

VICTORIA BYRD | PHARMACIST &
CERTIFIED MENOPAUSE COACH

Perimenopause & Menopause

FOR THE PRACTITIONER

What You'll Learn...

What is Menopause?

Identifying hormones involved and symptoms that may present

Pharmacologic Options

FDA approved treatments following the Menopause Society 2022 and 2023 Position Statements

Lifestyle Modifications


How Integrative Wellness can be a game changer in symptom management

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A Little About Me...

- Rph- STLCOP, CHC-IIN, CWHC-IWHI, CNC-NASM, BCS-NASM
- Certificate in Perimenopause & Menopause / Longevity Formula:
Advanced Menopausal Certificate
- 1:1 and Group Coaching Practice for Midlife Women
- Working with Women in the Menopause Transition 2 Years
- Member of IMS, The Menopause Society, APha
- Bridging the Gap Between Traditional Medicine + Integrative
Health

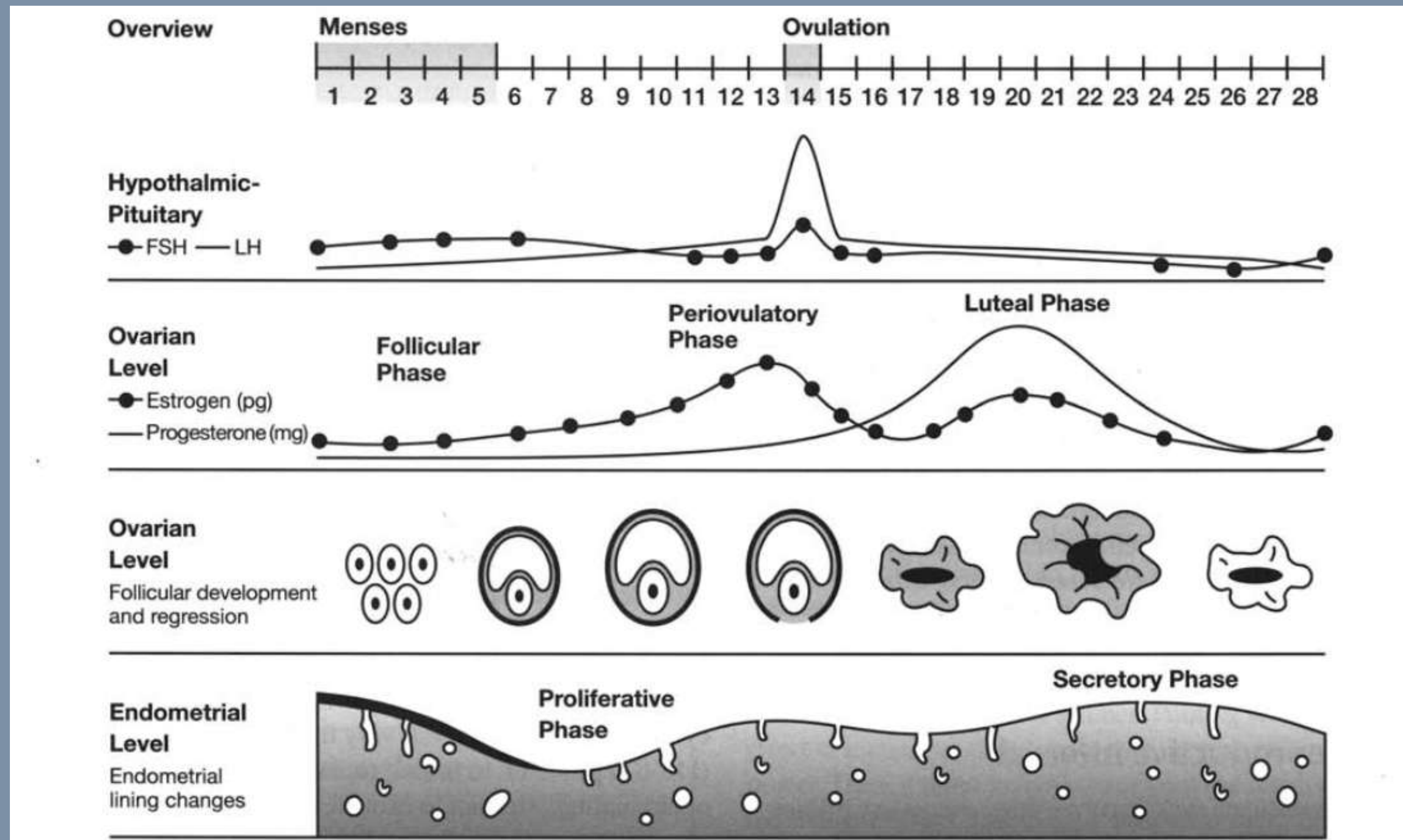




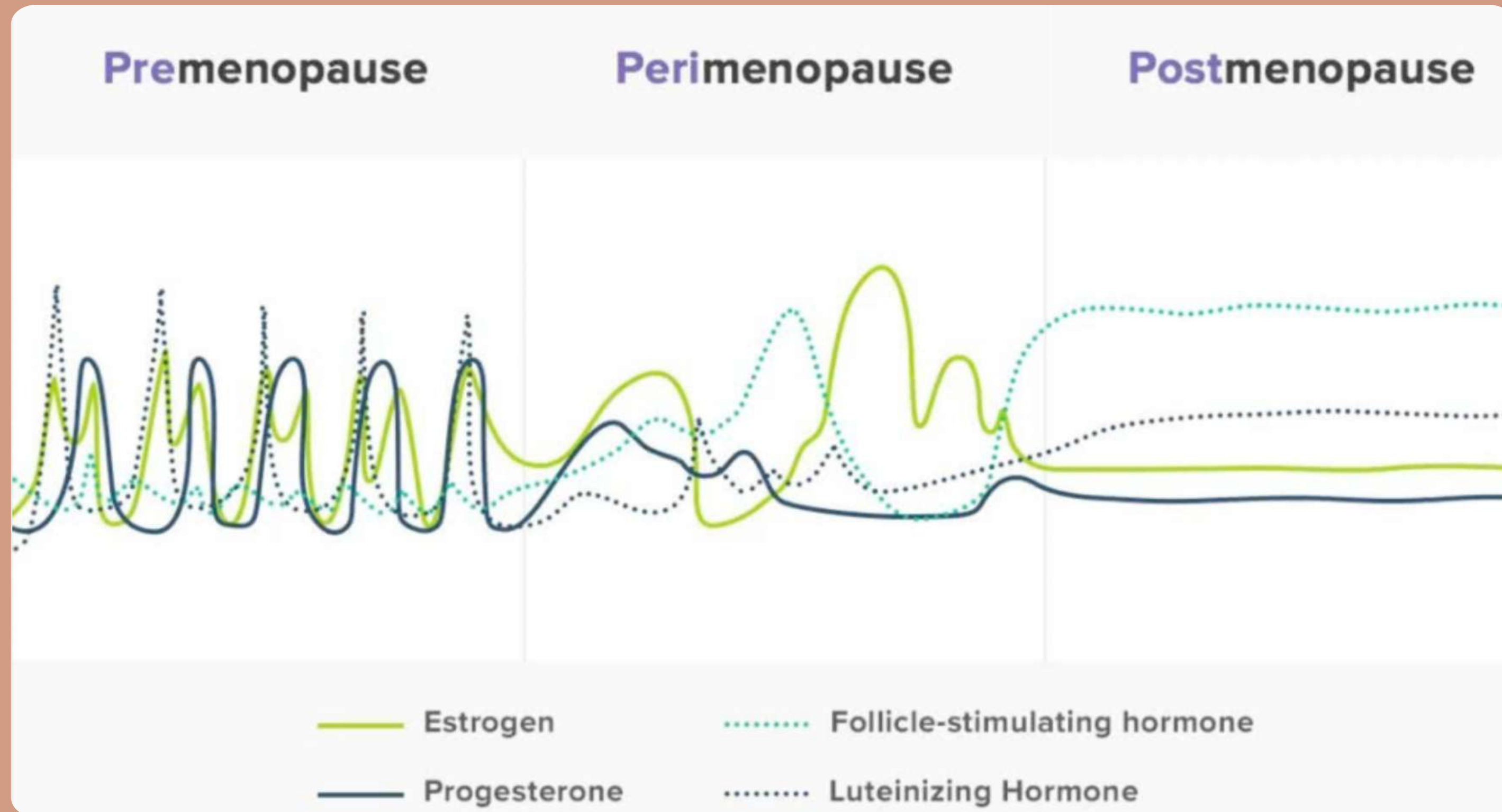
“USING AGE 50 AS A PROXY FOR MENOPAUSE, ABOUT 25 MILLION WOMEN PASS THROUGH MENOPAUSE EACH YEAR, AND WE ESTIMATE THAT IN 1990 THERE WERE 467 MILLION POST-MENOPAUSAL WOMEN IN THE WORLD, WITH AN AVERAGE AGE OF ABOUT 60 YEARS. BY 2030, THE WORLD POPULATION OF MENOPAUSAL AND POSTMENOPAUSAL WOMEN IS PROJECTED TO INCREASE TO 1.2 BILLION, WITH 47 MILLION NEW ENTRANTS EACH YEAR.”

