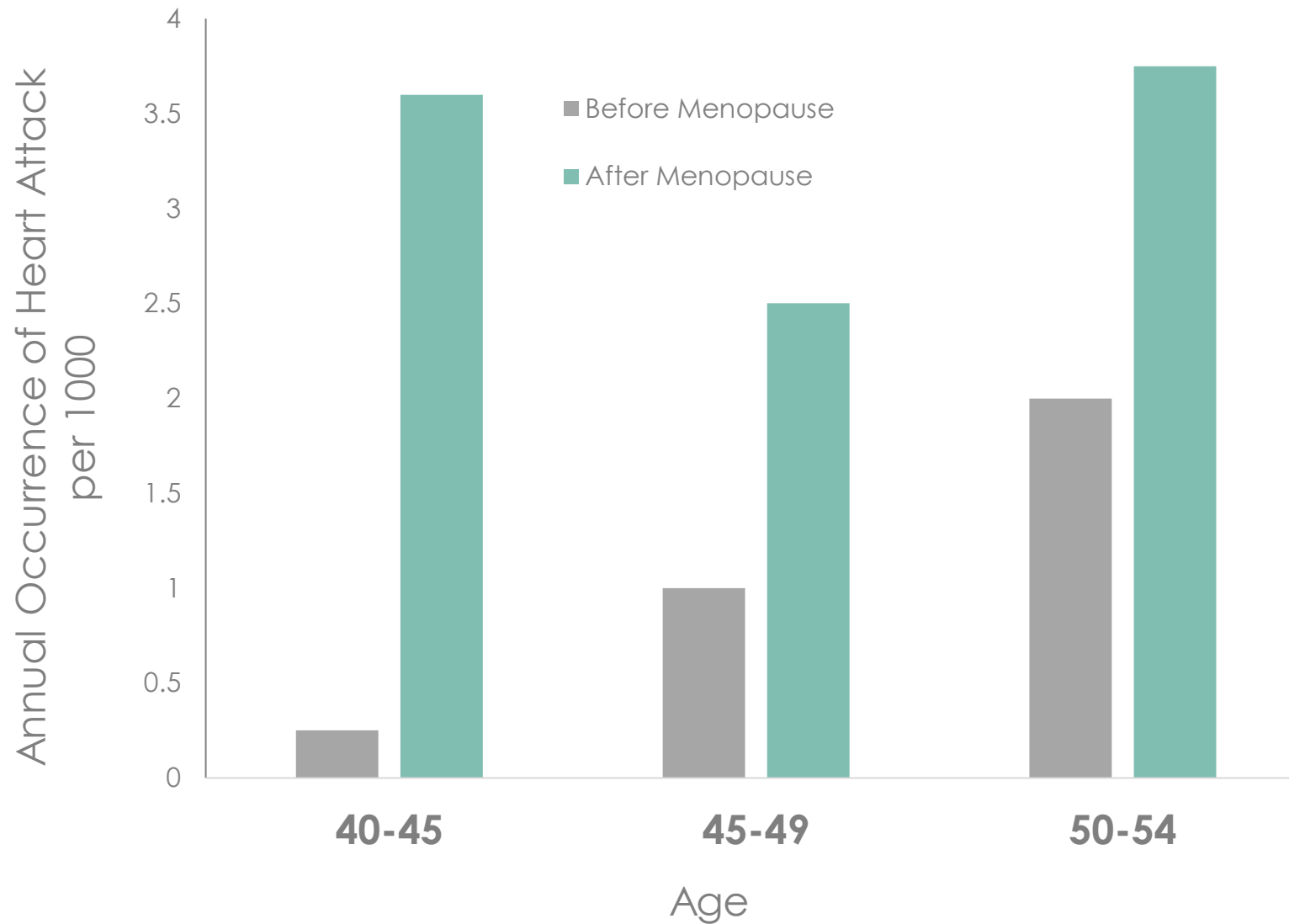
Cardiovascular Disease



The risk of cardiovascular disease increases significantly for women after menopause.

It is the leading cause of premature death for women in Canada.

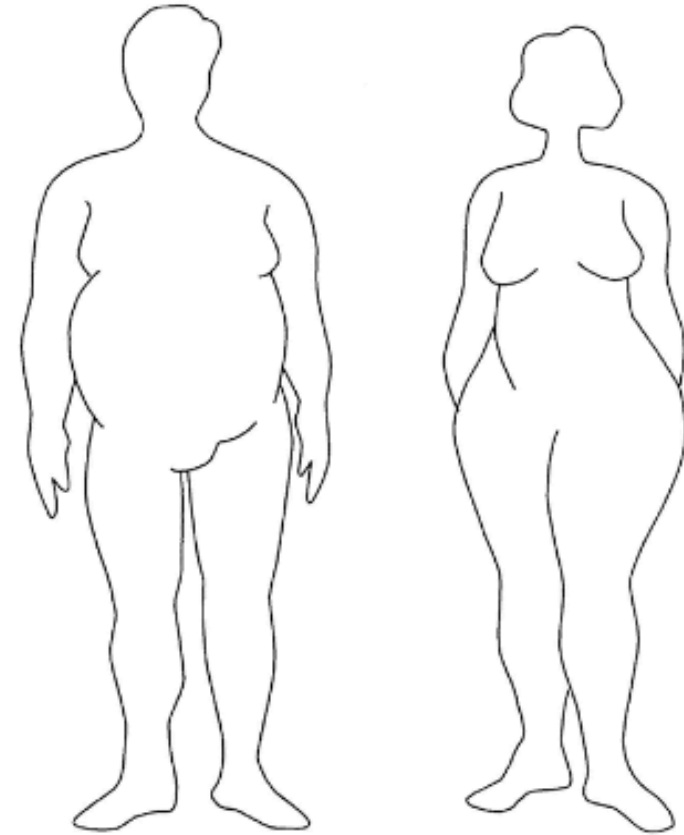
- CVD causes 1 in 3 women's deaths each year.
- 64% of women who die suddenly of coronary heart disease had no previous symptoms.



