

# MENOPAUSE in 2026

Michigan Osteopathic Association

May 16, 2026

**Dr Carrie Leff**

 @drcarrieleff

[www.drcarrieleff.com](http://www.drcarrieleff.com)

# Objectives:

- Identify the stages of menopause and perimenopause, including appropriate use of laboratory testing in midlife women.
- Review the history of menopausal hormone therapy and the relevance of Women's Health Initiative data to current practice.
- Apply an individualized risk-benefit approach to menopausal symptom treatment based on symptoms, cardiovascular risk, breast cancer risk, and patient goals.

# Case: Angela



- 50 year old female who presents for her CPE
- **Past Medical History**
  - Hypothyroidism on levothyroxine
  - periods have been irregular, 4 periods in 2025, some heavy
- **Family history:**
  - Father with ho atrial fibrillation
  - Mother with HO DCIS, treated with lumpectomy
    - osteopenia, ? Dementia
- **Health Maintenance**
  - Last pap 2023, NL cells, - HPV
  - Last mammogram July 2025, NL, heterogeneously dense breasts
- "I'm just not feeling like myself lately"
  - Anxiety, joint pain, brain fog, trouble sleeping, palpitations, hot flashes
- **EXAM:**
  - BMI 21, BP 114/73, NL PE

# WHO HAS...

- Seen Angela?
- Been overwhelmed by a patient like Angela?
- Wanted to run out of the room during this encounter?

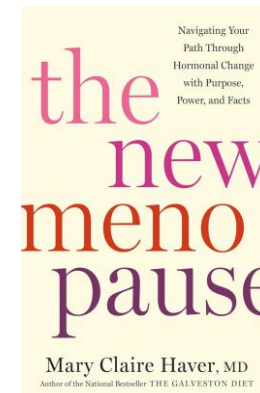
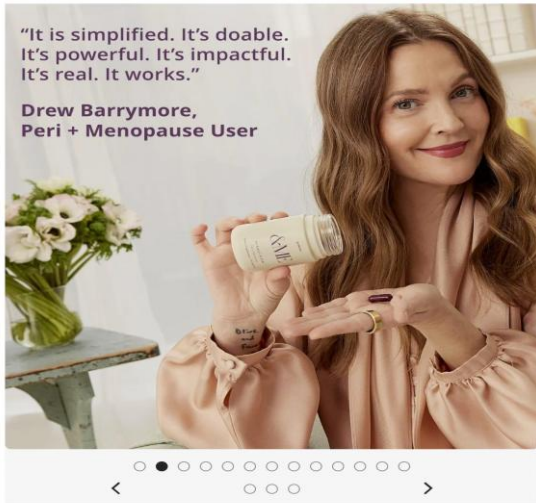


HELPED ANGELA?



# MENOPAUSE IS EVERYWHERE

dr. kellyann [SHOP ALL](#) [DIETS & PROGRAMS](#)

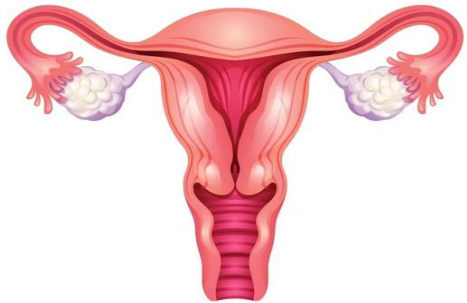


# Should Angela ask her Primary Care Doctor about Menopause?



# Who should "OWN" Menopause?

Gynecologists



Primary Care

**Internists**  
**Family Medicine**

Endocrinologists

# Menopause... The Numbers

- 1.3 million women enter menopause every year
- 80% have symptoms
- 8-10 million women have bothersome menopause symptoms



Rheumatology

Ortho

Derm

# ALL OF US!

Psych

Endocrine

"army of specialists"

