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Practical Approach to Menopause Management



Indian Menopause Society
Nagpur Chapter

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3
CHAPTER

Screening at Menopause

Swati Bhave, Rujuta Fuke

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INTRODUCTION

With increase in the longevity, an average woman spends one third of her life after menopause. This is a period more vulnerable for development of chronic health problems either because of changes in reproductive endocrinology or part of somatic aging. The incidence of certain conditions (cardiovascular disease, osteoporosis, breast cancer, diabetes, hyperlipidemia, hypertension, genital malignancies) increase after menopause. Thus, thorough clinical examination becomes an essential part in the work up of a perimenopausal woman, whether symptomatic or asymptomatic. The approach to clinical evaluation should be directed to complete health check up rather than focusing on problems.

Evaluation starts with:

1. Good history taking.
2. Clinical examination.
3. Investigations which can be routine or specific.

1. History Taking

Note following symptoms if any:

Systems	*Symptoms*[1]
Abnormal uterine bleeding (AUB)	Irregular, frequent, infrequent, short, prolonged, scanty, heavy, intermenstrual, contact bleeding, etc.
Vasomotor symptoms	Hot flushes, night sweats, sleep disturbance and fatigue
Musculoskeletal	Muscle and joint pains, osteoporotic fracture, backache, leg pains

Contd...

Genitourinary syndrome	Vaginal dryness, burning , irritation, dyspareunia, urgency and frequency of urine, dysuria, recurrent urinary tract infections, urinary incontinence, voiding dysfunction
Sexual	Decreased desire, decreased arousal, sexual pain, etc.
Neuropsychiatric	Memory and cognitive impairment, impaired episodic memory, lack of concentration, dementia
Endocrine	Weight gain and abnormal fat deposition, diabetes, hypothyroidism, dyslipidemia
Skin	Dry skin, thinning of hair, abnormal facial hair
Eyes	Dry eyes, presbyopia, open angle glaucoma, cataract
Ears	Hearing impairment, vertigo, dizziness
Oral cavity	Loose dentures, burning mouth syndrome, xerostomia, dental caries

Other history like: Last menstrual period, menstrual cycles, history of Polycystic ovarian disease, age of menarche and menopause.

Obstetric history: Parity, contraception, history of postpartum depression, gestational diabetes mellitus, preeclampsia in pregnancy.

Family history of diabetes, hypertension, breast and endometrial cancer, colon cancer, CVD, stroke, early menopause, osteoporosis, rheumatoid arthritis, etc. should be determined.

Medical and surgical history of any chronic diseases and surgeries, if any.

Personal history: Level of physical activity, mental attitude, social relationships, use of caffeine, tobacco, alcohol, smoking, etc.

Quality of life: State of mind beyond the presence or absence of symptoms.

Immunization history: Influenza, etc.

2. Clinical Examination

General	*Systemic*	*Specific investigations*
Pulse	Cardiovascular	Serum FSH (> 40 IU/ml)
Blood pressure	Respiratory	Serum estradiol (< 20 pg/ml)
Body mass index (BMI)	Central nervous system	Coagulation factors (AUB)
Waist circumference	Eye	Endometrial biopsy (AUB)
Thyroid palpation	Dental	Bone mineral density (osteoporosis)
Breast examination	Musculoskeletal	Vaginal pH (genitourinary syndrome)
Pelvic examination	Psychiatric	
Pedal edema	Urogenital	
Varicose veins	Skin and hair	

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Screening

For early diagnosis and prevention of development and progress of these conditions, routine screening is advised at the perimenopausal age which should continue further throughout her life.

Definition of Screening

In 1951 the United States Commission of Chronic Illness defined screening as "the presumptive identification of unrecognized disease or defect by the application of tests, examinations, or other procedures which can be applied rapidly.[1]

Importance of Screening[2]

The preclinical identification of disease has been a major component of modern medicine and public health. It has contributed to some of its major successes in the form of prevention of breast cancer, cardiovascular disease, cervical cancer, diabetes, osteoporosis, etc.

Timing of Screening

Screening of various systems[3,4] like:

- Cardiovascular: BP measurement, Echocardiogram (ECG), if required, Treadmeal test (TMT).
- Endocrinology: Fasting blood sugar, thyroid function tests, lipid profile, etc.
- Musculosketetal: Bone mineral density.
- Malignancies: Mammography, Transvaginal ultrasound for endometrial thickness, Pap smear and colposcopy for cervical cancer screening, vaginal pH.
- Ophthalmic: Ophthalmic check up.
- Dental health: Dental check up.
- Kidneys: Ultrasound KUB, urine examination.

Recommendations

- Bone mineral density screening should be performed in all women older than 65 years, and should begin sooner in women with additional risk factors for osteoporotic fractures.[5,6] Adequate intake of calcium (1000–1500 mg) and vitamin D (800–1000 IU) daily should be encouraged for all postmenopausal women to reduce bone loss.[7]
- All adults should be screened for obesity. BMI and waist circumference are the reliable tools. Gradual and sustained weight reduction should be encouraged and counseling and behavioural sessions every month for three months.
- Counseling is recommended for older adults about an exercise program that balances the modalities of endurance, mobility, flexibility, strength, and gait.

