

Menopause Current Awareness Bulletin

November 2021

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The truth about the menopause (from 2018 available until 26/11/21)

Mariella Frostrup shares her own experience of the menopause and brings this great taboo out into the open, investigating how the latest science can explain what it is.

<https://www.bbc.co.uk/programmes/b0bt4c3m>

Title: Management of sleep disorders in the menopausal transition.

Citation: Post reproductive health; Nov 2021 ; p. 20533691211039151

Author(s): Schaedel, Zoe; Holloway, Debra; Bruce, Deborah; Rymer, Janice

Abstract: The menopausal transition is associated with increasing sleep disorders including sleep apnoea and restless leg syndrome. Insomnia is the most common and is recognised as a core symptom of the menopause. Guidelines to support decision making for women with sleep problems during the menopausal transition are lacking. Sleep problems are associated with negative impacts on healthcare utilisation, quality of life and work productivity. Sleep deprivation is a risk factor for cardiovascular disease, diabetes, obesity and neurobehavioral dysfunction. Declining oestrogen is implicated as a cause of menopausal sleep disruption. Vasomotor symptoms (VMS) and menopausal mood disturbance are also factors in the complex aetiology. VMS commonly precipitate insomnia and, due to their prolonged duration, they often perpetuate the condition. Insomnia in the general population is most effectively treated with cognitive behavioural therapy (CBT) (also effective in the menopausal transition.) The associations of menopausal sleep disturbance with VMS and depression mean that other treatment options must be considered. Existing guidelines outline effectiveness of hormone replacement therapy (HRT), CBT and antidepressants. HRT may indirectly help with sleep disturbance by treating VMS and also via beneficial effect on mood symptoms. The evidence base underpinning menopausal insomnia often references risks associated with HRT that are not in line with current international menopause guidelines. This may influence clinicians managing sleep disorders, leading to hesitation in offering HRT, despite evidence of effectiveness. Viewing sleep symptoms on an axis of menopausal symptoms - towards vasomotor symptoms or towards mood symptoms may help tailor treatment options towards the symptom profile.

Title: 'As long as I have a restroom somewhere [...], I am fine': a qualitative study on the perspectives of peri- and postmenopausal women on the impact of the urinary component of the genitourinary syndrome of menopause (GSM).

Citation: BMC women's health; Nov 2021; vol. 21 (no. 1); p. 391

Author(s): Gabes, Michaela; Kann, Gesina; von Sommoggy, Julia; Stute, Petra; Apfelbacher, Christian J

Background: Our aim was to gain insight into the experiences of women suffering from the urinary component of the Genitourinary Syndrome of Menopause (GSM) and to understand the impact of urinary complaints as part of GSM on the lives of affected women.

Design: Qualitative study.

Setting: Online, primary care.

Participants and Methods: Postmenopausal women aged from 46 to 85 years reporting vaginal and urinary complaints were recruited to participate in either online or face-to-face focus groups to share their experiences with urinary complaints as part of GSM. Transcripts of sessions were analysed using qualitative content analysis.

Results: One online focus group, one face-to-face focus group and one online-interview were conducted, involving 11 women. Five a priori assumed main themes related to the impact of urogenital symptoms were identified: daily life, emotional well-being, sexual functioning, self-concept and body image, and interpersonal relations and communication. Additionally, two further themes associated with GSM as a clinical condition were inductively found: unmet healthcare needs, including expectations of affected women regarding menopausal symptoms and a lack of adequate health education, and aspects on the personal dealing with the complaints, including personal coping strategies and medical treatment.

Conclusions: This study showed that urinary complaints as part of GSM have, similar to vaginal complaints, negative impacts on the daily life, the emotional well-being, the sexual functioning, the self-concept and body impact as well as interpersonal relations and communication of affected women. We further identified several unmet healthcare needs that should trigger improvements in healthcare.

Title: Educational Programs and Sexual Counselling for Postmenopausal Sexual Dysfunction: A Systematic Review and Meta-Analysis.

