

Myths and Facts About Menopause and Hormone Therapy

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Menopause Symptoms:

- Bleeding irregularities
- Hot flashes and night sweats
- Brain fog/forgetfulness
- Anxiety, irritability and depression
- Dry eyes and skin
- Hair losses and gains
- Poor sleep
- Weight gain, esp. abdominal
- Dry vagina and painful sex
- More UTI's and incontinence
- Loss of libido, changes in orgasm
- Painful joints
- Thinning bones, fractures

When: average age is 51 years old, but symptoms can start as early as 10 years before. Symptoms last average 7 years, but can be >20years

Treatments:

- FDA approved hormonal therapies
- Lifestyle changes
- Antidepressants and nerve medications
- NEW: non-hormonal treatment for hot flashes only

FDA approved Hormones:

- Estradiol in the form of patch, gel, spray, oral pill, vaginal ring
- If you have a Uterus, you need endometrial protection from endometrial cancer in the form of Mirena IUD, micronized progesterone oral capsule (Prometrium), Duavee or Combipatch

“Bioidentical hormones” is a marketing term, not medical, and not necessarily safer. Most common Rx MHT combination is bioidentical. Compounded creams and pellets are unregulated and vary widely in dosing and safety.

Benefits and risks of hormone therapy:

- Treats hot flashes, night sweats, improves mood, decreases colon cancer, prevents diabetes, slows weight gain, maintains heart health
- Oral estrogen increases risk of blood clots (transdermal does not)
- Estrogen-only does not increase breast cancer risk!
- Estrogen+progesterone increases breast cancer risk 0.06%, starting in 5th year of use
- Safe for women with BRCA gene

- Risks of heart attack and stroke increased significantly if started >age 60 or >10 years after menopause
- Prevents bone loss, but not a treatment for osteoporosis
- Duration of therapy—as long as you need it; extended use may decrease ovarian and colon cancer, as well as cardiovascular disease

Non-hormonal prescription medications that reduce hot flashes:

- Fezolentin—NEW medication for hot flashes, works on temperature control center in brain
- Gabapentin—nerve/pain medicine
- Oxybutynin—overactive bladder medicine
- Antidepressants like Paxil, Lexapro and Effexor

Lifestyle changes that reduce hot flashes:

- Cognitive behavior therapy
- Acupuncture
- Exercise improves mood, weight gain, joint pain, but not hot flashes
- Weight loss
- Possibly diet changes that optimize gut health, higher fiber, mostly plant based

Key To Enjoying Menopause: Exercise and Stay Social!

Resources:

North American Menopause Society—menopause.org

American College of Obstetrics and Gynecology—ACOG.org

Menopause Manifesto by Dr Jen Gunter

Social Media: [@drjengunter](https://twitter.com/drjengunter) and [@drmaryclaire](https://twitter.com/drmaryclaire)