

CMEARTICLE

Menopause: an important milestone in women's health

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Madam Tan, a 48-year-old woman, was brought by her daughter for confirmation of menopause. She has not had menses for three months and has been experiencing hot flushes five times a day. She also complains of disturbances in her sleep and feels hot throughout the night, which is different from the hot flushes experienced in the day. Her daughter has been affected by Madam Tan's frequent mood swings and outbursts, and would like you to confirm if Madam Tan is menopausal through a blood test.

HOW RELEVANT IS THIS TO MY PRACTICE?

Menopause is a natural process that all women will go through. In the absence of other causes of menstrual disturbances, menopause is defined as the permanent cessation of menstrual period for 12 consecutive months. Hence, the final menstrual period is determined retrospectively, and laboratory tests are required only if secondary causes are suspected. The average age of natural menopause in Singapore is 49 years old, with one study reporting that more than 90% of women reached menopause at the age of 53 years.^(1,2) With 29.2% of our population aged between 45 and 65 years old in the year 2012, coupled with the fact that about 50% of women going through menopause will experience some symptoms, the number of women seeking consultation for issues relating to menopause is expected to be substantial.⁽³⁾

SYMPTOMS OF MENOPAUSE

Body ache is the most common symptom experienced by Asian women,^(1,2,4) followed by irritability and sleep disturbances.^(1,2,4,5) However, these symptoms can vary widely from country to country, even among Asians. Symptoms that have led many to seek medical assistance include sleeplessness, hot flushes, headache or migraine, mood swings and irritability.

MANAGEMENT OF COMMON SYMPTOMS

Hot flushes

Hot flushes are typically short-lived, with each episode lasting from five to ten minutes. Hot flushes that last longer require further workup to exclude other causes such as hyperthyroidism, fever, rosacea, etc.⁽⁶⁾ Table I shows the grading of the severity of hot flushes. For mild and moderate symptoms, a trial of lifestyle measures would often improve the symptoms. These measures include exercise, dressing in lighter clothing, sleeping in a cooler room, dressing in layers, stress reduction with mind-body and

Table I. Severity of hot flushes and its management.

Severity	Symptoms	Management
Mild	Sensation of heat without sweating	Lifestyle management
Moderate	Sensation of heat with sweating, able to continue activity	Trial of lifestyle management. Hormone therapy if lifestyle measures fail
Severe	Sensation of heat with sweating, causing cessation of activity	Lifestyle management and consider hormone therapy after weighing the risks and benefits

Adapted from www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM135338.pdf.⁽⁷⁾

relaxation therapies.⁽⁸⁾ Women with severe symptoms or who do not see improvement with lifestyle management may consider hormone therapy, which is the gold standard in treatment, after weighing the risks and benefits to the patient.⁽⁹⁾ Currently, there is a lack of evidence that bioidentical hormones are safer and more efficacious than conventional hormone therapy. The variability in drug bioavailability and bioactivity can pose additional risks to users.⁽¹⁰⁾ Alternative treatments for patients with contraindications include selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs) and clonidine. Vitamin E and black cohosh have been widely used as an over-the-counter drug, but there is currently insufficient evidence that they are useful for women with menopausal symptoms.^(11,12) Phyto-oestrogens have yielded inconsistent results, and the potential risks of endometrial hyperplasia over a prolonged period of use is a concern.^(13,14)

Sleep issues during menopause

Menopausal transition does not cause sleep disturbances,⁽¹⁵⁾ but women with severe vasomotor symptoms have been found to experience significant sleep disturbances.^(16,17) Work stress