Citation: The journal of sexual medicine; Nov 2021

Author(s): Santos Silva, Inês Marques; Paula Pinto, Mafalda; Gonçalves, Diana

Background: Female sexual dysfunction has a high prevalence in women in the postmenopausal period. Not only factors like comorbidities and chronic illnesses are responsible for this high prevalence, but also psychological and interpersonal factors play a significant role. Sexual counselling educational programs have shown positive sexual behavioral changes and they should be considered the first line approach to female sexual dysfunction in this group of women. AIM To review the evidence of the efficacy of sexual counselling educational programs for sexual dysfunction in postmenopausal women.

Methods: A systematic search was performed in February 2021 from electronic databases (MEDLINE, CENTRAL, and Scopus), unpublished studies, ongoing clinical trials, conference abstracts and journal archives, dissertations and theses, gray literature and free search on the Google Scholar search engine. Studies that evaluate the effectiveness of sexual educational programs in postmenopausal women were selected. Study selection and data extraction were performed by 2 independent researchers. Extracted data included author identification, publication date, geographic location, study population and sample size, type of intervention, sexual function evaluation tool and outcome. Studies that evaluate sexual function by using the Female Sexual Function Index (FSFI) were included in the meta-analysis, calculating the mean difference.

Outcomes: Improvement of sexual function in postmenopausal women.

Results: We included 8 studies in the systematic review, 6 randomized and 2 nonrandomized controlled trials, with a total sample size of 619 women, aged between 39 and 75 years old, all in menopause for less than 5 years. The studies described sexual education programs, with 4-10 sessions, 45-60 minutes each, including themes like sexual anatomy, physiological sexual response, menopause, methods of stimulation, and common sexual myths. Five studies also included cognitive-behavior therapy and 3 studies assessed mindfulness techniques. Six studies evaluated the effectiveness of sexual educational programs using FSFI. The results showed that sexual counselling educational programs had statistically significant effects on enhancing the total FSFI score (mean difference = +7.14, 95% confidence interval = 3.70-10.6, $P < .0001$) in comparison to routine care. Results were also significant in all evaluated sex domains: pain, arousal, lubrication, desire, orgasm and satisfaction ($P < .05$).

Conclusion: Our meta-analysis shows that sexual counselling educational programs are effective in improving sexual dysfunction in postmenopausal women when compared to routine care. These are simple approaches, easily administered with minimal resources that help prevent the psychological and social consequences of sexual dysfunction at this age. IMS Silva, MP Pinto, D Gonçalves. Educational Programs and Sexual Counselling for Postmenopausal Sexual Dysfunction: A Systematic Review and Meta-Analysis. J Sex Med 2021;XX:XXX-XXX.

Title: Body Fat Distribution, Cardiometabolic Traits, and Risk of Major Lower-Extremity Arterial Disease in Postmenopausal Women.

Citation: Diabetes care; Nov 2021

Author(s): Chen, Guo-Chong; Arthur, Rhonda; Kamensky, Victor; Chai, Jin Choul; Yu, Bing; Shadyab, Aladdin H; Allison, Matthew; Sun, Yangbo; Saquib, Nazmus; Wild, Robert A; Bao, Wei; Dannenberg, Andrew J; Rohan, Thomas E; Kaplan, Robert C; Wassertheil-Smoller, Sylvia; Qi, Qibin

Objective: To assess the relationship between body fat distribution and incident lower-extremity arterial disease (LEAD).

Research Design and Methods: We included 155,925 postmenopausal women with anthropometric measures from the Women's Health Initiative who had no known LEAD at recruitment. A subset of 10,894 participants had body composition data quantified by DXA. Incident cases of symptomatic LEAD were ascertained and adjudicated through medical record review.

Results: We identified 1,152 incident cases of LEAD during a median 18.8 years follow-up. After multivariable adjustment and mutual adjustment, waist and hip circumferences were positively and inversely associated with risk of LEAD, respectively (both P-trend < 0.0001). In a subset (n = 22,561) where various cardiometabolic biomarkers were quantified, a similar positive association of waist circumference with risk of LEAD was eliminated after adjustment for diabetes and HOMA of insulin resistance (P-trend = 0.89), whereas hip circumference remained inversely associated with the risk after adjustment for major cardiometabolic traits (P-trend = 0.0031). In the DXA subset, higher trunk fat (P-trend = 0.0081) and higher leg fat (P-trend < 0.0001) were associated with higher and lower risk of LEAD, respectively. Further adjustment for diabetes, dyslipidemia, and blood pressure diminished the association for trunk fat (P-trend = 0.49), yet the inverse association for leg fat persisted (P-trend = 0.0082).