Cardiology

Hematology



ENT  
Ophtho  
Neuro  
Urology

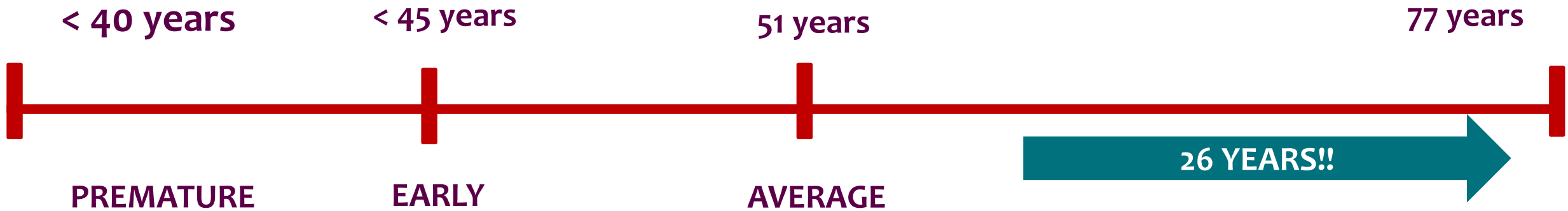
Oncology



**Primary Care and Gyne will do the heavy lifting...**

**We also need our SPECIALIST colleagues support & expertise!**

# Definitions & Timeline



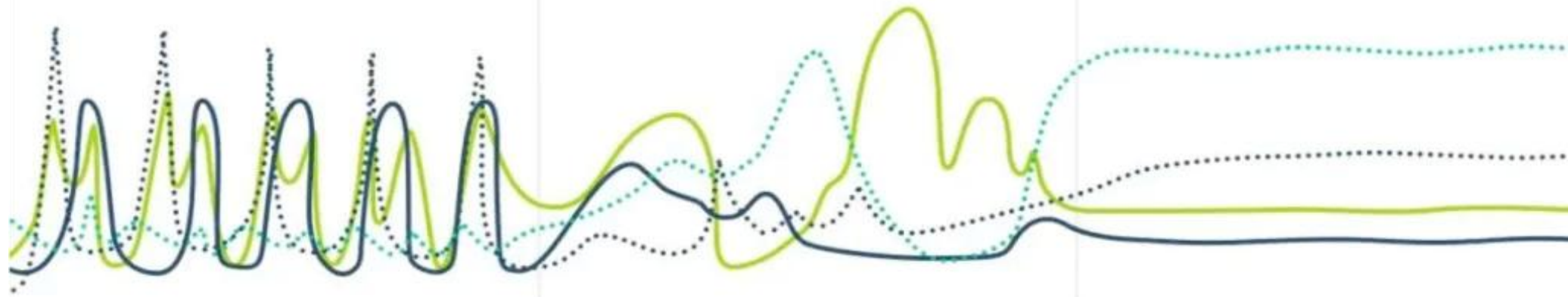
**Menopause**

**Post Menopausal**

**Premenopause**

**Perimenopause**

**Postmenopause**



— Estrogen

..... Follicle-stimulating hormone

— Progesterone

..... Luteinizing Hormone

# MENOPAUSE

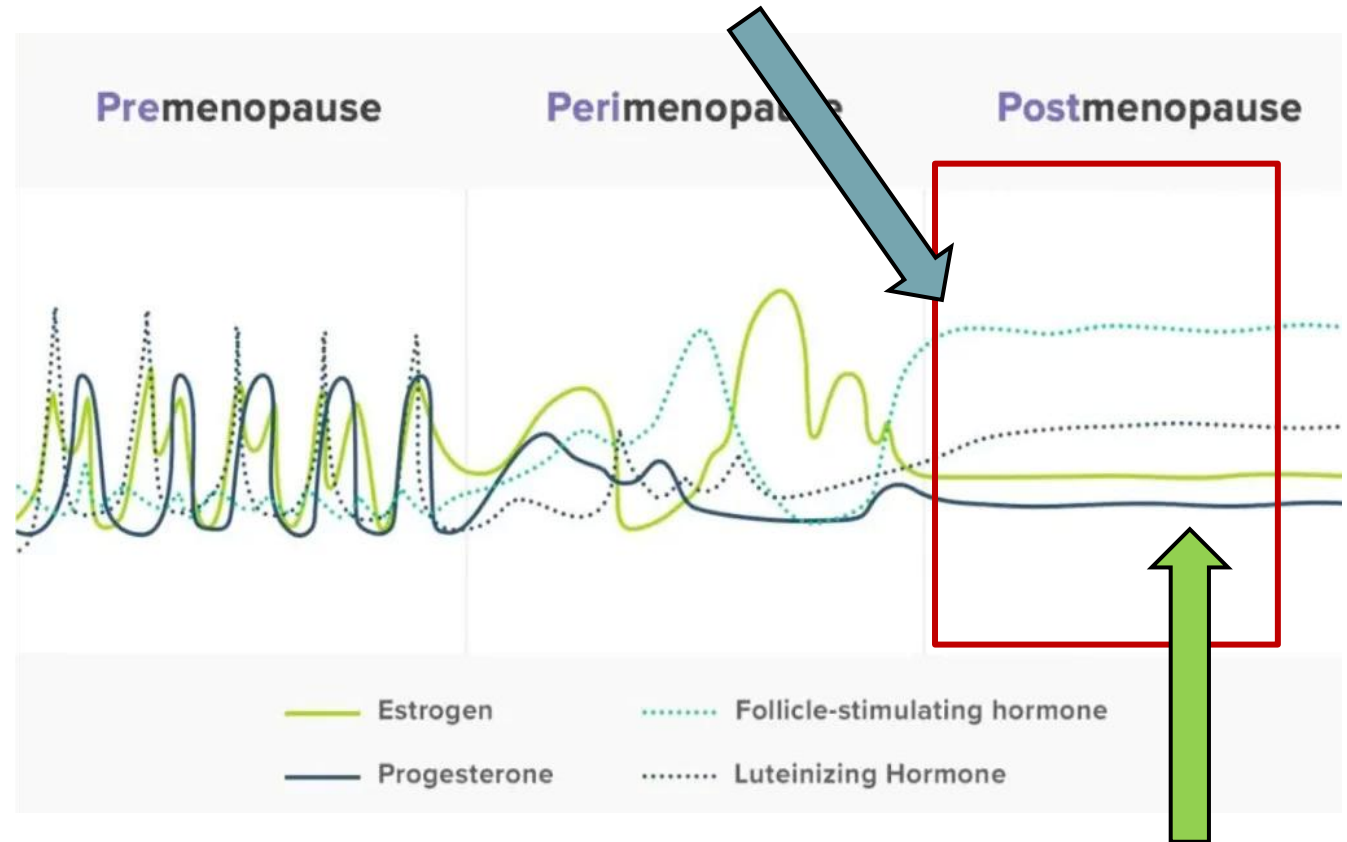
A NATURAL physiologic transition that marks the end of women's reproductive years when the ovaries are no longer making estrogen

- 12 months without a period
- Clinical, Retrospective
- Cannot be used in many women
  - IUD, hysterectomy or OCPs

**But this is all we have...**

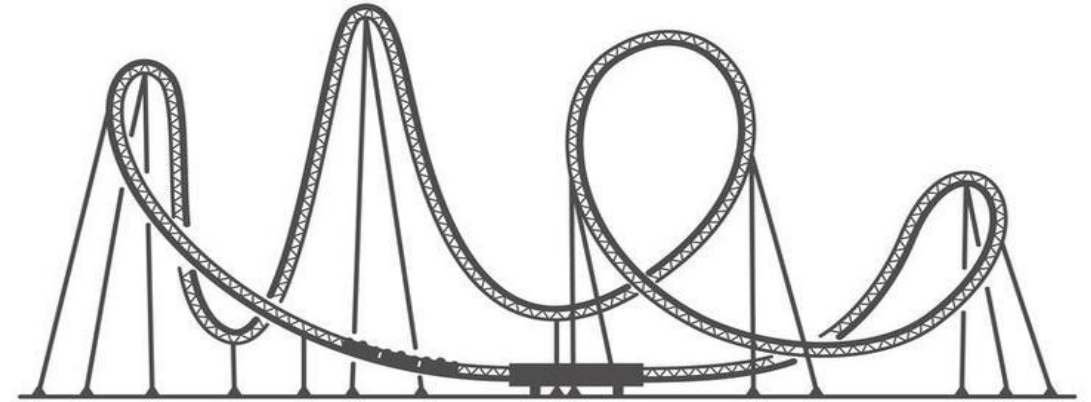
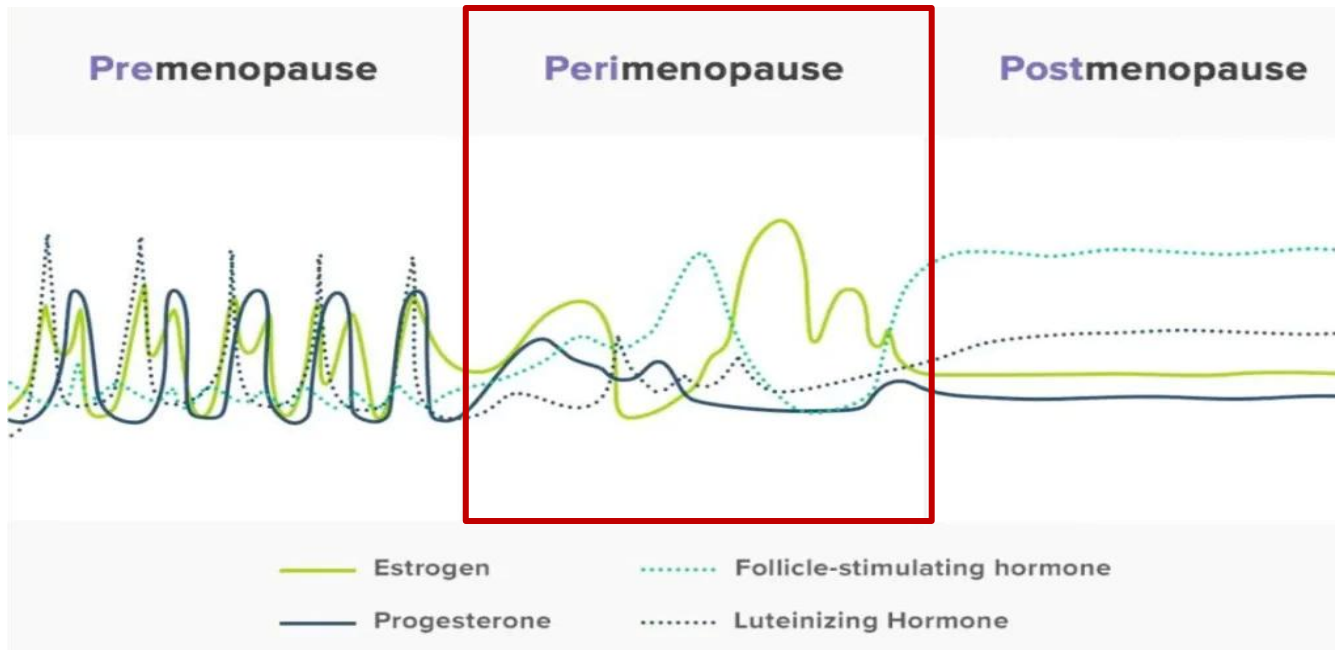
## HORMONE LEVELS

- Elevated FSH (>40)