**NIH Library of Medicine*

Quick Review: The Menstrual Cycle



Hormone Roller Coaster Begins in Perimenopause



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Symptoms of Perimenopause & Menopause

- Vasomotor Symptoms
- Irregular Periods
- Genitourinary Symptoms
- Mood Changes
- Joint Pain
- Skin Changes
- Weight Gain
- Sexual Function Changes
- Osteoporosis
- Sarcopenia
- Insulin Resistance
- Metabolic Syndrome
- Cognitive Changes (Brain Fog)
- Sleep Disturbances



Common FDA Approved Methods to Manage Menopause Symptoms

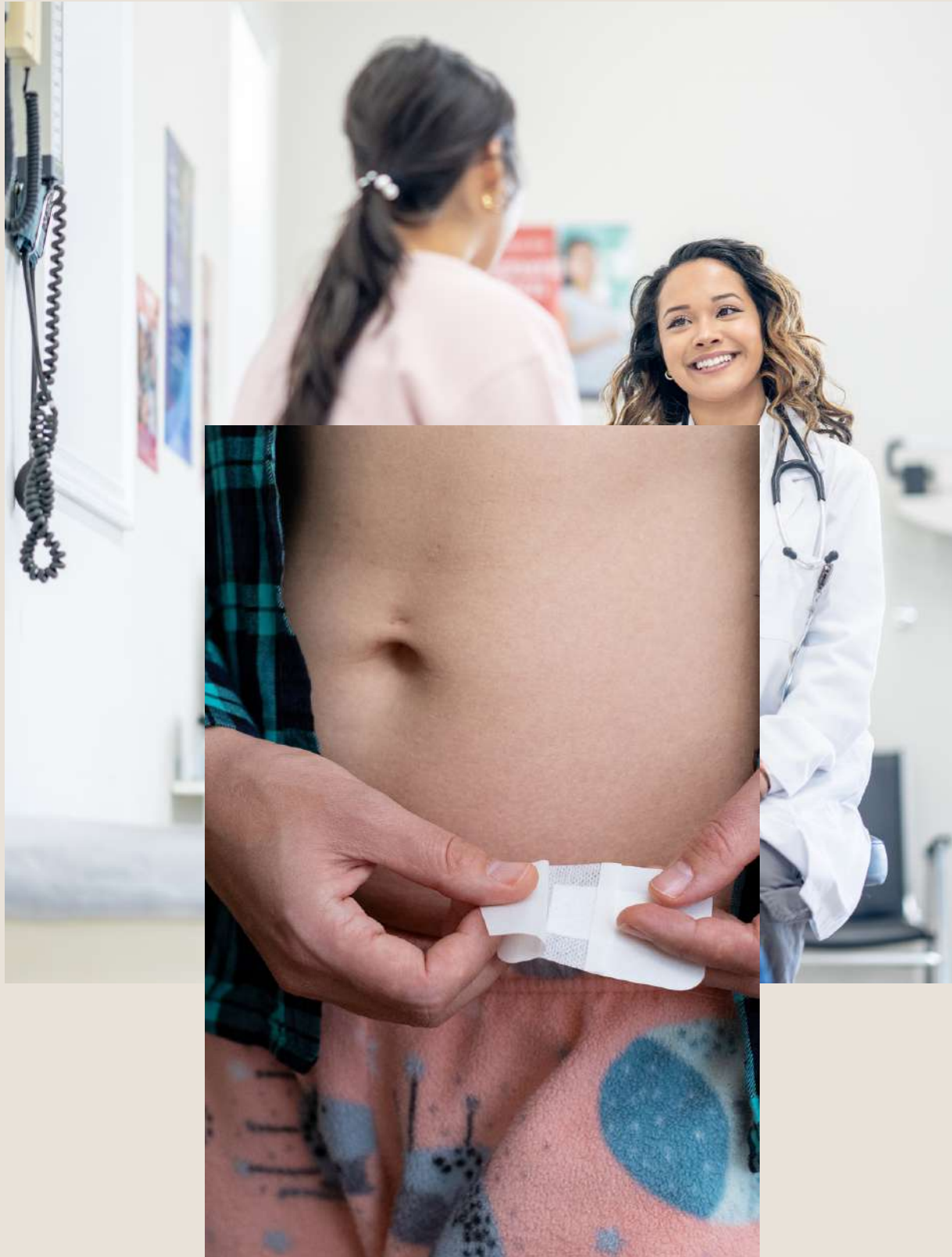
- Menopause Hormone Therapy. (MHT)
- Contraceptives in Perimenopausal Women
- SSRIs, SNRIs
- Gabapentinoids
- Pregabalin
- Clonidine
- Oxybutynin
- Suvorexant
- Neurokinin B Antagonists (fezolinetant)