Warning signs

Weight Gain

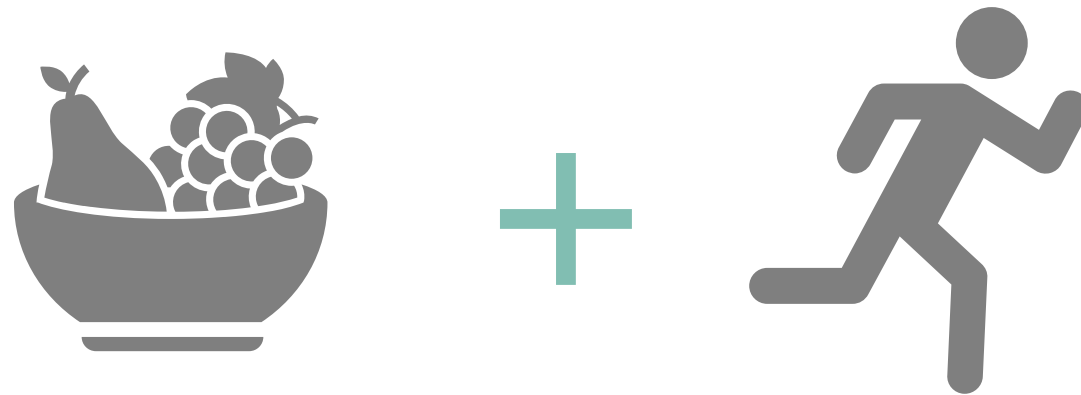
- Many women gain an average of 5 lbs. (2.27 kg) at midlife
- Menopause is associated with increases in total body fat and abdominal fat, even in lean women



Lifestyle

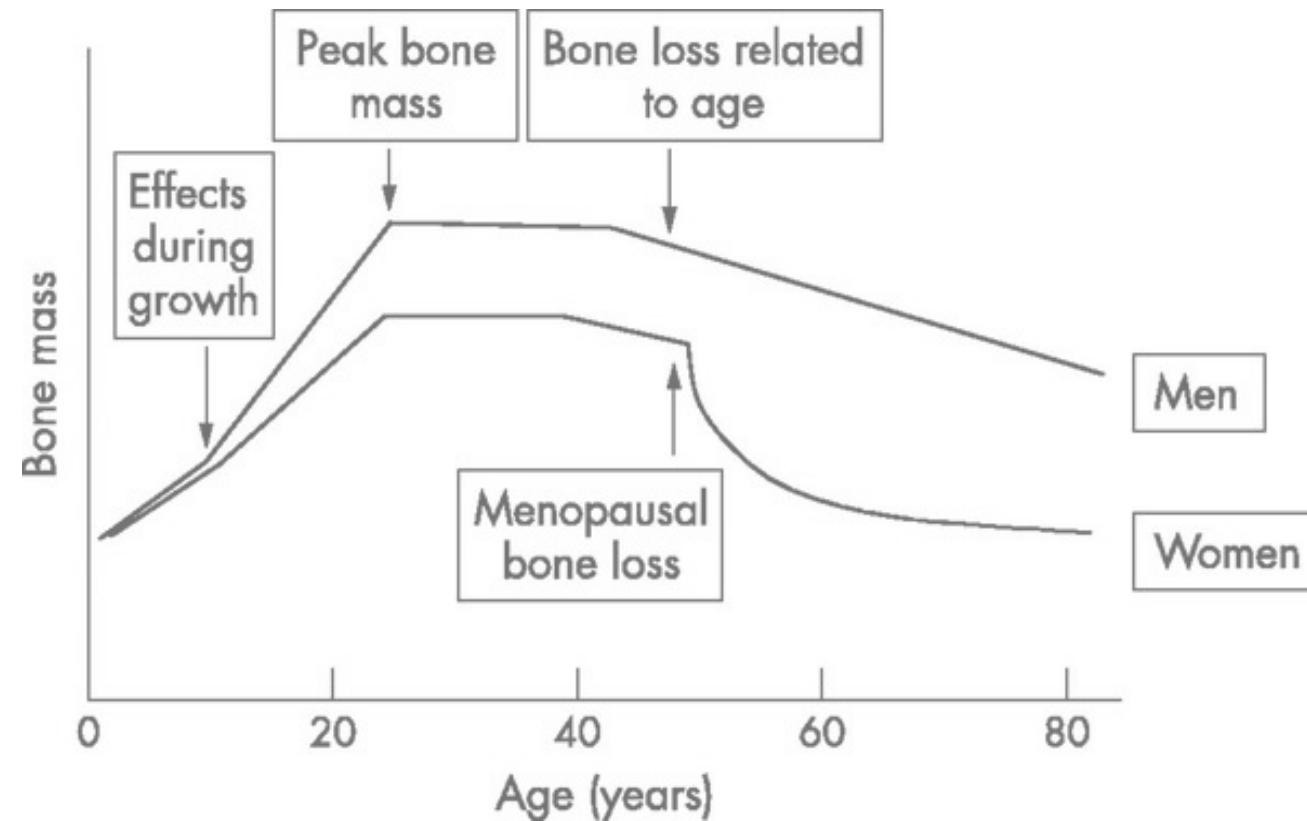
The first recommendation for weight loss and weight-gain prevention is a **healthy diet and exercise**