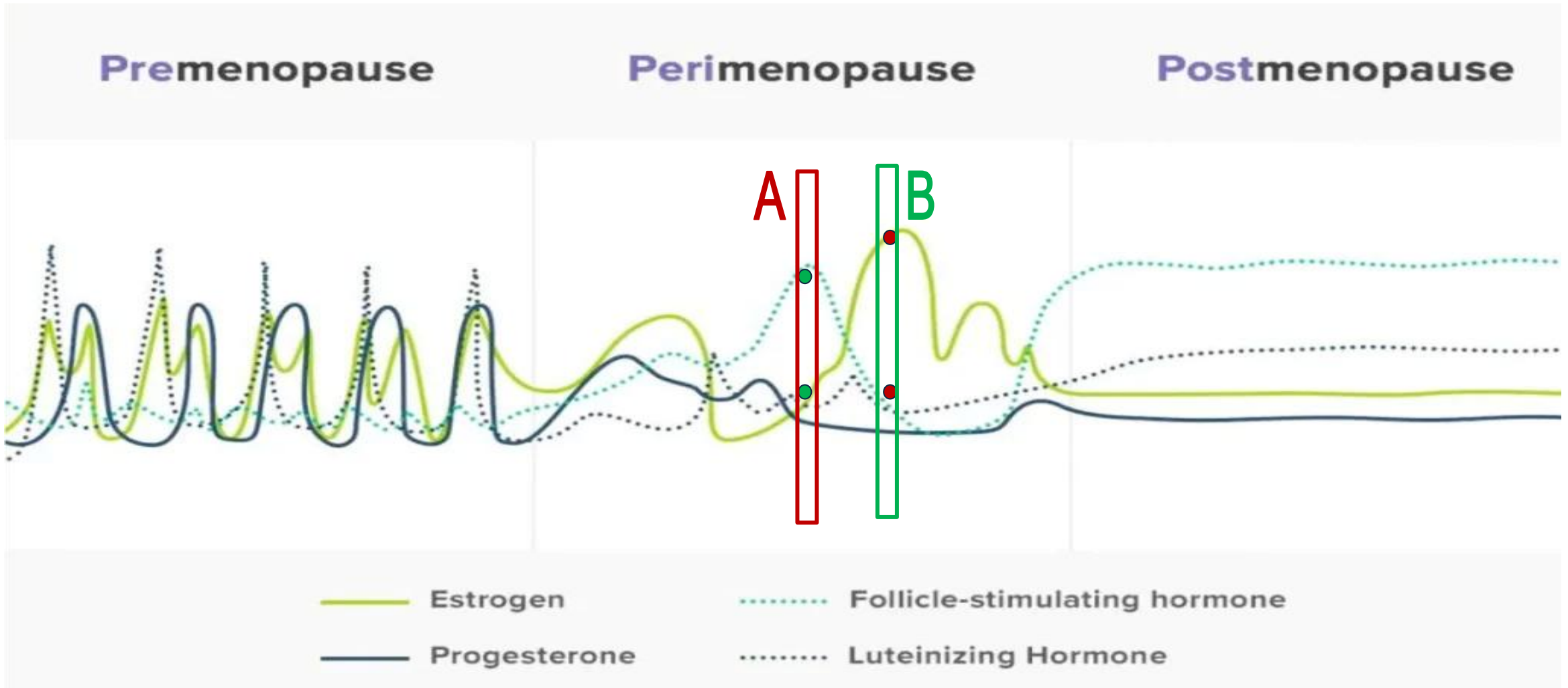
- Undetectable estrogen levels (detectable estradiol rules out menopause)

# What is PERIMENOPAUSE? aka THE MENOPAUSE TRANSITION



- Period of ovarian aging when menstrual cycle regularity changes
- Ends after 12 months of amenorrhea
- Follicle density is decreasing, reach a critical level where there is no ovulation

# The Problem with Hormone Testing in Perimenopause



**A** High FSH, low estradiol

**B** low FSH, high estradiol

# PERIMENOPAUSE

Divided into early and late (STRAW)

The Stages of Reproductive Aging Workshop +10 staging system for reproductive aging in females

Stage	-5	-4	-3b	-3a	-2	-1	+1a	+1b	+1c	+2
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION		POSTMENOPAUSE			
	Early	Peak	Late		Early	Late	Early			Late
Duration	Variable				Variable	1-3 years	2 years (1+1)	3-6 years		Remaining lifespan
<b>PRINCIPAL CRITERIA</b>										
Menstrual cycle	Variable to regular	Regular	Regular	Subtle changes in flow/strength	Variable length: Persistent ≥7-day difference in length of consecutive cycles	Interval of amenorrhea of ≥60 days				
<b>SUPPORTIVE CRITERIA</b>										
Endocrine FSH AMH Inhibin B			Low Low	Variable* Low Low	↑ Variable* Low Low	↑ >25 international units/L ↑ Low Low	Variable Low Low	Stabilizes Very low Very low		
Antral follicle count			Low	Low	Low	Low	Very low	Very low		
<b>DESCRIPTIVE CHARACTERISTICS</b>										
Symptoms						Vasomotor symptoms likely	Vasomotor symptoms most likely			Increasing symptoms of urogenital atrophy

- **EARLY:**

- median age 47
- More than 7 days difference in cycle length or skipping a cycle
- Can have higher hormone levels due to stacking effect

- **LATE:**

- median age 49
- >60 days of amenorrhea
- Lower hormone levels in general, low estradiol, high FSH

**“Will you test my hormones because I want to know where I am in menopause?”**

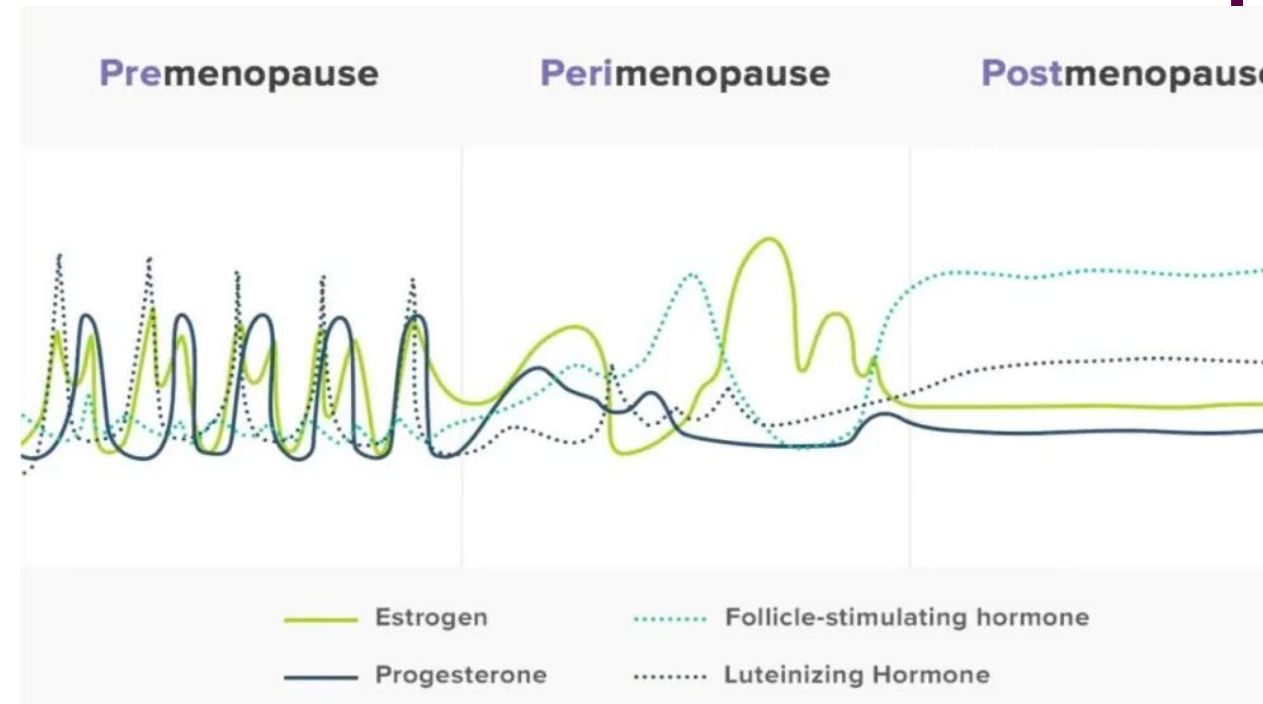


# HORMONES: To Test... or Not to Test

- You do NOT NEED hormones to diagnose menopause
  - IN MENOPAUSE: ALWAYS see high FSH and undetectable estradiol
  - Labs in an OVERTLY menopausal woman are NOT helpful!
- In patients <45
  - hormone testing can be considered to RO other causes of amenorrhea
    - BHCG
    - TSH, prolactin
    - FSH, estradiol, AMH

For patients who “want to know where they are”

- classify them as pre menopausal, early peri-, late peri- or menopausal clinically
- If you can't→test
- Only hormones needed generally: FSH, estradiol, AMH



## KEY POINT...

**Making estrogen RULES OUT menopause  
but NOT making estrogen does NOT  
mean you are in menopause**

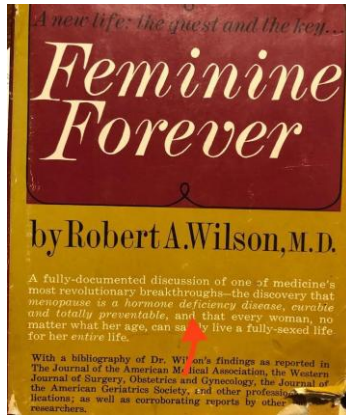
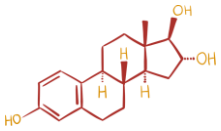
Although menopause is NOT defined by hormone levels,  
you can describe hormones as “in the menopausal range”

A photograph of a winding asphalt road with double yellow lines, curving through a lush, green forested valley. In the distance, rolling hills and mountains are visible under a soft, overcast sky. The overall mood is serene and contemplative.