FDA Indications of Hormone Therapy Usage

- Moderate to severe vasomotor symptoms
- Prevention of osteoporosis in postmenopausal women
- Treatment of hypoestrogenism caused by hypogonadism, bilateral oophorectomy, or primary ovarian insufficiency
- Treatment of moderate to severe vulvovaginal symptoms
- *Genitourinary symptoms related to menopause in the absence of indications for systemic estrogen therapy (ET) suggests the use of low-dose topical vaginal ET*



Safety of Hormone Therapy

- Overall, the increased absolute risks associated with estrogen-progestogen therapy (EPT) and estrogen alone (ET) are rare ($<10/10,000/y$) and include increased risk for venous thromboembolism and gallbladder disease.
- EPT carries a rare increased risk for stroke and breast cancer, and if estrogen is inadequately opposed, an increased risk of endometrial hyperplasia and endometrial cancer.
- Absolute risks are reduced for all-cause mortality, fracture, diabetes mellitus (EPT and ET), and breast cancer (ET) in women aged younger than 60 years

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Contraindications for Hormone Therapy

- Active liver disease.
- Coronary heart disease or myocardial infarction.
- Current or history of breast cancer, high-risk endometrial cancer, estrogen-dependent cancer (e.g., ovarian).
- Previous or active VTE or stroke (including transient ischemic attack).
- Thrombophilia.
- Unexplained vaginal bleeding.