Conclusions: Among U.S. postmenopausal women, a positive association of upper-body fat with risk of LEAD appeared to be attributable to traditional risk factors, especially insulin resistance. Lower-body fat was inversely associated with risk of LEAD beyond known risk factors.

Title: Menopausal hormone therapy in women with benign gynaecological conditions and cancer

Citation: Best Practice and Research: Clinical Endocrinology and Metabolism; 2021

Author(s): Brennan A.; Rees M.

Abstract: The efficacy of menopausal hormone therapy for bothersome menopausal symptoms is well established. However, there are a range of benign and malignant gynaecological conditions that pose a challenge in managing menopausal symptoms. Their hormone-dependent nature either raises concerns about symptom recurrence or malignant disease progression making decisions about menopausal hormone therapy complex for both clinicians and patients. It appears there is a small potential for symptom recurrence with menopausal hormone therapy use in menopausal women with a history of severe endometriosis. Malignant transformation of previous endometriotic lesions is likely to be rare but is not adequately understood. In this setting, combined hormone therapy is preferred, including in woman post-hysterectomy. Uterine fibroids are not a contraindication to menopausal hormone therapy use but women with large fibroids at menopause should have regular follow-up of their fibroids. Generally, menopausal hormone therapy is considered appropriate for women with cervical cancer and most ovarian cancers except for low grade serous tumours. Endometrial cancer requires an individualised discussion. The overall quality of data in this area is poor but suggests women with a low risk of recurrence may consider hormonal therapy, balancing symptom impact with prognosis. Copyright © 2021 Elsevier Ltd

Title: Perimenopausal contraception

Citation: Current opinion in obstetrics & gynecology; Dec 2020; vol. 32 (no. 6); p. 399-407

Author(s): Voedisch A.J.; Ariel D.

Purpose Of Review: Perimenopause is a time of reduced fertility, and yet unintended pregnancies can occur making comprehensive contraceptive counseling essential for these women. Concern over potential contraceptive risks has unnecessarily limited access and use of certain hormonal methods in this population. This review summarizes the available data on the use and effectiveness of contraceptive options during perimenopause.

Recent Findings: All contraceptive options may be appropriate during perimenopause and no method is contraindicated based on age alone. Combined hormonal contraception has the added benefit of relieving perimenopausal symptoms including controlling menstrual irregularities. Progestin-only methods have the advantage of being taken either alone or in combination with estrogen replacement therapy to address both perimenopausal symptoms and contraceptive needs. Nonhormonal options exist for those wishing to avoid hormonal methods.

Summary: Extensive contraceptive options are available for perimenopausal women as they transition into menopause. Consideration of patient preference, medical co-morbidities, and perimenopausal symptoms will allow women to use the option that best serves her needs.

Title: Safety of systemic hormone replacement therapy in breast cancer survivors: a systematic review and meta-analysis

Citation: Breast Cancer Research and Treatment; 2021

Author(s): Poggio F.; Ruelle T.; Pronzato P.; Tagliamento M.; Del Mastro L.; Lambertini M.; Bruzzone M.; Ceppi M.; Razeti M.G.; Fregatti P.; Massarotti C.; Franzoi M.A.

Purpose: Symptoms of treatment-induced menopause negatively affect quality of life and adherence to endocrine therapy of breast cancer (BC) survivors. Nevertheless, the use of systemic hormone replacement therapy (HRT) to mitigate these symptoms may be associated with an increased risk of disease recurrence in these patients. This systematic review and meta-analysis aimed to assess the safety of systemic HRT on risk of disease recurrence in BC survivors.

Method(s): A systematic search of PubMed up to April 20, 2021 was conducted to identify randomized controlled trials (RCTs) that investigated the risk of disease recurrence with the use of HRT in BC survivors. A random-effect model was applied to calculate the risk of recurrence, reported as pooled hazard ratio (HR) with 95% confidence intervals (CI). A subgroup analysis was performed to estimate the risk of recurrence according to hormone receptor status.