You have to know the past  
to understand the present.

Carl Sagan

# History of hormones... A timeline



Estrogen identified  
"oistros"  
-frenzied  
passion

FDA approves  
HRT

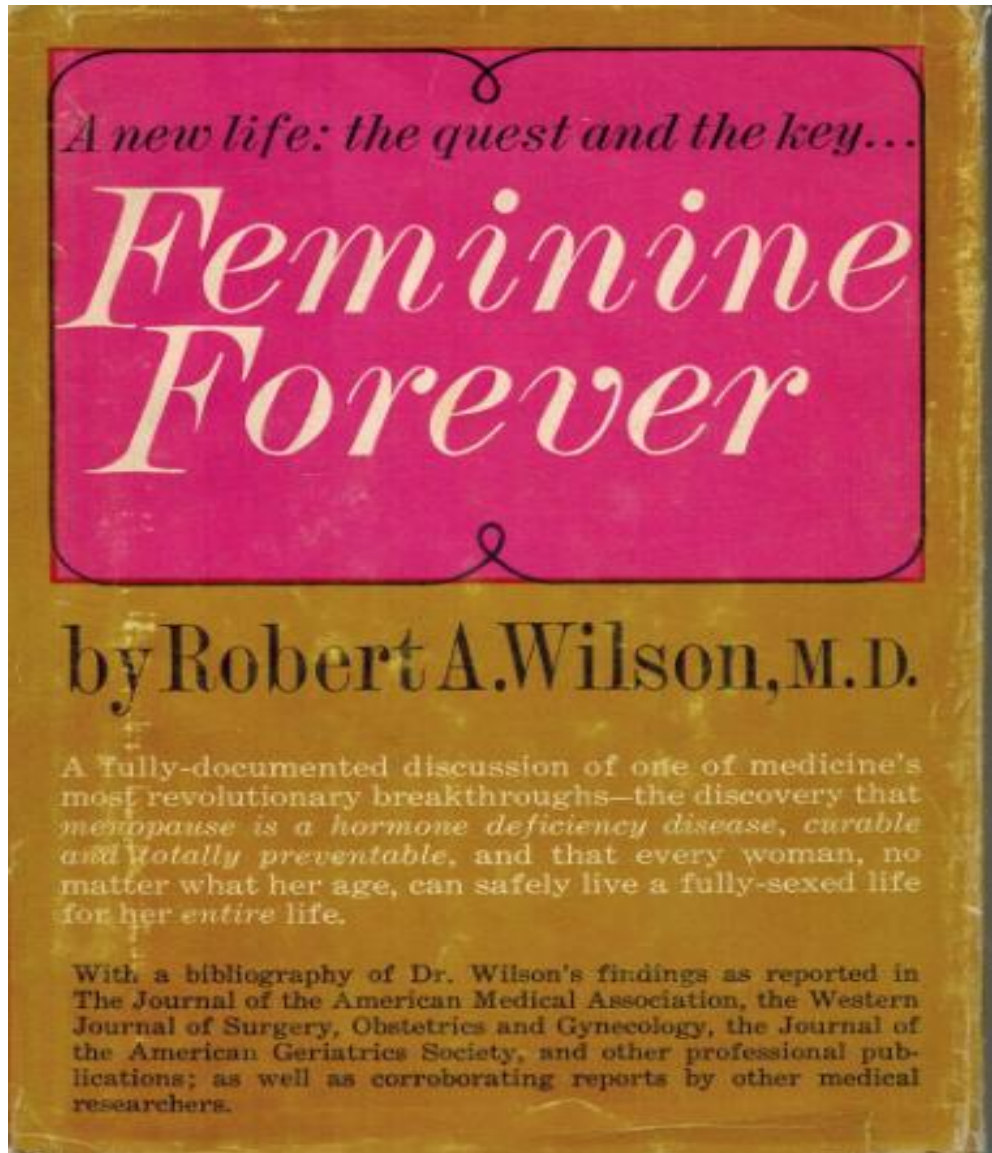
1929

1942

1960



# THE 1960s and WOMEN



“...revolutionary breakthrough that menopause is a hormone deficiency DISEASE... curable and preventable so every woman can live a fully sexed life for her entire life.”

## Women Have Been Misled About Menopause

Hot flashes, sleeplessness, pain during sex: For some of menopause's worst symptoms, there's an established treatment. Why aren't more women offered it?

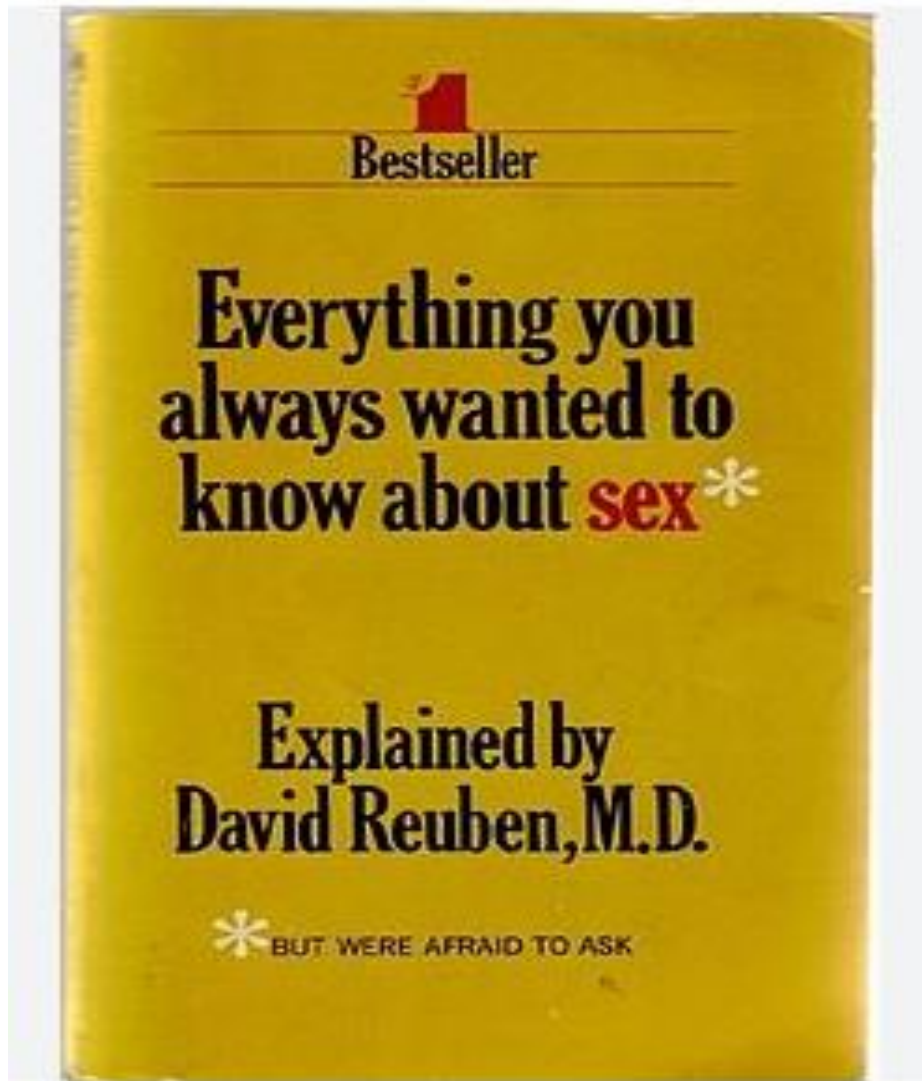


February, 2023



“Feminine Forever was the start of a vexed relationship for women and hormone therapy. The book was bold for its time, in that it recognized that sexual pleasure was a priority for women. But it also displayed a frank contempt for aging women’s bodies and pitched hormones in the service of men’s desires: women on hormones would be “more generous” sexually and “easier to live with”. They would even be less likely to cheat. Soon, Premarin was the 5<sup>th</sup> most prescribed drug in the US. Later it was revealed that the author received funding from the company that sold Premarin.”

