



Perimenopause

Taking it One Symptom at a Time

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Rita's case

Rita, 47, presents with an increasing frequency of menses every 19 to 21 days with normal flow. A more distressing aspect is her increasing premenstrual irritability, often made worse by difficulty sleeping due to hot flashes. All of this is interfering with her ability to perform her job.



Her husband has had a vasectomy.

For a followup on Rita, go to page 58.

Perimenopause is a transitional phase of variable duration preceding menstrual cessation. The phase is characterized by changes in menstrual cycles, which may or may not be ovulatory; the cycle tends to shorten, then lengthen as menses peter out and menopause is established. Simultaneously, the amount and duration of menstrual blood loss may change, with heavy, prolonged bleeding being a common reason for a woman to seek medical advice. Other symptoms may also trigger a visit to a physician (Table 1).

When perimenopausal women present, it is important for physicians to encourage them to

make healthy lifestyle choices (Table 2). Then, the focus should fall to treating the symptoms or concerns that may arise during this period, such as:

- pregnancy,
- menstrual disturbances,
- mood disorders, and
- vasomotor instability.

Pregnancy

Despite reduced fertility, pregnancy remains a concern for perimenopausal woman. Over 50% of pregnancies in women over 40 are unplanned and half are terminated. Those who continue the pregnancy are exposed to greater morbidity and mortality compared to younger women.¹

In North America, tubal ligation, intrauterine devices, barrier methods, and vasectomy are the mainstays of contraception in the perimenopausal age group. However, these methods do not alter symptoms of perimenopause.

OCs

With growing awareness of the benefits of combined oral contraceptives (OCs), more perimenopausal women are electing to continue taking OCs during their 40s. OCs provide effective

Table 1

Perimenopause symptoms that trigger physician visits

- Hot flashes
- Anxiety
- Irritability
- Premenstrual dysphoria
- Depressive symptoms

contraception and reduce menstrual disorders, as well as other symptoms of perimenopause.

Women, and many physicians, perceive the risk factors associated with OC use to be greater than they are, especially in those over 40. None of the risks associated with OC are sufficient, medically or clinically, to deter its use in a healthy woman who could benefit. In healthy women, OCs can be used until their early 50s.

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IUS

The progesterone-impregnated intrauterine system (IUS) is an effective contraceptive and can reduce menstrual blood loss, but does not alter the estrogen deficiency symptoms of perimenopause. The IUS is safe in those with contraindications to estrogen. Furthermore, if menopause occurs before the IUS is exhausted (five to seven years), it can remain in

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Table 2

Lifestyle choices

- Reduce caffeine and alcohol consumption
- Cut out smoking
- Weight management (*i.e.*, healthy diet, aerobic, and weight-bearing exercise)
- Make regular visits to health-care providers to monitor blood lipids and blood pressure, as well as to have mammograms, pap smears, pelvic and breast exams
- Take calcium (with magnesium) and vitamin D to optimize bone mass (bone loss begins to accelerate in the 40s)

place as the progestin component of hormone replacement therapy.

Depoprovera

Depoprovera is also an effective contraceptive that can significantly decrease blood loss, but may exacerbate estrogen deficiency symptoms. In addition, the hypoestrogenemia could cause bone loss that may not recover prior to menopause.

When discussing contraceptive options, consideration should be given not only to the risks of each method, but also to the benefits that may be imparted to the patient. Perimenopausal women need to be informed about emergency contraception and the use of condoms if initiating a new relationship, as they often have not been exposed to this information.

Menstrual disturbances

Menstrual disturbance is extremely common in perimenopause and is the leading reason women seek

Table 3

Alternative therapies for perimenopause symptoms

Therapy	Possible indication
Black cohosh	Vasomotor symptoms
Isoflavones	Vasomotor symptoms
St. John's Wort	Mood disorder

*Evening Primrose has no efficacy over placebo.

medical advice, as well as major grounds for operative intervention. One type of menstrual disturbance is menorrhagia.

Menorrhagia

The improved medical management of menorrhagia has reduced the need for surgical intervention.

Up to 85% of perimenopausal women have some form of vasomotor instability; studies indicate that OCs can reduce the number and severity of hot flashes.

The efficacy of OCs in menorrhagia (as well as for dysmenorrhea) is well established. Fibroids with menorrhagia is a common indication for hysterectomy and, despite the prevailing myth that OCs cause fibroid growth, recent evaluations found benefit in their use, without evidence of fibroid growth.² OCs can also be used and protect the endometrium against hyperplasia.