Result(s): Four RCTs were included in the meta-analysis (n = 4050 patients). Overall, 2022 patients were randomized to receive HRT (estrogen/progestogen combination or tibolone) and 2023 to the control group with placebo or no HRT. HRT significantly increased the risk of BC recurrence compared to placebo (HR 1.46, 95% CI 1.12-1.91, p = 0.006). At the subgroup analysis, the risk of BC recurrence with the use of HRT was significantly increased in patients with hormone receptor-positive disease (HR 1.8, 95% CI 1.15-2.82, p = 0.010) but not in those with hormone receptor-negative tumors (HR 1.19, 95% CI 0.80-1.77, p = 0.390).

Conclusion(s): Use of HRT was associated with a detrimental prognostic effect in BC survivors, particularly in those with hormone receptor-positive disease. Alternative interventions to mitigate menopause-related symptoms should be proposed. Copyright © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.

Title: The effects of mindfulness stress reduction program on postmenopausal women's menopausal complaints and their life quality.

Citation: Complementary Therapies in Clinical Practice; Nov 2021; vol. 45

Author(s): Şener ; Timur Taşhan, Sermin

Abstract: This study was carried out to define the effect of the Mindfulness Stress Reduction Program (MBSR) applied among postmenopausal women on their menopausal complaints and quality of life. The study was conducted with a quasi-experimental design. The sample consisted of 118 women, including 55 in the experimental group and 63 in the control group. A Personal Information Form, the Mindful Attention Awareness Scale (MAAS), the Menopausal Symptoms Rating Scale (MRS) and the Menopause Specific Quality of Life Questionnaire (MENQOL) were used to obtain the participants' data. An 8-week Mindfulness Stress Reduction Program was applied among the women in the experimental group. After the pretest, both groups completed the midtest at eight weeks and the posttests covering MAAS, MRS and MENQOL at 16 weeks. The data were analyzed

by using descriptive statistics, independent-samples t -test, chi-squared test, ANOVA and Cronbach's alpha analysis. It was observed that, in the midtest and posttest, there was a significant difference between the MRS total and psychological complaints domain scores of the women in the experimental and control groups ($p < 0.05$). In the midtest, there was a significant difference in the vasomotor, psychosocial, sexual domains and scale total scores between the experimental and control groups ($p < 0.05$). In the posttest of the women in the experimental and control groups, a significant difference was found between these groups in the MENQOL vasomotor area, psychosocial area, physical area domains and scale total scores ($p < 0.05$). The MBSR program reduced the menopausal symptoms and increased the quality of life of the postmenopausal women. • Mindfulness stress reduction program reduces menopausal complaints. • Mindfulness stress reduction program improves the quality of life of women in the menopausal period.

Title: Collagen supplements: trend or truth for the treatment of ageing skin in menopausal women?

Citation: Journal of Aesthetic Nursing; Nov 2021; vol. 10 (no. 9); p. 402-406

Author(s): Arias

Abstract: In recent years, collagen drinks have become a popular supplement, which has been stimulating the appetites of collagen-conscious patients, due to their perceived health and beauty benefits. These beauty supplements are frequently promoted on social media and endorsed by celebrities for their glowing skin and the wrinkle-reducing results. With collagen shots, powders, capsules, gels, gummy sweets, chocolates and coffee creamers filling shop shelves and advertised on social media channels, it may be challenging to avoid being swayed by all the hype. This article aims to help us explore the science behind the hype and if collagen supplements are safe and effective to take and why.

Title: Changes in Regional Fat Distribution and Anthropometric Measures Across the Menopause Transition.

Citation: Journal of Clinical Endocrinology & Metabolism; Sep 2021; vol. 106 (no. 9); p. 2520-2534

Author(s): Greendale ; Weijuan Han; Finkelstein, Joel S.; Burnett-Bowie, Sherri-Ann M.; MeiHua Huang; Martin, Deborah; Karlamangla, Arun S.; Han, Weijuan; Huang, MeiHua; Huang, Mei Hua

Context: The relation between the menopause transition (MT) and changes in regional fat distribution is uncertain.