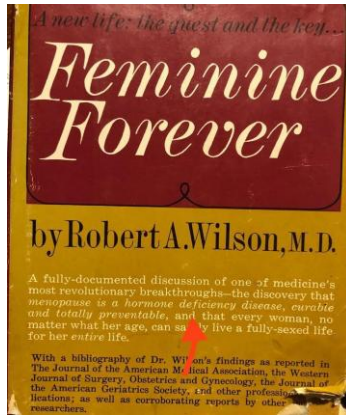
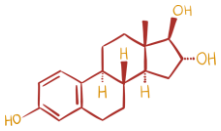




Published 1969

“Once the ovaries stop, the very essence of being a woman stops. A postmenopausal woman comes as close as she can to being a man... not really a man, but no longer a functional woman”

# History of hormones... A timeline



Estrogen identified  
“oistros”  
-frenzied  
passion

FDA approves  
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Too MANY  
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for the  
**WRONG**  
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15 million HRT  
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**WHI**

Association of  
endometrial  
cancer with  
unopposed  
estrogen

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# What was the Women's Health Initiative?

- RCT designed to determine whether postmenopausal HT should be offered to all women to reduce the incidence of CVD
- 160,000 women were enrolled
- \$600 million



# WHI

Primary end point  
was to  
Evaluate if MHT  
decreased risk of CV  
and stroke

- Patients 50-79, average age 63
- Most 12 years beyond the FMP
- most-all asymptomatic

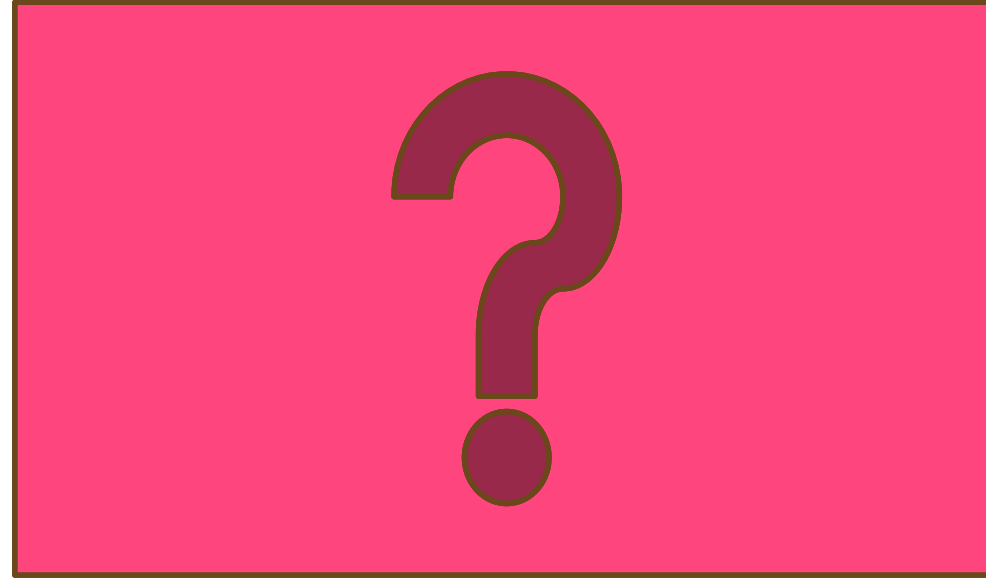
## WOMEN WITH A UTERUS:

CONJUGATED EQUINE ESTROGEN  
And  
MEDROXYPROGESTERONE ACETATE (E+ P)  
Vs  
Placebo

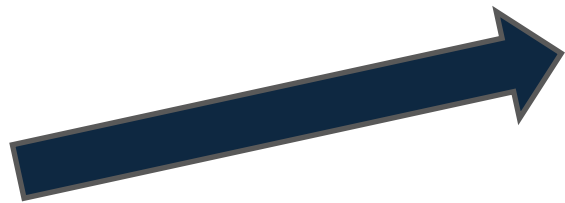
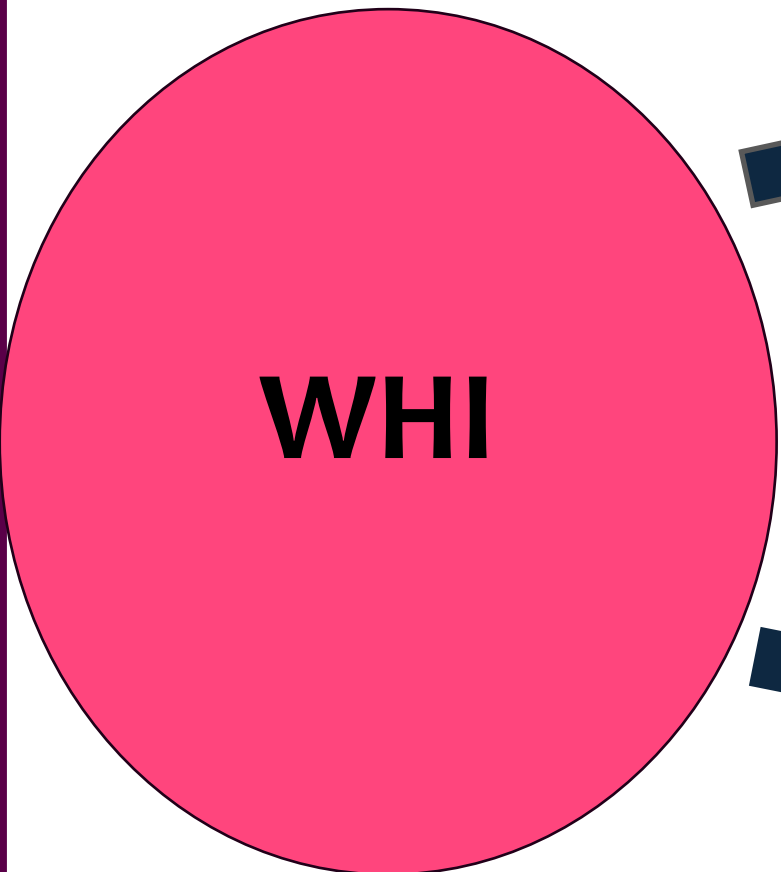
## WOMEN WITHOUT A UTERUS:

CONJUGATED EQUINE ESTROGEN (E only)  
Vs  
Placebo

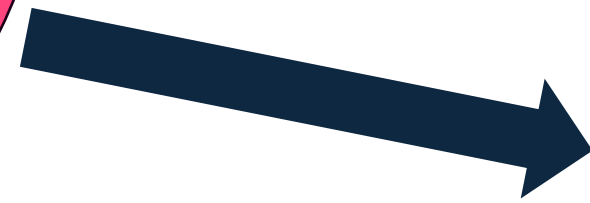
# Is the WHI data applicable in 2026?



- Most patients were asymptomatic
- Patients were older and therefore had higher baseline risk
- Study utilized hormone preparations that are not commonly used today



WOMEN WITH A UTERUS:

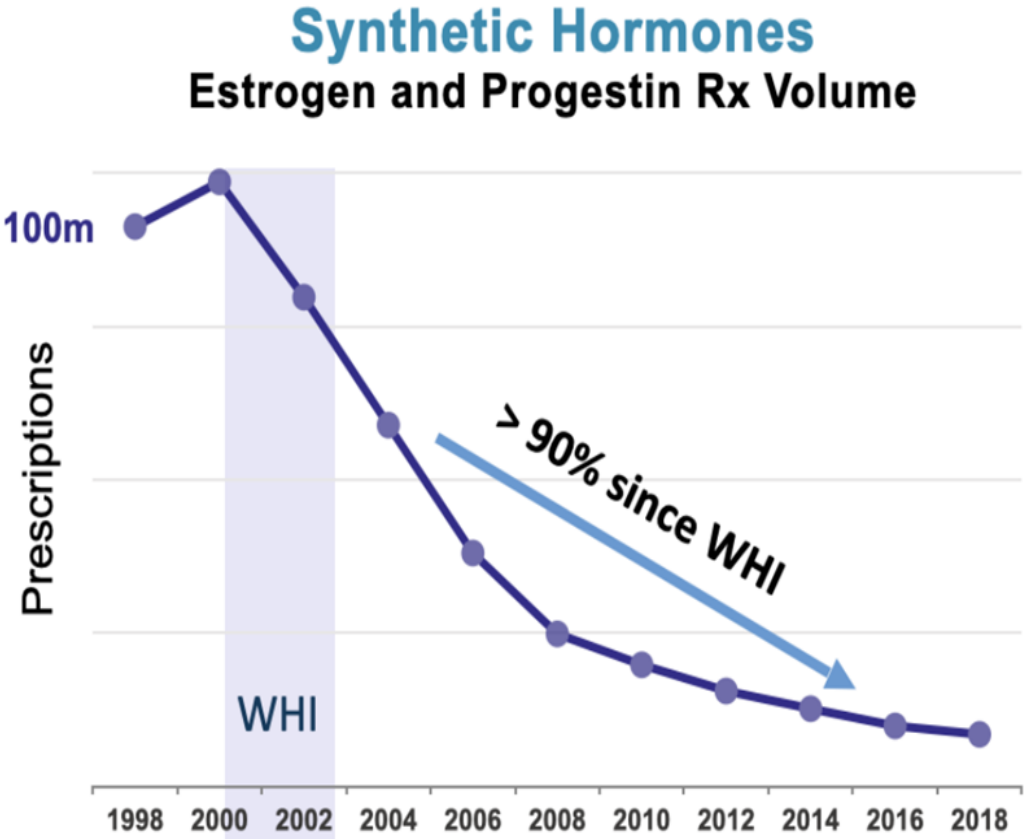


WOMEN WITHOUT A UTERUS:



**25% INCREASE IN  
BREAST CANCER RISK**

# Synthetic Hormone Therapy Decreased Post-WHI



Pinkerton, JV, et al. *Menopause*. 2016, 23(4) 359-367

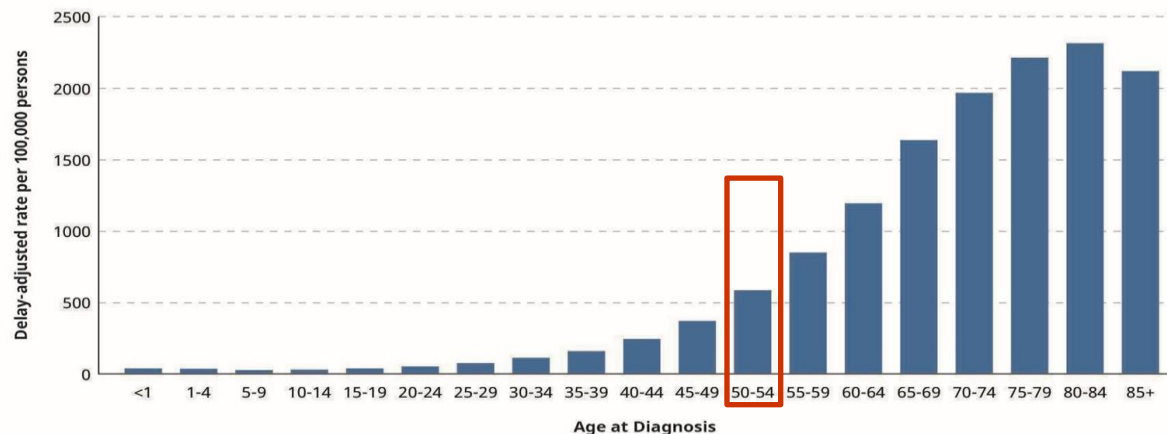


# **BUT... what was the REAL story?**

**Do hormones “cause” breast cancer?  
What was the magnitude of this effect?  
Is it generalizable to the population?**

# Hormones and Breast Cancer

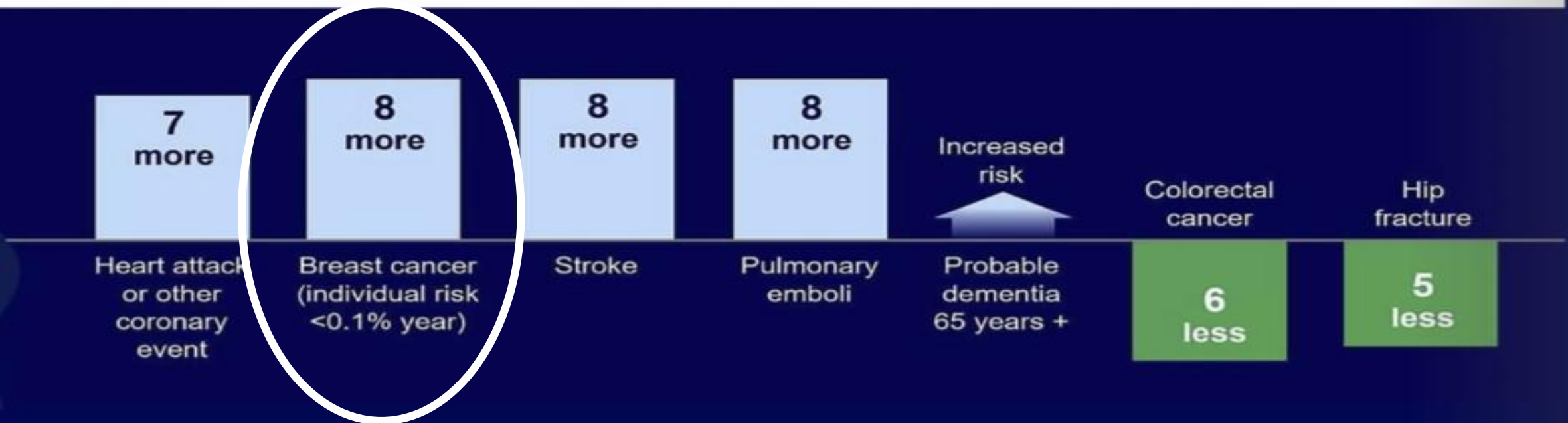
- Large concern from our patients
- Information from the WHI
  - This was not the primary endpoint for the WHI, so women were not randomized to evaluate this outcome
  - Results between the 2 groups were conflicting
  - Relative Risk vs Absolute Risk



# WHI Results

Estrogen-Progestin arm (CEE/MPA vs. placebo)<sup>1</sup> (n=16,608)

For every 10,000 women taking this formulation

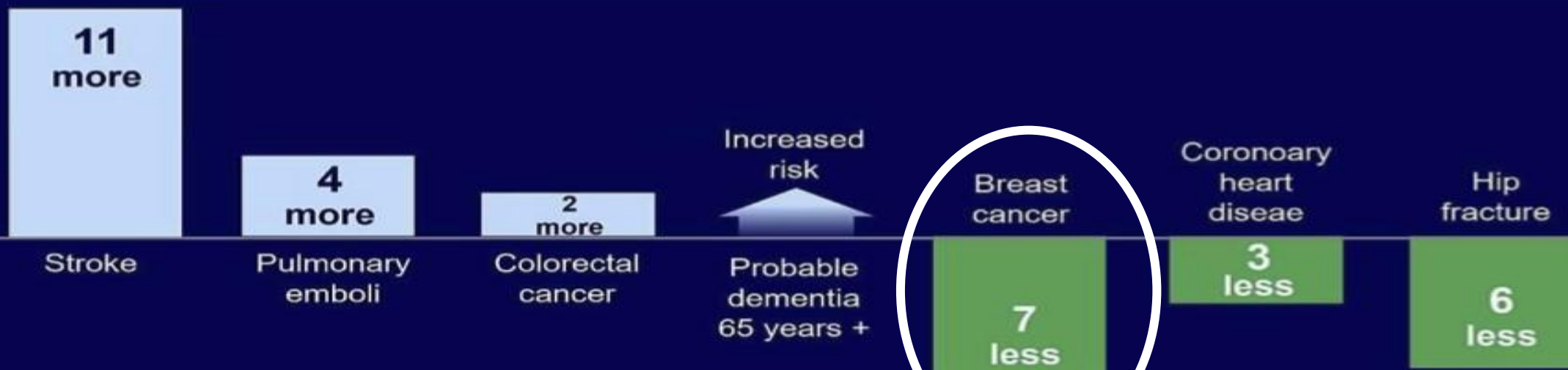


Slide courtesy of Risa Kagan, MD

# WHI Results

Estrogen arm (CEE vs. placebo)<sup>1</sup> (n=10,739)