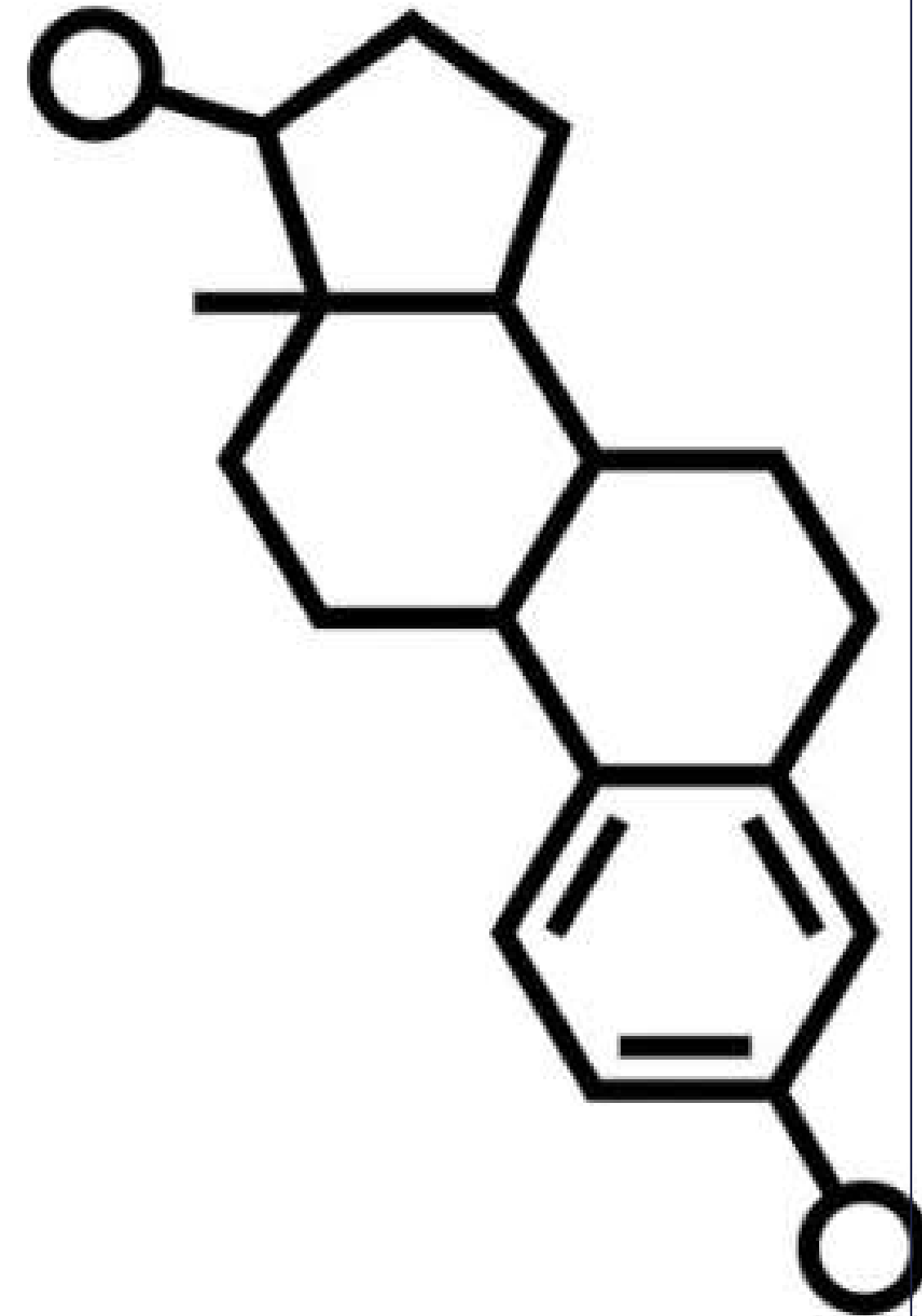
FDA Approved Forms of HT

- Oral Tablets
- Transdermal Patches
- Vaginal Tablets
- Vaginal Cream
- Vaginal Ring
- Topical Gel
- Topical Spray



Preparations of Estrogens

- **Conjugated estrogens (CE)** are a mixture purified from the urine of pregnant mares.
- Prescription formulations of micronized **17 β -estradiol** are identical to the structure of estradiol produced by the ovaries.
- **Ethinyl estradiol** is a synthetic estrogen primarily used in combination with a progestin in hormone contraceptives.



