Menopause Update:  
Focus on  
Hot Flashes, Atrophic Vaginitis

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Mimi Secor, MS, M.Ed, FNP-C, FAANP

- NP 37 years
- Newton Wellesley ObGyn, Newton, Mass
- National Speaker, Consultant
- Doctoral student, Rocky Mountain University, Provo, Utah
- National Certified Menopause Practitioner, (NCMP), from NAMS
- 2013 Lifetime Achievement Award, MCNP/ Massachusetts NP Association

- Coauthor, Advanced Health Assessment of Women: Skills & Procedures, 2010
- President Emerita, Senior Advisor, NPACE
- Fellow in the AANP
- Visiting Scholar at Boston College
- Worked in Alaska for 7 years (1992-1999)

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R. Mimi Secor, MS, FNP, FAANP

Disclosure

Speaker: GenPath, Shionogi
Menopause Update: Objectives

- Describe epidemiology of menopause, Vasomotor Symptoms (VMS) and Vulvovaginal Atrophy (VVA)  
  15 minutes

- Discuss diagnosis of VMS and Vulvovaginal Atrophy  
  20 minutes

- Explain options for treatment of VMS and VVA  
  25 minutes
Attended NAMs on a Pfizer DNP Scholarship: North American Menopause Society
Conference Schedule: Day 1

- Pre-Meeting
- Vulvovaginal Health
- NAMs Competency Exam
- Welcome, Introduction
- Plenary Symposium
- President’s Reception
Keynote Address- Going Full Frontal: Rewiring Frontal Brain Networks to Restore Cognitive Health

- Sandra Chapman, PhD, Dallas, Texas

- Brains like to be challenged with “big ideas”

- Doesn’t like too much multi-tasking

- Needs rest

http://www.brainhealth.utdallas.edu/about_us/team/sandra_chapman
Breakfast Sessions: Topic Tables
Dr. Diane Pace, NAMS President

Her Menopause Self-Help Table

So Many Great Ways to Cool Off

Chillow®
COMFORT DEVICE
fluid-cool pillow pad

Cool a hot, stuffy pillow. Relieve NIGHT SWEATS, HOT FLASHES, HIGH FEVER, SORE FEET.
Plenary Symposium 8: Sleep

- Menopause and Sleep
- Sleep and Menopause: Etiology, Treatment Approaches
- Sleep Loss, Sleep Apnea And Metabolic Consequences

Potential pathways linking sleep loss to increased metabolic risk:

- Brain glucose utilization
- Sleep Loss
- Autonomic Nervous System Activity
- Energy balance
- Adipokines, FFA, Inflammatory pathways
- Insulin resistance
- Glucose intolerance
- Diabetes
- Obesity

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Plenary Symposium 11
Bioidentical Hormones, What are the Issues?

• What, Why, How?

• Compounded vs FDA Approved: Fact vs Fiction

• Is the Truth About Compounding Knowable?

• Safety, Efficacy, Dosing: unclear!
Great Networking too!
With Other Menopause NP Experts
Menopause Diagnosis

52 Million in 2010: 6,000 day

- Average age 50-52 years
- 12 months since FMP (final menstrual period)
- NO labs needed
- FSH over 30 mIU/m
  - 1 week off CHC*, or 1 month if inconclusive
- Estradiol < 20 pg/ml
- Vasomotor symptoms
- Contraception x 12 months after FMP!!!

*CHC/ combination contraceptive contraceptive

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Vasomotor Symptoms (VMS)  
Epidemiology

- Common
- 75% of perimenopausal women experience these
- Caused by fluctuations in hormones
- BUT exact mechanism unclear
- Duration x 6 months- 2 years, up to 5-12+ years
- 10-25% C/o severe symptoms
- Ethnic variation: African American 46%, Japanese 18%
- Surgical menopause = More severe symptoms
VMS: Non-Pharmacologic Rx

- Paced respirations
- Dress in cool layers
- Healthy body weight
- Avoid smoking which has some effect on estrogen metabolism and increases risk of flushes
- Avoid personal hot flash triggers (hot drinks, caffeine, spicy foods, ETOH, emotional reactions).