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- Coronary artery disease is the leading cause of death in women. Postmenopausal women should be counseled regarding lifestyle modification, including smoking cessation and regular physical activity. All women should receive periodic measurement of blood pressure. Appropriate pharmacotherapy should be initiated when indicated. Low dose aspirin is strongly recommended to high risk subjects for cardiovascular disease.[8]
- All women should be screened for dyslipidemia (total cholesterol, triglycerides and HDL and LDL cholesterol) after the age of 45 years every 5 years particularly in high risk women.[9]
- All adults 45 years and older should be screened for diabetes every 3 year by fasting blood glucose, more often so in high risk women with BMI > 25.
- Women should receive breast cancer screening every one to two years beginning at age 40 with clinical breast examination and mammography as well as colorectal cancer screening (in high risk population) beginning at age 50.[10,11]
- Every woman who is sexually active and have a cervix should receive routine cervical cancer screening annually initially at the start of sexual activity and later on every 3 year with Papanicolaou smear till the age of 70.[12]
- Recommended immunizations for menopausal women include an annual influenza vaccine, a tetanus and diphtheria toxoid booster every 10 years, and a one-time pneumococcal vaccine after age 65 year.[13]

CONCLUSION

Perimenopause is considered the preparatory time for the "hormonal hallmark of menopause". It is not a time to worry about the changes going on within a woman's body, but to honour them and focus on supporting one's body in managing them without symptoms.

REFERENCES

1. Santoro N, Epperson CN, Mathews SB. Menopausal symptoms and their management. Endocrinol Metab Clin North Am. 2015;44(3):497-515. doi:10.1016/j.ecl.2015.05.001.
2. MacLennan AH, Sturdee DW. The use and abuse of screening tests around menopause. Climacteric. 2006;9(3):153-5.
3. Sarri G, Davies M, Lumsden MA, Guideline Development Group. Diagnosis and management of menopause: summary of NICE guidance. BMJ. 2015;351:h5746. doi: 10.1136/bmj.h5746.
4. Shobha S. Rao Health maintenance for postmenopausal women; Am Fam Physician. 2008;78(5):583-91.
5. U. S. Preventive Services Task Force. Screening for osteoporosis in post-menopausal women: recommendations and rationale. Ann Intern Med. 2002;137(6):526-8.
6. Schnatz PF. The 2010 North American Menopause Society position statement:Updates on screening, prevention and management of postmenopausal osteoporosis.Conn Med. 2011;75(8):485-7.

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7. North American Menopause Society. The role of calcium in peri- and postmenopausal women: 2006 position statement of the North American Menopause Society. Menopause. 2006;13(6):862–77.
8. U. S. Preventive Services Task Force. Aspirin for the primary prevention of cardiovascular events: recommendation and rationale. Ann Intern Med. 2002;136(2):157–60.
9. U. S. Preventive Services Task Force. Screening for lipid disorders: recommendations and rationale. Am J Prev Med. 2001;20(3 suppl):73–76.
10. U. S. Preventive Services Task Force. Screening for breast cancer: recommendations and rationale. Ann Intern Med. 2002;137(5 part 1):344–6.
11. U. S. Preventive Services Task Force. Screening for colorectal cancer: recommendation and rationale. Ann Intern Med. 2002;137(2):129–31.
12. American College of Obstetricians and Gynecologists. ACOG practice bulletin. Cervical cytology screening. Number 45, August 2003. Int J Gynaecol Obstet. 2003;83(2):237–47.
13. Advisory Committee on Immunization Practices. Recommended adult immunization schedule: United States, October 2007–September 2008. Ann Intern Med. 2007;147(10):725–9.

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Practical Approach to Menopause Management

Salient Features

- It is a comprehensive book wherein all aspects of practical problems of menopause are discussed making it a 'one stop shop' for menopause management for clinicians, practitioners, medical teachers and postgraduates.
- A quick reference book for beginners as well as veterans, the book contains scientific and updated information.
- Considering multidisciplinary involvement in the management of different aspects of menopause, attempt has been made to incorporate the knowledge and clinical expertise of all the specialists in the respective fields under one roof.
- The book starts with an introduction to menopause followed by in-depth discussion on various problems as well as recent advances in the management of menopause.
- This book shares scientific information with colored illustrations and photographs. A chapter on Imaging at Menopause is explained with images of ultrasound, mammography, CT and MRI.
- Special topics on lifestyle modification, such as skin and hair care, role of yoga, diet, exercise, meditation and stress management have also been incorporated as it is the need of the hour.
- A section on Perimenopausal Obstetrics is added which discusses issues like contraception, pregnancy and Assisted Reproductive Techniques at perimenopause with special reference to surrogacy.
- Never before a topic on cosmetic vaginal surgeries and cosmetic makeover has been discussed in any of the textbooks as sparse literature is available for this relatively new concept. This revolutionary idea is discussed in depth under the heading of Menopause Makeover by Cosmetic Surgery for the first time in this book.
- Each chapter is uniformly designed and very particularly monitored for quality control.
- In short, every attempt has been made to come up with a complete, yet concise book on menopause.



Rujuta Fuke MD DNB is an Associate Professor, Department of Obstetrics and Gynecology, Government Medical College and Hospital, Nagpur, Maharashtra, India. In addition to being a well-respected undergraduate and postgraduate faculty of Maharashtra University of Health Sciences, Nashik, she is also routinely invited to serve on the examiner panel for OBGY examinations of various universities. She has a distinguished academic record with many awards to her credit, such as: Late Dr Rangilal Singh Memorial Award, Late Smt Sundarabai Kunnawar Memorial Award, Dhanwantari Award, Late Smt Shakuntala Suryawanshi Memorial Award, Pfizer Gold Medal for Excellence in undergraduate studies. She has presented her work in various national and international conferences and is an invited speaker at regional and national scientific meetings. She is associated with many organizations dedicated to social cause especially cancer awareness in women and adolescent health.



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