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	Age 40-44	45-49	50-54	60-64	65-69	70-74	>75
Hypertension	Every 2 yrs if DBP below 85mmHg and SBP below 130 mmHg Yearly if DBP 85-89mmHg or SBP of 130-139mmHg						
Fasting Lipids	Fasting lipids once every 3 years or more frequently when indicated						
Obesity	Assess Body Mass index and waist circumference yearly						
Diabetes Mellitus	Fasting Glucose every 3 years						
Visual Acuity	Snellen Chart						
Colorectal Cancer	Annual Faecal Occult Blood Test , or flexible sigmoidoscopy 5 yearly or colonoscopy once every 10 years						
Renal Disease	Opportunistic screening with urine dipstick						
Cervical Ca	Pap smear once every 3 years in woman who have ever had sexual intercourse Yearly for HIV positive woman						
Breast Ca Asymptomatic	Inform women of risk vs benefits. If screening desired do annual Mammogram			All women to undergo Mammogram once every 2 years			
On HRT	From commencement of HRT till 5 years after stopping. Follow screening intervals of other woman						
Osteoporosis	Bone mineral density measurement. Earlier if other risk factors exist or high risk or moderate risk with risk factors on OSTA. Not indicated in premenopausal women without risk factors.						

Fig. 1 Health screening recommendations for women. Adapted from Ministry of Health, Singapore Clinical Practice Guidelines for Health Screening July 2003⁽²⁰⁾ and Clinical Guidelines for Cancer Screening February 2010.⁽²¹⁾

can also exacerbate sleep issues.⁽¹⁸⁾ Initial management of sleep disturbances should consist of lifestyle management and sleep hygiene. Patients should avoid excessive intake of caffeine and alcohol, and create a conducive sleep environment by avoiding activities such as surfing the Internet and watching television programmes in the bedroom.

Female sexuality issues after menopause

The number and severity of sexuality issues increase as the years progress post menopause. The causes are usually multifactorial. A holistic assessment includes a complete sexual, medical and psychosocial history-taking, followed by physical examination. Optimal management of sexuality problems requires the active participation of the patient's partner. Measures to improve psychological well-being and intimacy, as well as avoidance of medications and substances that can aggravate vaginal dryness, are important. The use of vaginal lubricants in women with vaginal dryness is also useful. In cases where vaginal lubricants fail to help, topical oestrogen may be considered. However, it is important to note that higher doses of topical oestrogen will result in systemic oestrogen absorption and carry associated risks.⁽¹⁹⁾

HOLISTIC ASSESSMENT OF MENOPAUSAL WOMEN

Menopause is an opportune time in life where family physicians can play an important role in maximising the quality of life of women in their later years. This would include the: (a) prevention of diseases by encouraging women to adopt a healthy lifestyle (balanced diet, weight-bearing exercises and avoidance of harmful substances like tobacco) and undergo vaccinations (influenza/pneumococcal vaccines in the vulnerable and herpes zoster vaccines); (b) early detection of diseases by instituting regular screening for chronic diseases such as hypertension,

diabetes mellitus and hyperlipidaemia, as well as cancers such as cervical and colon cancers (Fig. 1); (c) treatment of chronic diseases to target recommendation to reduce morbidity and mortality; and (d) recognition of life events in women that may occur around their early fifties, including stresses at the peak of their careers, independence of children and financial management for their approaching retirement.

You work with Madam Tan to identify the symptoms associated with perimenopause. She is relieved to know that her hot flushes are not multiple heart attacks. You highlight that she should not keep her smartphone by her bedside to access her work emails when she has difficulties sleeping. You also recommend that Madam Tan have a heart to heart talk with her daughter regarding her feelings of ambivalence over her daughter's recent engagement plans. Madam Tan thanks you for the holistic consultation.

CONCLUSION

Menopause is a natural stage in life that all women will go through. Most women do not encounter any major issues during menopausal transition. This is also an important milestone in a woman's life where she can take stock of her health, adopt a healthy lifestyle and live life to the fullest.

TAKE HOME MESSAGES

1. Menopause is a natural process that all women will go through.
2. Menopause is determined retrospectively, and laboratory tests are only required to exclude secondary causes.
3. Hot flushes that last significantly longer than 5–10 minutes may require further workup to exclude secondary causes.