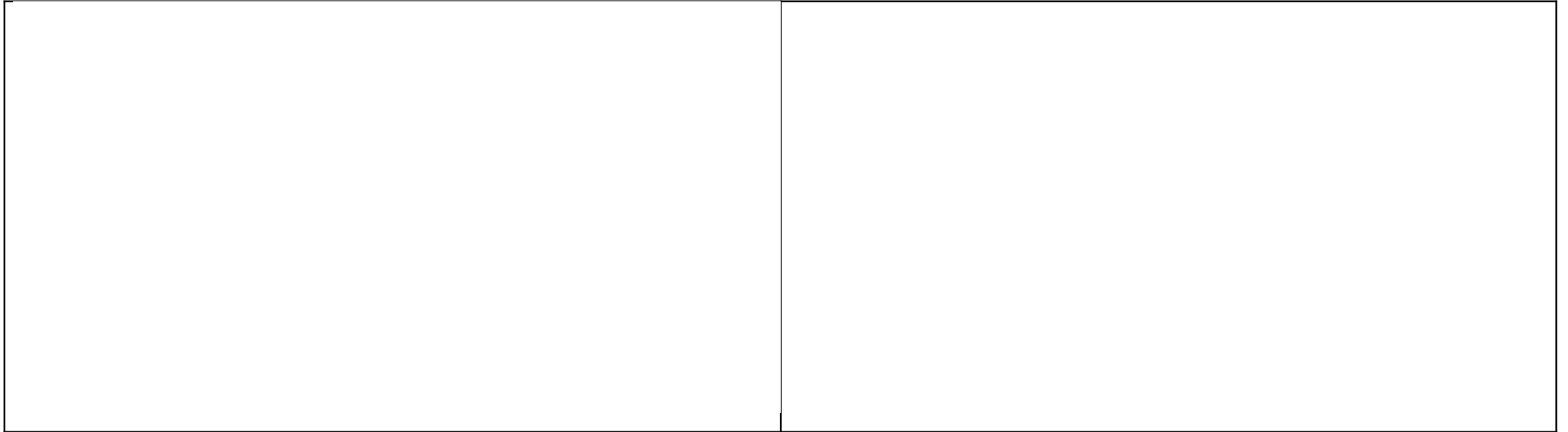
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Slide courtesy of Risa Kagan, MD

# Why is this??

- Gompel A, Plu-Bureau G. Progesterone, progestins and the breast in menopause treatment. *Climacteric* 2018 Aug;21(4): 326e32. Epub 2018 Jun 1. PMID: 29852797.
- Rozenberg S, Di Pietrantonio V, Vandromme J, Gilles C. Menopausal hormone therapy and breast cancer risk. *Best Pract Res Clin Endocrinol Metab.* 2021 Dec;35(6):101577
- Abenheim, Haim A. MD, MPH; Suissa, Samy PhD; Azoulay, Laurent PhD; Spence, Andrea R. PhD; Czuzoj-Shulman, Nicholas MMA; Tulandi, Togas MD MHCM.
- Menopausal Hormone Therapy Formulation and Breast Cancer Risk. *Obstetrics & Gynecology* 139(6):p 1103-1110, June 2022.
- Levy B, Simon JA. A Contemporary View of Menopausal Hormone Therapy. *Obstet Gynecol.* 2024 Mar 14.
- Mikkola TS, Savolainen-Peltonen H. Reduced risk of breast cancer mortality in women using postmenopausal hormone therapy: a Finnish nationwide comparative study. *Menopause.* 2016 Nov;23(11):1199-1203.



- **NOT all hormones are created equal**
  - MPA, levonorgestrel & norethindrone have been shown to have a higher breast cancer risk than OMP
  - CEE and Estradiol are NOT the same

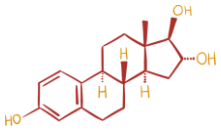
# TLDR:

- Hormones do NOT CAUSE breast cancer, NUANCE
- Complicated relationship
- The magnitude of the effect of MHT is likely small
- Related to:
  - Underlying breast cancer risk
  - Hormone preparation
    - **Increased risk of breast cancer associated with MHT is predominantly related to synthetic progestins**
  - Duration of therapy



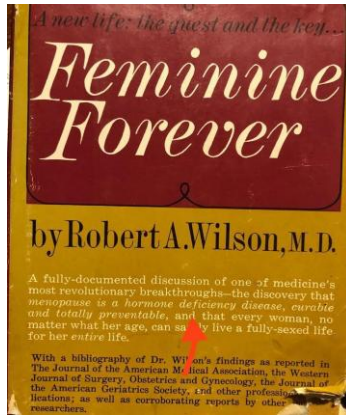
**Current data: Bioidentical estradiol combined with oral micronized progesterone does not appear to increase breast cancer risk in postmenopausal women for up to 5 years of use.**

# History of hormones... A timeline



Estrogen identified  
"oistros"  
-frenzied  
passion

FDA approves  
HRT



Association of  
endometrial  
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15 million HRT  
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WHI

Too FEW  
prescriptions  
for the  
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1929

1942

1960

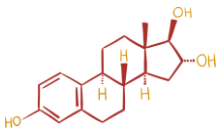
1975

1990

1991

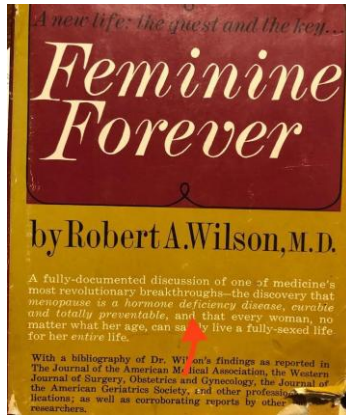
2002

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lower heart  
disease risk

**WHI**

**Too FEW  
prescriptions  
for the  
WRONG  
reasons**

- No menopause education in medical school
- <1/3 OB/GYN programs have menopause curriculum
- Even less in primary CARE

**KNOWLEDGE GAP!**

1929

1942

1960

1975

1990

1991

2002

## WOMEN WITH A UTERUS:



**WHI**



**STOP**  
July, 2002  
(after 5.6 years)

## WOMEN WITHOUT A UTERUS:



**STOP after 7.2 years**  
Due to increase stroke risk  
and no CV protection



# **BUT... what was the REAL story?**

**Do hormones “cause” heart disease  
OR  
do hormones PREVENT heart disease?**

**What is the impact of age on heart disease risk?**

# WHI Results

Estrogen-Progestin arm (CEE/MPA vs. placebo)<sup>1</sup> (n=16,608)