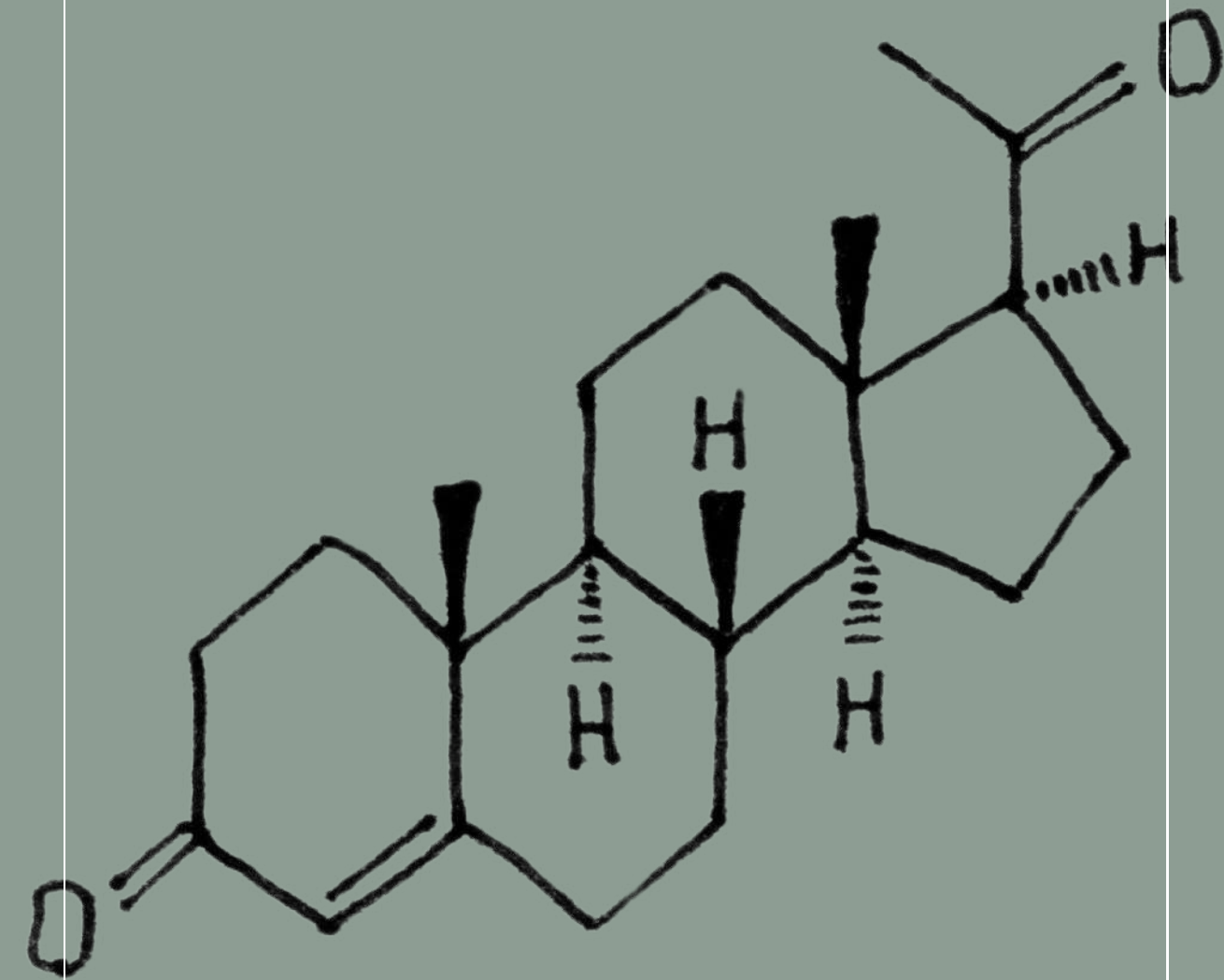
Preparations of Progesterone

Synthetic Progestins

- Medroxyprogesterone acetate
- Levonorgestrel
- Norethindrone acetate

Body Identical Progesterone

- Micronized progesterone



MHT Dosing*

	Low dose	Mid-range dose	Highest dose [†]
CEE	0.3-0.45 mg	0.625 mg	1.25 mg
17β estradiol	0.5mg	1.0mg	1.5-2.0 mg
Estradiol valerate	0.5mg	1.0mg	2.0 mg
Estriol	1.0-2.0mg		
Transdermal estradiol patch	25-37.5 mcg	50 mcg	75-100 mcg
Estradiol gel	0.5 mg	1.0 mg	1.5 mg
Estradiol hemihydrate gel	0.75 mg (1 pump)	1.5 mg (2 pumps)	2.25-3.0 mg (3-4 pumps)
Estradiol hemihydrate skin spray	1.53 mg (1 spray)	3.06mg (2 sprays)	4.50 mg (3 sprays)

Sequential P – daily dose for 12-14 days per month for endometrial protection:

	With Low dose E	With mid to highest dose E
Dydrogesterone (oral)	5 mg	10 mg
Micronized progesterone (oral)	200 mg (efficacy of lower dose not established)	200mg
Medroxyprogesterone acetate (oral)	5 mg	5-10 mg
Norethisterone acetate (oral)	1.25 mg-2.5mg	2.5-5mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.140 - 0.250mg / day

Continuous P – daily dose for endometrial protection:

	Low dose E	With mid to highest dose E
Dydrogesterone (oral)	2.5-5 mg	5-10 mg
Drospirenone (oral)	2.0 mg	
Micronized progesterone (oral) [^]	100 mg	100mg for mid dose E; (however, this dose may not always provide sufficient endometrial protection with highest dose E)
Medroxyprogesterone acetate (oral)	2.5 mg	2.5 - 5 mg
Norethisterone acetate (oral)	0.1mg with 0.5mg estradiol 0.5 mg with 1.0 mg estradiol	1.0 mg - 2.5 mg
Transdermal norethisterone acetate (with estradiol) patch		releases 0.140-0.250mg/day
Levonorgestrel (with estradiol) patch		releases 0.015mg/day
LNG-IUD	Device initially releasing 20 mcg/day	

Other options:

Tibolone	1.25 - 2.5 mg/day
CEE + bazedoxifene	0.45 + 20mg/day

* Availability of hormonal/non hormonal treatment and indications for use from regulatory bodies vary between countries; [†] "highest dose" refers to the highest approved prescription doses; [^] is occasionally prescribed to be use vaginally off-label.