4. Hormone therapy for severe hot flushes is the gold standard, but the course and its risks and benefits must be agreed upon by the patient.
5. Currently, there is a lack of evidence that bioidentical hormones are safer and more efficacious than conventional hormone therapy.
6. Phyto-oestrogens have yielded inconsistent results, and the potential risk of endometrial hyperplasia over a prolonged period of use is a concern.
7. Sexuality issues are usually multifactorial and increase in number and severity as the years progress post menopause. Optimal management requires the active participation of the patient and her partner.
8. Holistic management at this stage includes the recognition of self, family, work and the patient's physical and mental well-being.

ABSTRACT Menopause, a natural process in a woman's life, is defined as the cessation of menstrual period for 12 consecutive months. In Singapore, the average age of natural menopause is 49 years of age. We discuss the challenges faced by menopausal women and provide an example of a holistic approach to the management of women during this important stage of their lives.

Keywords: hormone replacement therapy, menopause, women health Singapore Med J 2013; 54(2): 60–63

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SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201302A)

	True	False
1. About 50% of women will go through menopause.	<input type="checkbox"/>	<input type="checkbox"/>
2. Menopause can be predicted by follicle stimulating hormone/lutenising hormone 14 days after menses at 49 years of age in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
3. Menopause is determined retrospectively after 12 consecutive months of the cessation of menstrual period.	<input type="checkbox"/>	<input type="checkbox"/>
4. The use of laboratory tests in the diagnosis of menopause is mainly to exclude secondary causes.	<input type="checkbox"/>	<input type="checkbox"/>
5. Hot flushes that last for 30 minutes are atypical and require further workup.	<input type="checkbox"/>	<input type="checkbox"/>
6. Hormone therapy is no longer indicated for the treatment of severe hot flushes after the Women Health Initiative study.	<input type="checkbox"/>	<input type="checkbox"/>
7. There is no risk involved in hormone therapy in the management of menopause.	<input type="checkbox"/>	<input type="checkbox"/>
8. Alternative treatments for those with contraindications to hormone therapy include selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors and clonidine.	<input type="checkbox"/>	<input type="checkbox"/>
9. Vitamin E and black cohosh have been widely used as over-the-counter drugs, but there is currently insufficient evidence to indicate that they are useful for women with menopausal symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
10. Bioidentical hormones are safer than conventional hormone therapy.	<input type="checkbox"/>	<input type="checkbox"/>
11. Bioidentical hormones are more efficacious than conventional hormone therapy.	<input type="checkbox"/>	<input type="checkbox"/>
12. Phyto-oestrogens are a safer alternative to hormone therapy and are at least equally efficacious.	<input type="checkbox"/>	<input type="checkbox"/>
13. There is no risk of endometrial hyperplasia with prolonged use of phyto-oestrogen, and it is thus unnecessary to monitor its use in patients.	<input type="checkbox"/>	<input type="checkbox"/>
14. The number and severity of sexuality issues are usually multifactorial and increase as the years progress post menopause.	<input type="checkbox"/>	<input type="checkbox"/>
15. The management of sexuality issues in menopause requires the active participation of the patient and her partner.	<input type="checkbox"/>	<input type="checkbox"/>
16. Encouraging a balanced diet, weight-bearing exercises and vaccinations such as influenza and pneumococcal vaccines are important in the holistic management of women in the menopausal age group.	<input type="checkbox"/>	<input type="checkbox"/>
17. Early detection of chronic diseases such as hypertension, diabetes mellitus and hyperlipidaemia through regular screening is recommended.	<input type="checkbox"/>	<input type="checkbox"/>
18. Screening for breast, cervical and colon cancers is recommended for women in this age group.	<input type="checkbox"/>	<input type="checkbox"/>
19. Life events occurring after the early fifties may result in stresses that can affect performance and sleep in women.	<input type="checkbox"/>	<input type="checkbox"/>
20. Other significant life events among women of this age group may include stresses at the peak of their careers, independence of children and financial management for their approaching retirement.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

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(1) Answers will be published in the SMJ April 2013 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 1 April 2013. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (February 2013 SMJ 3B CME programme): 12 noon, 25 March 2013.