One cannot lose weight by exercise alone. One cannot maintain weight loss without exercise.

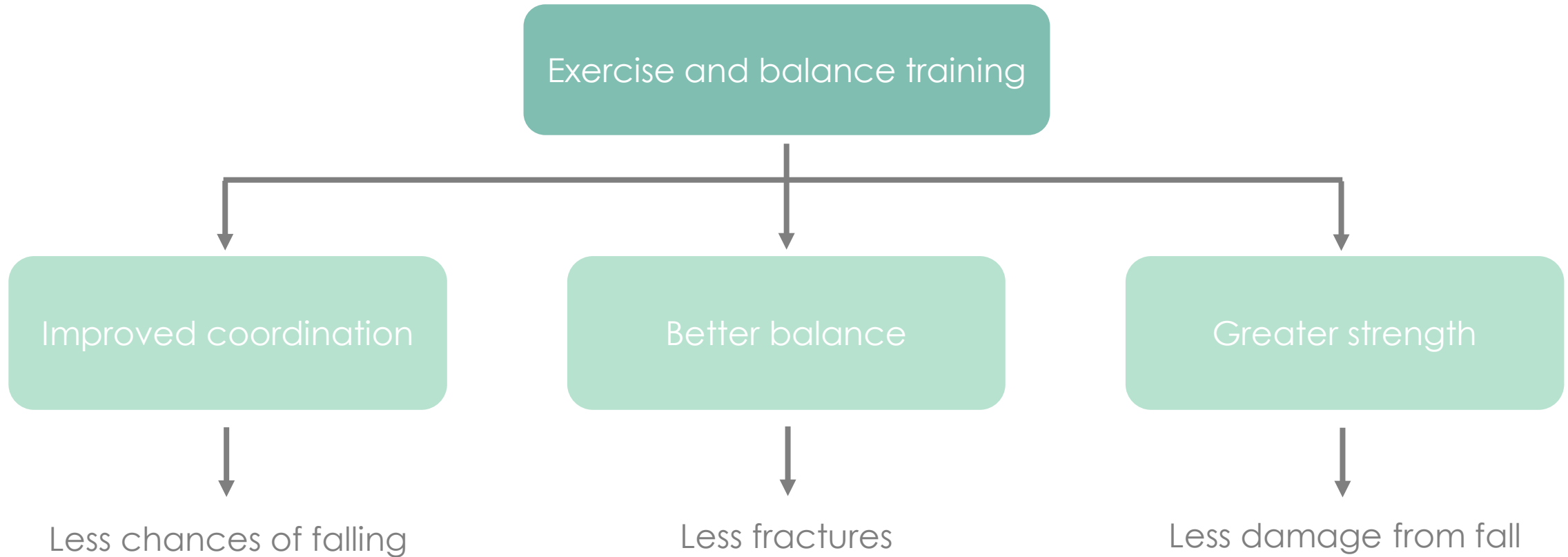


Bone Health

1 in 2 women over 50 will have an osteoporosis-related fracture in her lifetime



Preventing Fractures



Other Changes



SKIN



CONNECTIVE
TISSUES



HAIR

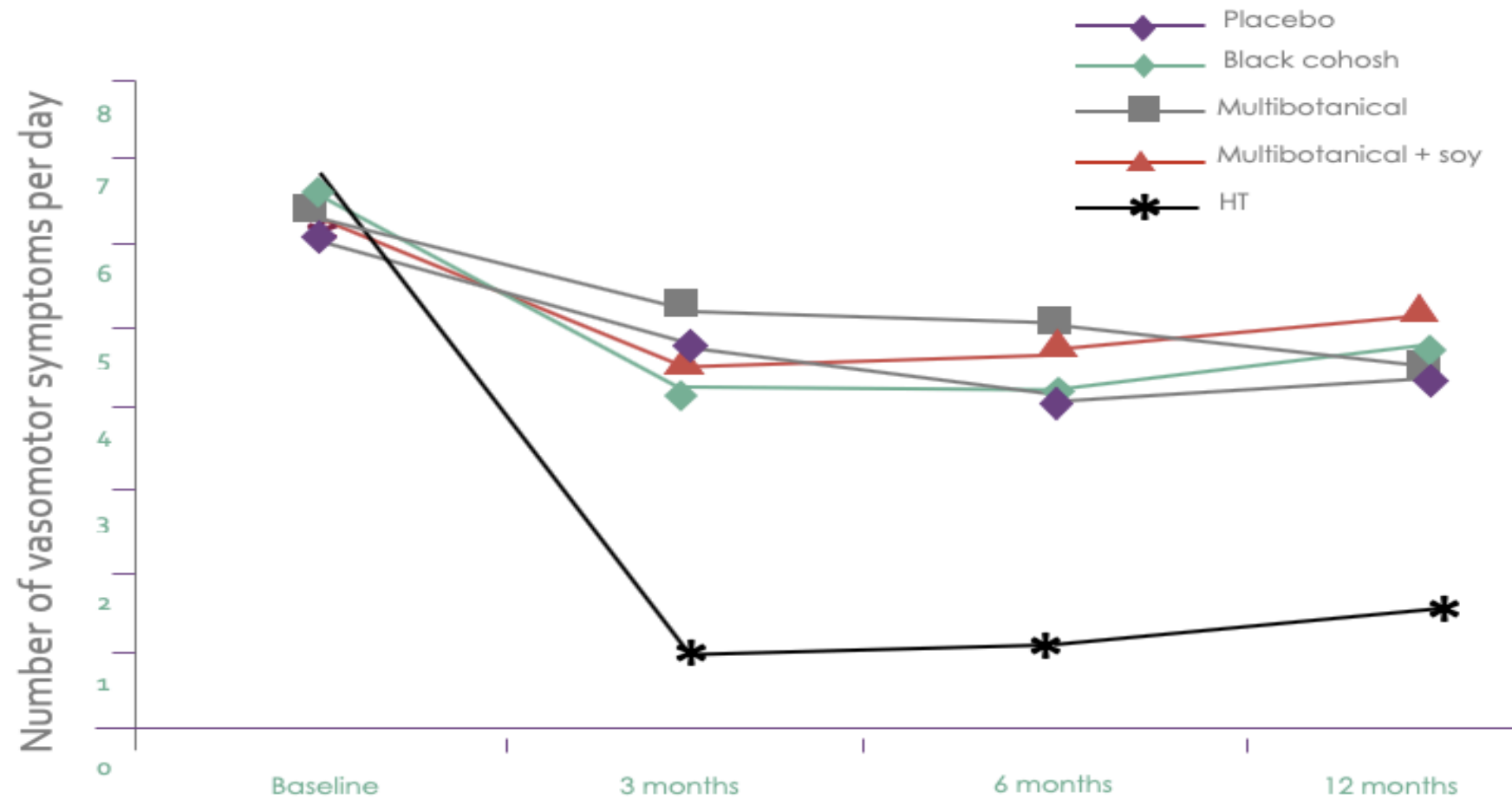


EYE



HEARING

Do they work?



Internet Marketing

About 70% of internet users search for health information

- **Menopause is the 4th googled health concern on the internet**

Medical information on the internet is largely unregulated.



History of Hormone Therapy



The Women's Health Initiative

- Large randomized control study conducted by National Institute of Health in the USA.
- Created to address the long-term benefits and risks of HT

Early report:

- Hormone therapy increased the risk of heart attack, stroke, breast cancer and dementia

Problems with WHI

It did not look at menopausal symptom relief in menopausal women

- Average age in study was 63 years
- Many participant were no longer menopausal

Results do not apply to younger, newly peri-menopausal, or menopausal women



Risk of Hormone therapy