Hormone Therapy Dosing Options



Monitoring Guidelines



Gynecologic screening

Presence of abnormal bleeding (periods <21 days or bleeding post menopause). Transvaginal/abdominal ultrasound recommended. At least annual visit.



Baseline Serum Testing

TSH, FSH, Estrogen, Progesterone, Free T4 and Free T3. Comprehensive Metabolic Panel, HbA1c, lipid panel, fasting insulin, Vitamin D (fatigue)



Saliva Testing for Hormones

24h Cortisol if desired. Variability throughout cycle makes unreliable.



Dutch Test

Expensive, typically not covered by insurance. Some patients may inquire



DEXA Scan

Bone Density Gold Standard



Menopause Society Position on Hormone Compounding

- Not FDA Approved
- “Bioidentical” options that are FDA Approved
- Pellets and other compounded forms not regulated
- Allergies (Peanut) may require a compounded product
- Advise patients accordingly
- NAMS endorses the 2006 position statement of the Endocrine Society on the Compounding of Hormones

Non-Hormone FDA Approved Medications

SSRIs

Paroxetine salt	7.5 mg	Single dose, no titration needed
Paroxetine	10-25 mg/d	Start with 10 mg/d
Citalopram	10-20 mg/d	Start with 10 mg/d
Escitalopram	10-20 mg/d	Start with 10 mg/d (for sensitive or older women, start with 5 mg/d for titration, but this dose has not been evaluated for efficacy)

SNRIs

Desvenlafaxine	100-150 mg/d	Start with 25-50 mg/d and titrate up by that amount each day
Venlafaxine	37.5-150 mg/d	Start with 37.5 mg/d

Gabapentinoids

Gabapentin	900-2,400 mg/d	Start with 100-300 mg at night, then add 300 mg at night, then a separate dose of 300 mg in the morning (start 100 mg if concerned about sensitivity)
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Neurokinin B antagonists

Fezolinetant	45 mg/d	Single dose, no titration needed
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SNRIs, serotonin-norepinephrine reuptake inhibitors; SSRIs, selective serotonin reuptake inhibitors.