- Devices such as cooling pillows (Chillow Pillow®), Bed Fan®, wicking clothing/pajamas, wicking sheets/pillow cases
“Wicked Sheets” for Hot Flashes
VMS: Non-Pharmacologic Rx

- Exercise
- Yoga
- Acupuncture
- Herbals:
  - Remifemin: Studies pending
  - Isoflavones: modestly effective
  - Progesterone cream: OTC, unclear efficacy, safety, esp. endometrial effects
Estrogen for VMS? Per NAMS

- Benefits of HT/ET are more likely to outweigh risks for symptomatic women before the age of 60 years or within 10 years after menopause.
The risk of venous thromboembolism and ischemic stroke increases with oral HT but the absolute risk is rare below age 60 years.

The dose and duration of HT should be consistent with treatment goals & safety issues & should be individualized

And for the shortest period of time, lowest dose.

*Hormone therapy = Estrogen, Progesterone/progestin

HT for VMS: Risk Breast Cancer

- **Risk** in women >50 years associated with HT is a **complex** issue.
- Increased risk is primarily associated w/ addition of **progestogen** to estrogen therapy and **duration** of use.

- The **risk** of breast cancer attributable to HT is **small** and the risk decreases after treatment is stopped.

- **No increase** seen in **Estrogen-only** arm (CEE) of WHI study up to 7.1 years (Anderson et al. (2012). *Lancet Oncol*, 13 (5), 476-486).
- **Increase with EPT group after 3-5 years**
  
  (NAMS position statement, 2012).
Vasomotor Symptoms: Treatments

- Systemic estrogen; Oral, Vaginal, Transdermal
- Estrogen, versus Non-estrogen
- Very effective
- Safe in early peri, post-menopause
- Less safe age 70 and over
- Less safe as BMI increases
- Lowest dose for the shortest duration

Per NAMS, www.menopause.org
VMS: Treatments
Systemic for VMS

- **Oral:**
  
  Estrogen (Premarin, Estrace): 0.625-0.4, 0.3 mg
  Progesterone (Prometrium): 100-200 mg @hs

- **Transdermal:** (safer per Observational studies)
  
  patches (Vivelle, Climara, etc.):
  gels (Estragel, DiviGel (3 doses), etc.):
  sprays (Evamist): 1-3 sprays to forearm in AM

- **Ring:** (FemRing): every 3 months
VMS: Non Hormonal Rx

- Non-hormonal pharmacological options such as antidepressants, antihypertensives, and anticonvulsants are available for management of vasomotor symptoms although...
- Most are not FDA approved for this purpose.
- New non-hormonal drugs for management in menopause did obtain FDA approval in 2013.
Paroxitene (Brisdelle) Low Dose

- Approved by the FDA for hot flashes
- Dosing 7.5 mg PO daily
- Effective
- Safe
- Few side effects
- Alternative if estrogen contraindicated
- Possible reduced anxiety
VMS: Patient Education

- Must be thorough, empathetic, resourceful
- Handouts, websites, etc.
Vulvovaginal Atrophy (VVA)

Algorithm: Vulvar Symptoms  Atrophic Vaginitis
Normal Flora of Healthy Vagina

- **Lactobacilli**
  - pH 4.0
  - Estrogen
  - STI protection

- **Gardnerella**
- Mycoplasmas
- Anaerobes
- *Mobiluncus*
- Others
Vulvitis: Need to Clarify
Vaginal, Cutaneous Yeast, Contact, Allergic, Other

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Vulvar Symptoms

- Irritants, over cleansing
- Allergens
  - Condom allergy is rare
- Infections
  - Genital Herpes Type 2
- Skin conditions
  - Lichen Simplex Chronicus / LSC
  - Lichen Sclerosis / LS
  - Lichen Planus / LP
- Other
  - Eczema, atrophy, etc.
Vulvovaginal Atrophy (VVA)

1/3 of menopausal women affected

- Irritation
- Dryness
- Dyspareunia

- Regular sex
- Middlesex.md for vibrators
- Trojan mini-vibrator
- OTC lubricants
Atrophic Vaginitis

- Vulva- ‘Sticky sign’
- Erythema, mottling
- Pallor
- Flattening of rugae

- Leukorrhea variable
- Esp. amount

- May mimic BV, Trich, HSV
- Or other etiologies
Diagnostic Work up of Atrophic Vaginitis