Health event	Attributable risk	Attributable benefit
Coronary heart disease	6 more women out of 10,000 women per year	
Stroke	8 more women out of 10,000 women per year	
Breast cancer	8 more women out of 10,000 women per year	
Colorectal cancer		6 less women out of 10,000 women per year
Hip fractures		5 less women out of 10,000 women per year
Total fractures		44 less women out of 10,000 women per year

Hormone
therapy is...

The most effective
treatment for VMS and
GMS symptoms

Should be
started for...

Early menopause,
premature ovarian
insufficiency

May
improve...

Mood, joint pain,
sleep, sexuality,
bone health, and
quality of life

Estrogen Equivalents

Oral Estrogen (Estrace®)	Oral Conjugated Estrogen (Premarin®)	Transdermal estradiol (Climera®)	
	1.25 mg	0.1	
	0.9 mg	0.075	
1.0 mg	0.625 mg	0.05 mg	Standard dose
	0.45 mg	0.0375 mg	
0.5 mg	0.3 mg	0.025 mg	Low dose
		0.014 mg	Ultra-low dose

Progestogen Equivalents

Oral Medroxyprogesterone acetate (Provera®)	Oral Norethindrone acetate (Norlutate®)	Oral progesterone (Prometrium®)	Levonorgestril IUD (Mirena®)
10 mg	5 mg	400 mg	20 mcg/day for 5 years
5 mg	2.5 mg	0.075 mg	
2.5 mg		100 mg	