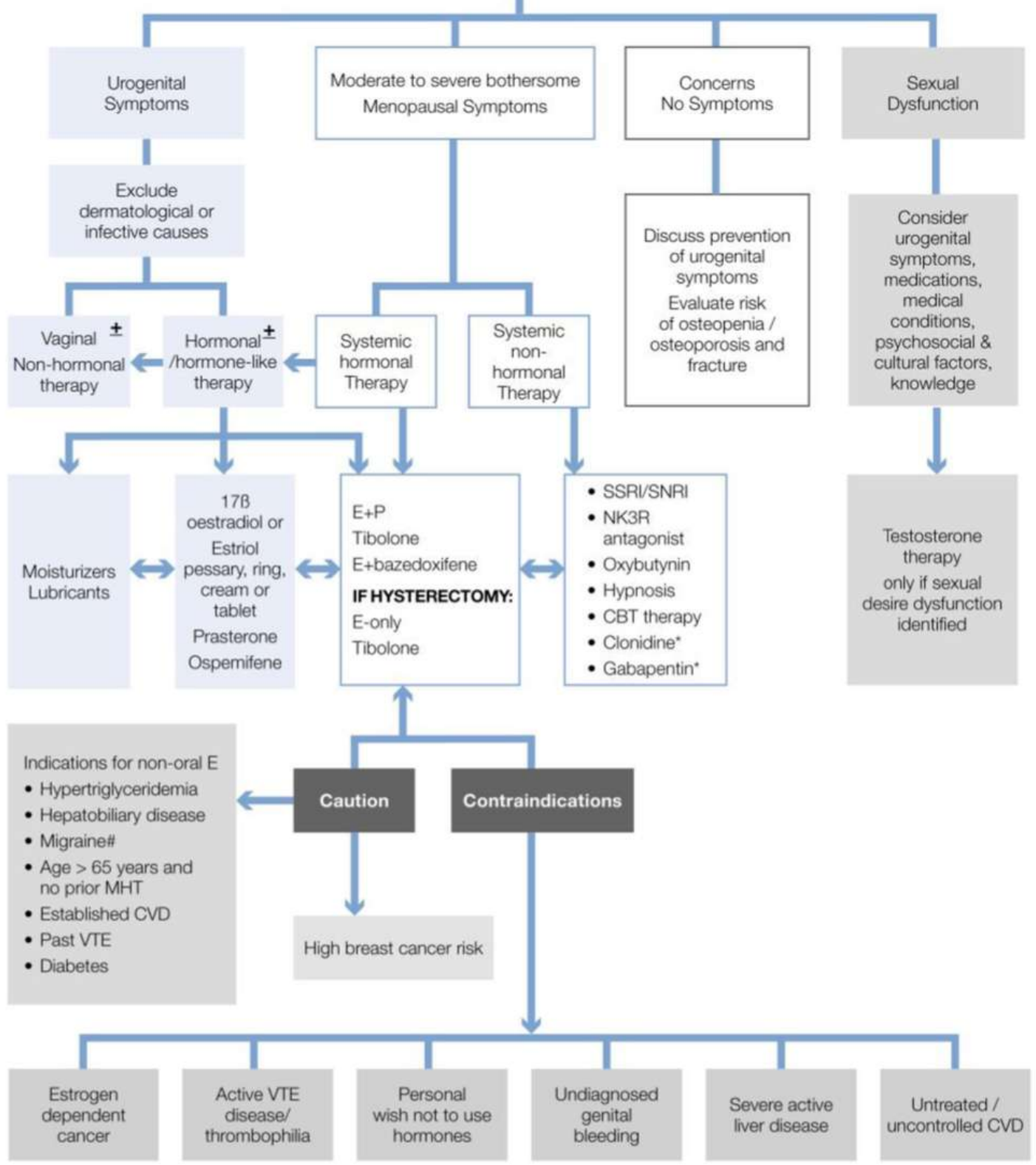
OTC Options for Symptom Management

- Most OTC treatments are for the genitourinary symptoms of Menopause
- Dyspareunia treated OTC before recommending vaginal estrogen.
 - Lubricants and vaginal moisturizers
 - RoseBud Woman
 - Julva Cream
- Supplements labeled for “Menopause” are not FDA regulated or tested for safety or efficacy.



Menopausal management

Identify and treat the main issues in addition to general health assessment and care



*Caution due to side effects at therapeutic doses
Migraine with aura requires early review to ensure no increase in migraine symptoms

Menopausal Management Options





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Lifestyle Modifications

- ✓ Nutrition Recommendations
- ✓ Exercise and Movement
- ✓ Stress, Sleep, and CBT
- ✓ Supplements to recommend and avoid



Lifestyle Modifications

- Sleep
- Nutrition
- Limit Alcohol
- Reduce Spicy foods
- Exercise
- Stress Management
- Lightweight Clothing
- Breathing techniques
- CBT
- Yoga
- Weight Loss
- Supplements
- Pelvic floor physical therapy
- Vaginal dilator therapy
- Other “vaginal activity”





Nutrition

- High fiber >25gm per day
- Whole Grains
- Cruciferous Vegetables
- Adequate Protein
- Beans, legumes, healthy fats
- Mediterranean Diet MIND diet
- High Profile Diets: Low carb, Intermittent Fasting, Low Calorie

Vitamins & Supplements

- Fiber
- Fish Oil
- Magnesium
- B Complex
- Vitamin D

- *Soy**
- *Black Cohosh**
- *Wild Yam**
- *Red Clover**
- *Chasteberry**
- *DHEA**

**Supplements not Recommended*



Putting it All Together

- ✓ How can we best support midlife women?
- ✓ Helping patients wade through the misinformation.
- ✓ Resources for providers and patients
- ✓ 7 Pillars to Menopause Health



7 Pillars to Menopause Health *for Integrative Healing of Women*





Recommended Resources

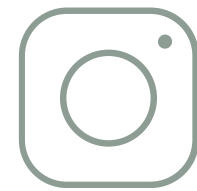
- The Menopause Society: Formerly NAMS
- The International Menopause Society
- The Menopause Practice, A Clinician's Guide; 6th Ed. Menopause Society
- The Menopause Guidebook; 9th Ed. Menopause Society
- Estrogen Matters Avrum Bluming
- The New Rules of Menopause Stephanie Faubion MD

Thank You for Attending

Questions?

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If You'd Like to Connect



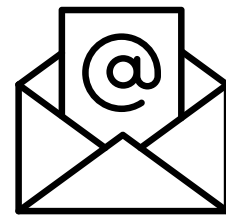
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