- Vaginal pH abnormally high $\geq 5$
  - Proxy test for estrogen levels = maturation index
- Negative Amine KOH "Whiff "test
- Few Lactobacilli
- Mixed bacteria, grainy epithelial cells
- WBCs variable
- Immature epithelial cells, maturation index
- Avoid non-specific vaginal cultures, Pap inaccurate
- Test for STIs as appropriate!
Figure 19-11. Different histologic layers of vaginal stratified squamous epithelium. (From Naib Z. Exfoliative Cytology, 3rd ed. Boston, Mass: Little, Brown; 1985.)
Figure 19-11. Different histologic layers of vaginal stratified squamous epithelium. (From Naib Z. Exfoliative Cytopathology, 3rd ed. Boston, Mass: Little Brown; 1985.)
Atrophic = Abnormal Vaginal pH, CPT code 83986

- pH Range 4.0-7.5
  
  Normal = 4.0-4.5 (proxy for normal estrogen levels)
  
  BV, Trich, Atrophic = > 4.7

- CLIA Waived

- Nitrazine Vaginal pH test “NitraTest”: order by roll
  
  - Requires multiple steps,
  
  - Match color with numerical pH reading (yellow=4.0 normal)

- NEW: Vaginal pH Swab Test “VS-Sense”: 90% accurate
  
  - Rapid results: 10 second test for BV, Trich, Atrophy
  
  - Yellow swab = Normal pH
  
  - Blue swab = Abnormal, elevated pH
NEW: Vaginal pH Swab Test (VS-Sense)
negative
positive
Differential Diagnosis

- BV
- STIs; Trichomoniasis, Herpes, etc.
- Precancers

- Vulvar dermatoses
  - Lichen sclerosis
  - Lichen simplex chronicus
  - Lichen planus
  - Irritant, allergen, eczema, etc..
VVA Treatments: Low Dose Rx for VVA
Vaginal or Oral (NEW)

• Pt preference, symptoms, safety, efficacy, impact decision to treat

• Do NOT use ORAL estrogen for VVA symptoms only
Local Vaginal Estrogen Options:
Minimal Systemic Absorption
Progestin NOT NEEDED

Sig: Daily for 2-4 weeks, every other day, then twice weekly prn

- **Vaginal estrogen creams**: 0.5-2 gms pv at bedtime
  - Conjugated Equine Estrogen /CEE “Premarin”
  - Estradiol “Estrace”, etc..

- **Estradiol vaginal tablet** “Vagifem” 10 mcg dose ONLY
  - If dry atrophy, or introital dyspareunia, less effective?

- **Vaginal estradiol ring** “Estring”: every 3 months
  - Effective, convenient, may help OAB as pessary

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Atrophic Vaginitis: Local Vaginal Estrogen Prevent Secondary VVC/Yeast – 50% Risk!

- Daily for 2 to 4+ weeks; longer if comorbidities
- Twice Weekly maintenance PLUS
- Daily Introital application: KEY (Sticky glove sign)
  Probably OK if Breast Cancer history
- Minimal systemic absorption
  - Breast tenderness: initially secondary to thin epithelium
  - Contraindicated: if breast cancer history BUT
  - DUB: EMB and Ultrasound MANDATORY (even 1 drop)
- Sexual rehab: COMPLEX!
  - Dilator exercises, regular sex, lubricants, romance, sleep
  - Orgasm before intercourse, Manage OAB, Hot flashes, Vv, etc..

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Enhancing the Sexual Experience In Menopause

Clitoral Stimulator

Middlesex MD
Resource for Vibrators, Education, etc.

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Ospemifene (Osphena)

- Non-estrogen, SERM, agonist to vulvar/vagina
- Oral 60 mg tablet
- Daily with food (fatty meal best)
- Similar efficacy to estrogen, 4 week response
- Avoid: Current cancer, CVD, stroke
- Side effects: Hot flashes, incr. vaginal discharge
- Breast or Bone effects: no research
Top Scoring Abstract Sessions

1. Efficacy of Gabapentin in Rx of VMS in Menopause
2. Transdermal Testosterone Improves SSRI Reuptake Inhibitor-Associated FSD
3. Safety of Oral Ospemifene in Phase 2/3
4. Effects of Stellate Ganglion Block on VMS
Abnormal Vaginal Bleeding

- For any vaginal bleeding 12 months after FMP
- FMP = final menstrual period
- If after intercourse
- Or just random
- Even if only spotting, 1 time, or 1 drop blood

MUST ORDER:

- Transvaginal ultrasound (Must do with EMB)
- Endometrial biopsy (EMB): > 5 mm Endom. Stripe
References


References


Thank You and Good Luck!
Questions Welcome

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www.MimiSecor.com
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