Estrogen Products

Type of Estrogen	Trade Names	Strengths Available	Comments
Oral Estrogen			
Conjugated estrogen	Premarin®	0.3, 0.65, 1.25 mg	One tablet daily
17β estradiol	Estrace®	0.5, 1, 2 mg	One tablet daily
Transdermal Estrogen Patches			
17β estradiol patch	Estradot®	25, 37.5, 50, 75, 100 µg	Twice weekly application
	Sandox Estradiol Derm®	50, 75, 100 µg	Twice weekly application
	Oesclim®	25, 50 µg	Twice weekly application
	Climara®	25, 50, 75, 100 µg	Once weekly application

Vaginal Estrogen Products

Type of Estrogen	Trade Names	Strengths Available	Comments
Vaginal Cream			
Conjugated estrogen	Premarin® vaginal cream	0.625 mg/g vaginal cream	0.3 mg vaginally daily for 14 days, then 2-3 times weekly
Estrone	Estragyn® 0.1% vaginal cream	1 mg/gm vaginal cream	0.5-4 mg daily cyclic (3 weeks on, one week off) or 2-3 times weekly
Vaginal Insert			
17β estradiol	Vagifem® vaginal inserts	10 µg vaginal tablet	One tablet vaginally daily for 14 days, then one tablet twice weekly
Vaginal Ring			
17β estradiol	Estring® vaginal ring	2mg/ vaginal ring	Inserted every 3 months

Custom Compounded Bioidenticals?



- These are hormone recipes that are compounded by a pharmacist
- Custom-compounded bioidenticals are **marketed** as “natural HT” that is safer than traditional hormone therapy
- **No evidence supports the safety of efficacy of custom compounded bioidentical hormone therapy**

Custom Compounded Bioidenticals

- Lack of standardization
- Lack of quality control
- Not adequately studied in research
- No regulation of advertising claims



Prescriptions should be based on evidence-based medicine

Reliable Resources

- International Menopause Society: <https://imsociety.org>
- North American Menopause Society: <https://menopause.org>
- HealthLinkBC: <https://healthlinkbc.ca>
- Mayo Clinic: <https://mayoclinic.org>
- Menopause and U: <https://www.menopauseandu.ca>
- Canadian Medical Menopause Society: <https://www.sigmamenopause.com>
- MenoPro App
- Menopause Chicks – Vancouver Facebook Group
- Menopause manifesto – Dr. Jen Gunter

“Authenticity is the daily practice of letting go of who we think we’re supposed to be and embracing who we are.”

-Brené Brown



CBT Insomnia

Thinking Traps

- Jumping to Conclusions
- All or Nothing Thinking
- Mental Filter
- Disqualifying the Positive
- Catastrophizing and Minimizing
- Over Generalizing
- Emotional Reasoning
- Shoulds and Musts
- Labelling
- Personalization



Spot and Swap



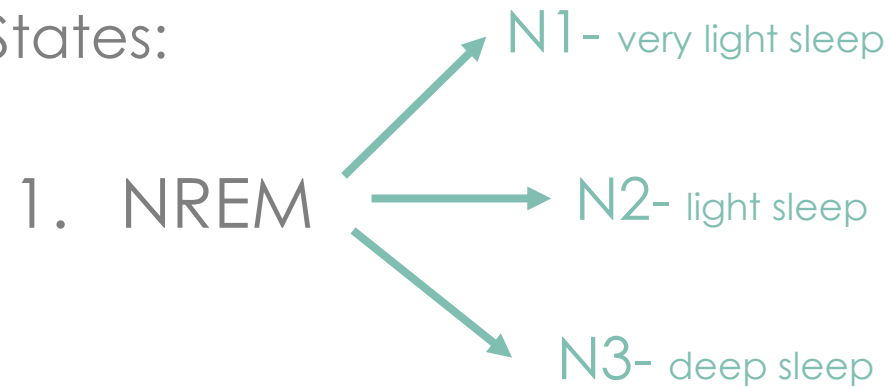
SPOT: We may bring mindfulness to our thoughts and adopt the observational perspective.



SWAP: We can investigate our thoughts to find more balanced, accurate and helpful thoughts.

Sleep Structure

Sleep States:



2. REM

Dreaming
Blood to brain
Important for brain health

Sleep Cycle

Start with a period of wakefulness

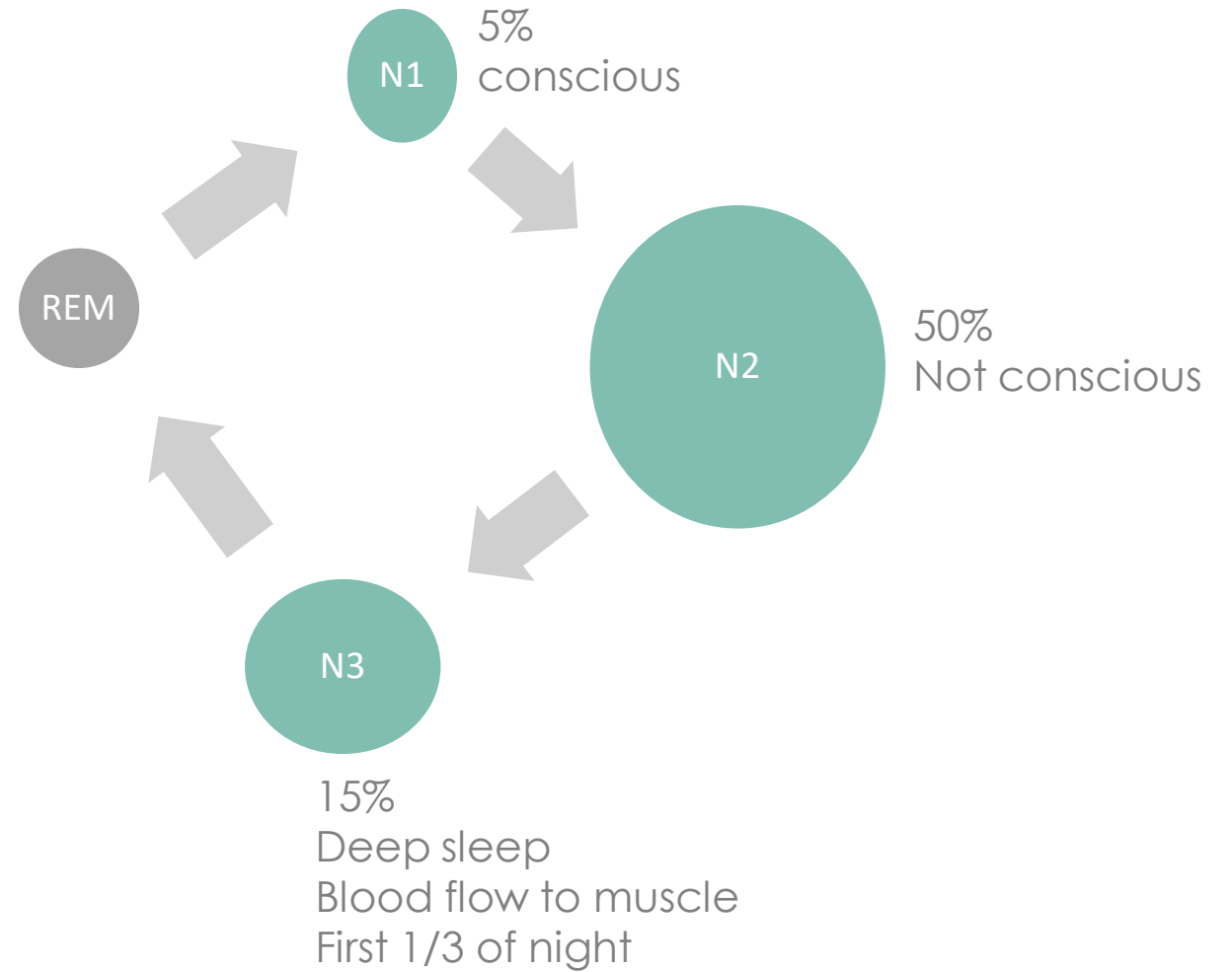
- 20-30 min

1st cycle

- 70 min
- REM short

Following cycles

- 90-110 min
- REM gets longer



It is normal to wake up during the night

Sleeping through the night is **not** natural



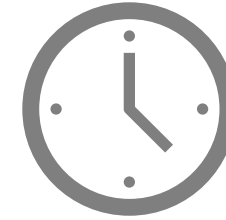
Regulation of Sleep



S PROCESS

The Sleep Drive

- Napping
- Caffeine
- Sleeping a long time

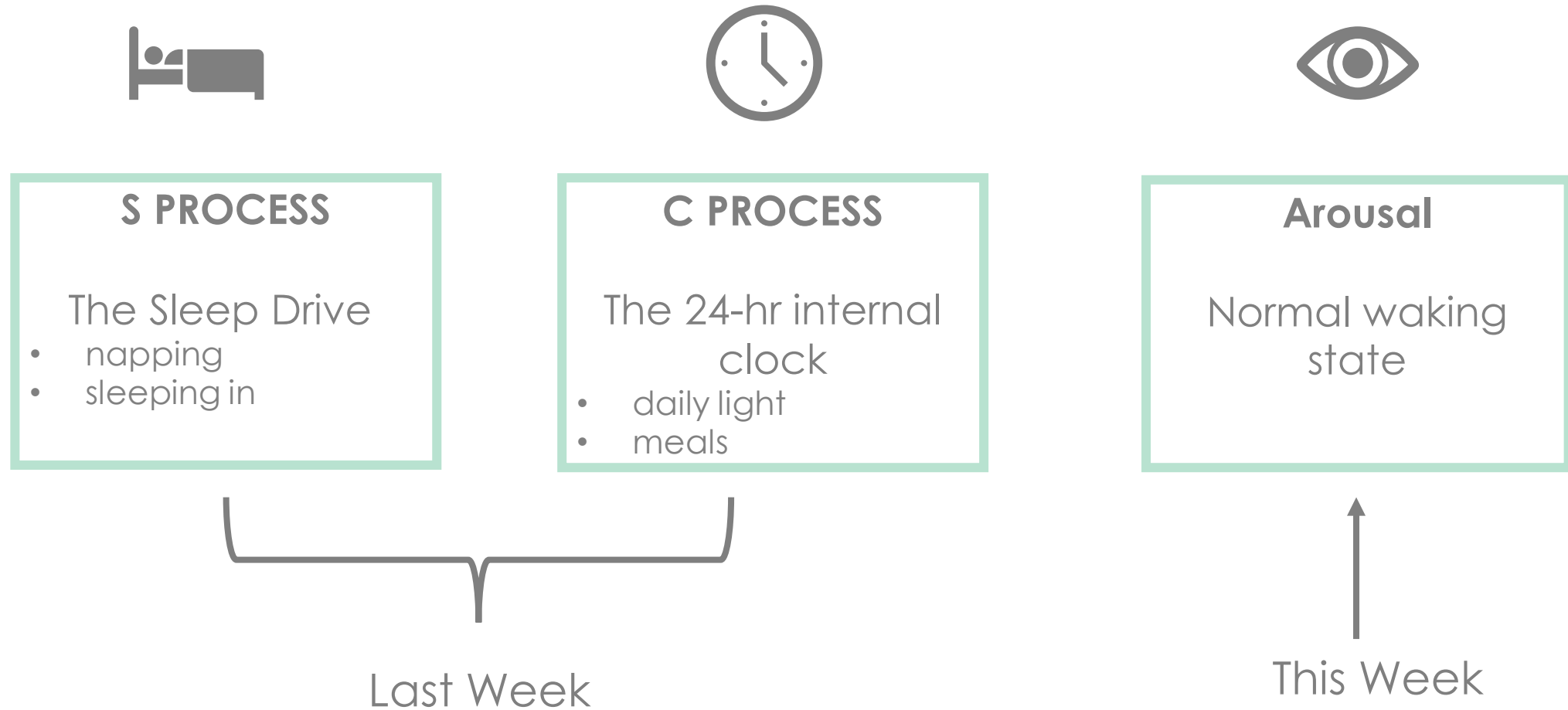


C PROCESS

The 24-hr internal clock

- Daylight
- Meals
- Social activities
- Temperature
- Exercise