Objective: To determine whether the MT is associated with the development of central adiposity.

Design: Longitudinal analysis from the Study of Women's Health Across the Nation, spanning 1996-2013 (median follow-up 11.8 years). Setting: Community-based.

Participants: 380 women with regional body composition measures by dual energy X-ray absorptiometry. Mean baseline age was 45.7 years; racial/ethnic composition was 16% Black, 41% Japanese and 43% White.

Outcomes: Changes in android, gynoid and visceral fat and waist and hip circumferences.

Results: Android fat increased by 1.21% per year (py) and 5.54% py during premenopause and the MT, respectively (each $P < 0.05$). Visceral and gynoid fat began increasing at the MT, annualized changes were 6.24% and 2.03%, respectively (each $P < 0.05$). Postmenopausal annual trajectories decelerated to 1.47% (visceral), 0.90% (android), and -0.87% (gynoid), (all non-zero, $P < 0.05$). Waist girth grew during premenopause (0.55% py), the MT (0.96% py), and postmenopause (0.55% py) (all non-zero, $P < 0.05$; not statistically different from each other). Hip girth grew during premenopause (0.20% py) and the MT (0.35% py) (each non-zero, $P < 0.05$; not statistically different from each other) and decelerated to zero slope in postmenopause. Results are for the White referent; there were statistically significant differences in some trajectories in Black and Japanese women.

Conclusions: The MT is associated with the development of central adiposity. Waist or hip circumferences are less sensitive to changes in fat distribution.

Title: Global consensus recommendations on menopause in the workplace: A European Menopause and Andropause Society (EMAS) position statement.

Citation: Maturitas; Sep 2021; vol. 151 ; p. 55-62

Author(s): Rees ; Bitzer, Johannes; Cano, Antonio; Ceausu, Iuliana; Chedraui, Peter; Durmusoglu, Fatih; Erkkola, Risto; Geukes, Marije; Godfrey, Alan; Goulis, Dimitrios G.; Griffiths, Amanda; Hardy, Claire; Hickey, Martha; Hirschberg, Angelica Lindén; Hunter, Myra; Kiesel, Ludwig; Jack, Gavin; Lopes, Patrice; Mishra, Gita; Oosterhof, Henk

Introduction: Worldwide, there are 657 million women aged 45-59 and around half contribute to the labor force during their menopausal years. There is a diversity of experience of menopause in the workplace. It is shaped not only by menopausal symptoms and context but also by the workplace environment. It affects quality of life, engagement, performance, motivation and relations with employers.

Aim: To provide recommendations for employers, managers, healthcare professionals and women to make the workplace environment more menopause supportive, and to improve women's wellbeing and their ability to remain in work.


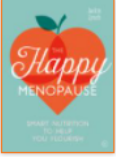
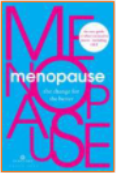
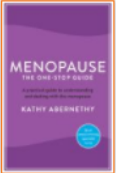
Materials and Methods: Literature review and consensus of expert opinion.

Summary and Recommendations: Workplace health and wellbeing frameworks and policies should incorporate menopausal health as part of the wider context of gender and age equality and reproductive and post-reproductive health. Workplaces should create an open, inclusive and supportive culture regarding menopause, involving, if available, occupational health professionals and human resource managers working together. Women should not be discriminated against, marginalized or dismissed because of menopausal symptoms. Health and allied health professionals should recognize that, for some women, menopausal symptoms can adversely affect the ability to work, which can lead to reduction of working hours, underemployment or unemployment, and consequently financial insecurity in later life.

RUH Menopause Forum dates and planned speakers:

- 14th December 2021 Dr Kerr (general talk on managing your menopause, includes a chat)
- 18th January 2022 Dr Claire Park
- 15th February 2022 Lesley Salem founder of OTBM
- 15th March 2022 at 1pm Mrs Aysha Qureshi

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Liz Earle
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-  **The happy menopause : smart nutritional choices to help you flourish**
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Jackie Lynch.
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-  **Menopause the one-stop guide : a practical guide to understanding and living with the menopause**
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Kathy Abernethy
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