Cyclic oral progestins are ineffective in the management of menorrhagia and should be used only to

induce a withdrawal bleed in circumstances of oligoovulation.

If menorrhagia is the sole symptom, non-steroidal anti-inflammatory drugs (NSAIDs) and/or fibrinolytics (tranexamic acid) used during menstruation can be effective, though the IUS, depoprovera, and low-dose (200 mg) daily danazol are more effective and also decrease dysmenorrhea.

Any treatment decision should take into account the agent's effect on bones. Some therapies are bone-neutral (NSAIDs, danazol, tranexamic acid, IUS), others are bone-positive (OCs), and still others are bone-negative (gonadotropin-releasing hormone agonist, depoprovera). In one study, OC use in women over 40 was associated with a 25% reduction in

the risk of hip fracture compared to those who did not take OCs.³

It is also important to rule out endometrial pathology in perimenopausal women who have irregular bleeding.

Mood disorders

Mood disorders during perimenopause are most likely related to the erratic fluctuations in reproductive hormones, high-to-low-to-high estrogen levels, and irregular progestin production.

Symptoms of depression can be controlled by OCs, but an antidepressant may be required to achieve complete symptom relief. In addition, some antidepressants diminish sleep disorders, anxiety, and hot flashes.

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A followup on Rita

Rita is reassured that a shortened menstrual cycle is common in perimenopause and options are discussed for the management of her symptoms. The patient opts to try a low-dose oral contraceptive.

Vasomotor instability

Like mood disorders, hot flashes are also caused by hormone fluctuations. Up to 85% of perimenopausal women have some form of vasomotor instability. Studies have indicated that OCs significantly reduce the number and severity of hot flashes.⁴

Can alternative medicine work?

Although most alternative therapies are not as effective as prescribed medications for symptoms of perimenopause, they should be discussed as part of a holistic approach (Table 3).

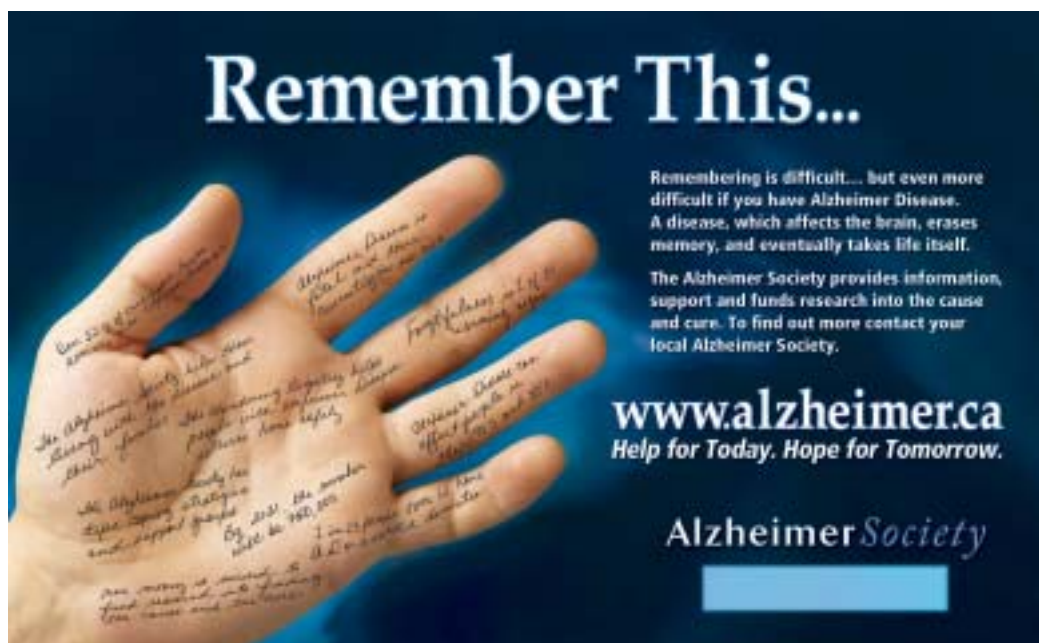
What's the main message?

In perimenopausal women, numerous symptoms can arise from erratic hormone production. Medical therapies can significantly improve the quality of life and reduce the need for operative intervention. Health-care providers need to be aware of the full range of management options, as well as their pros and cons. **Dx**

References

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