Sleep behaviour



Cognitive Arousal

Negative sleep thoughts



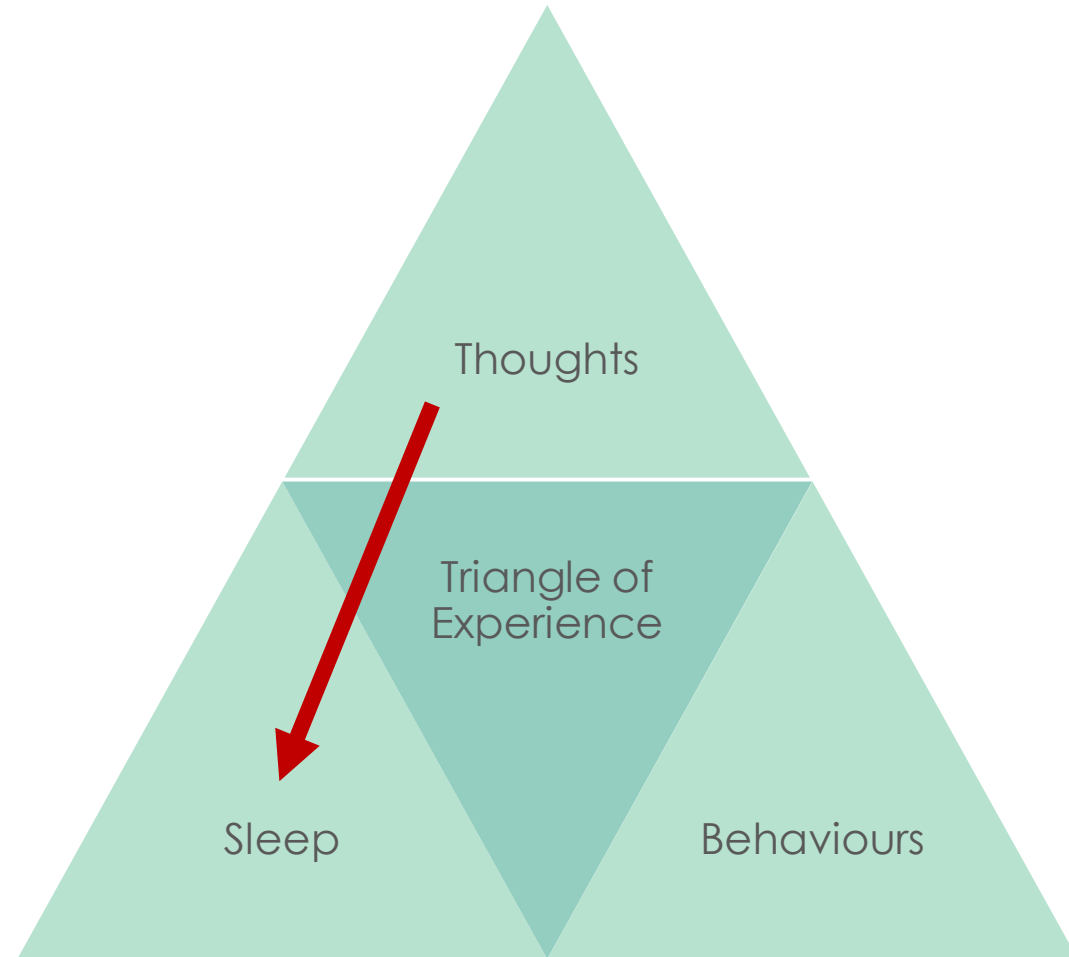
High emotions



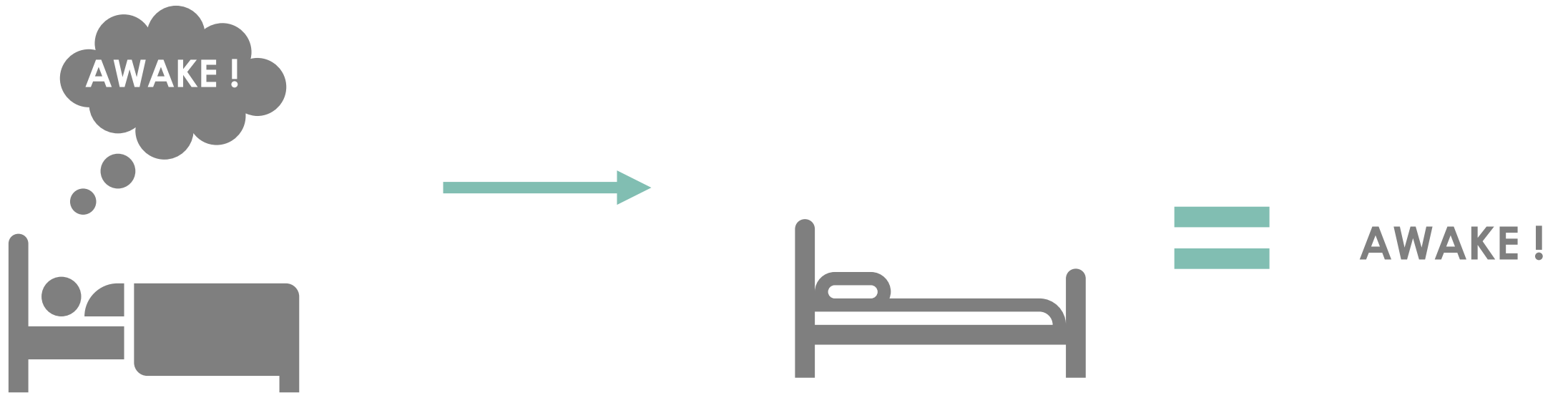
High intensity



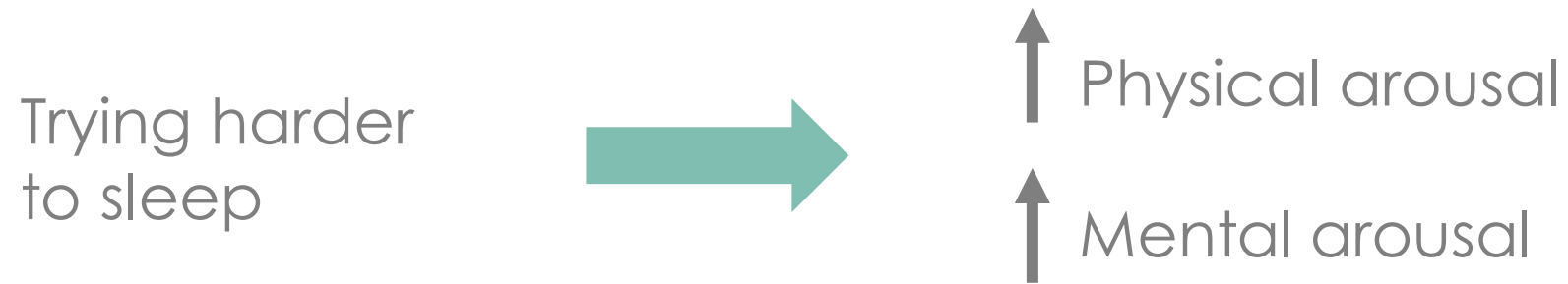
High arousal



Conditioned Arousal



You can't force sleep



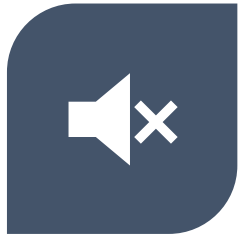
Must unlearn the connection between bed and not sleeping

Relaxation Response

Day stress= night stress

- Bedtime rituals
- Buffer zone activities

4 elements of relaxation response



QUIET PLACE



COMFORTABLE
POSITION



MENTAL FOCUS



PASSIVE DISREGARD
OF THOUGHTS

Worry Schedule

- A worry schedule helps us attend to present experience
- It can enhance mindfulness, constructive problem-solving, and reducing sleep-interfering arousal



Time



Location

and

ex: 8am at the Kitchen table

Coping Statements

"I can cope with a night of poor sleep."

"I didn't get a lot of sleep, but I can still have a decent day."

"I have skills to change my behaviours and thought related to sleep."

"Making changes take time."

Can you think of some coping statements?

- Food
- Exercise
- Light exposure in bedroom
- Caffeine, etoh, nicotine, cannabis

Sedated sleep is not the same as
natural sleep.