For every 10,000 women taking this formulation

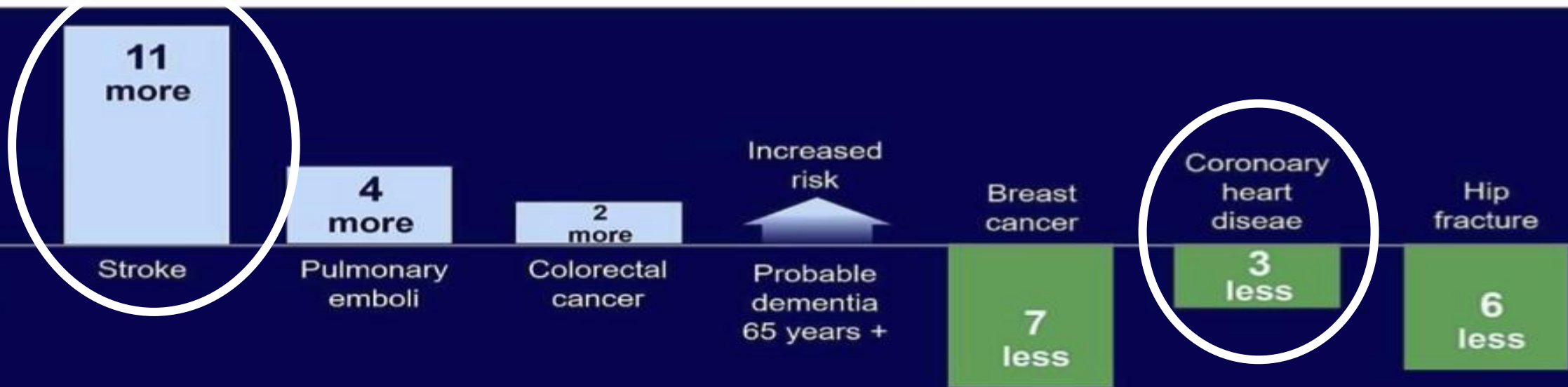


Slide courtesy of Risa Kagan, MD

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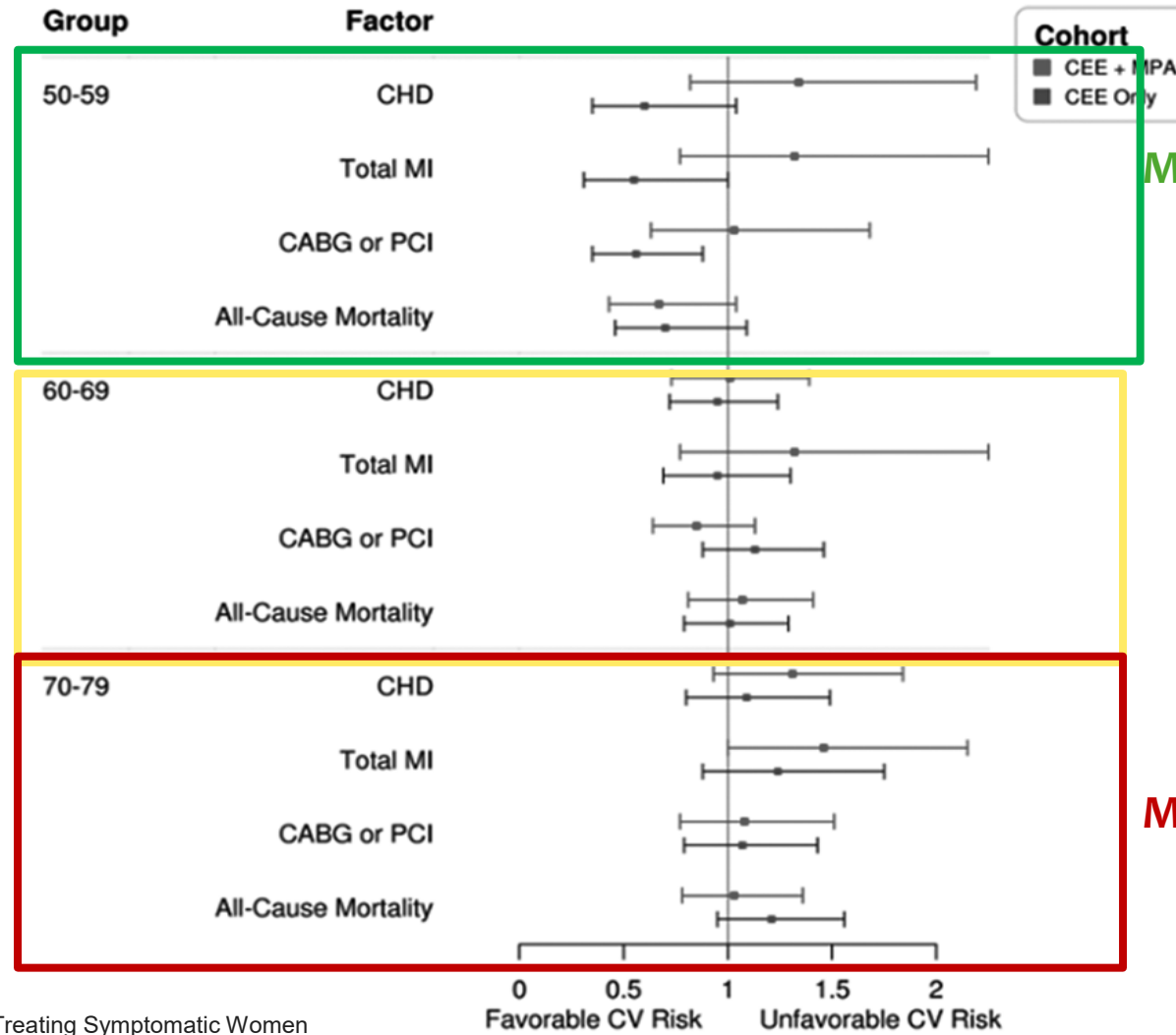
Slide courtesy of Risa Kagan, MD

# Hormones & Heart Disease: The Timing Hypothesis

- First described in 1990s on non-human primates
  - Initiation of estrogen at the time of oophorectomy reduced CA atherosclerosis by 50-70% vs hormones started later showed no benefit
  - Estrogen therapy reduced the progression of atherosclerosis but did not affect plaque regression
- Women who are older and further from menopause likely have more plaque burden and do not benefit from estrogen in the same way as younger women
- **This applies ONLY to initiation of HT**

• Grodstein F, Manson JE, Stampfer MJ. Hormone therapy and coronary heart disease: the role of time since menopause and age at hormone initiation. *J Womens Health*. 2006;15:35-44. doi: 10.1089/jwh.2006.15.35

• Boardman HM, Hartley L, Eisinga A, Main C, Roqué i Figuls M, Cosp XB, Sanchez RG, Knight B. Hormone therapy for preventing cardiovascular disease in post-menopausal women. *Cochrane Database Syst Rev*. 2015;10



More benefit, less risk

More risk, less benefit

**FIG. 3.** Cardiovascular outcomes in the women’s health initiative hormone therapy trials during the intervention phase stratified by age. CHD, coronary heart disease.

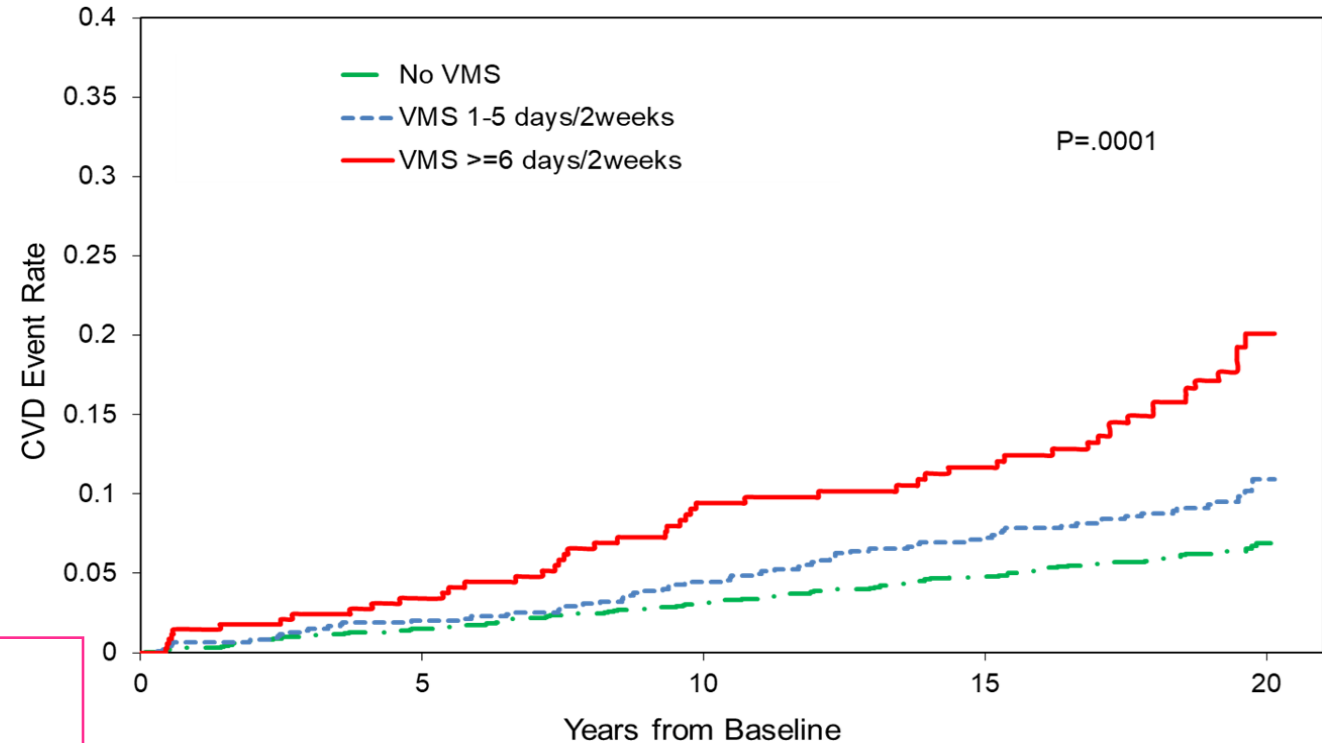
Mehta JM, Chester RC, Kling JM. The Timing Hypothesis: Hormone Therapy for Treating Symptomatic Women During Menopause and Its Relationship to Cardiovascular Disease. J Womens Health (Larchmt). 2019 May;28(5):705-711.

# CLINICAL QUESTION: What about MHT and CVD in SYMPTOMATIC WOMEN

- Not answered in WHI (asymptomatic patients)
- VMS is associated with an increased risk of CVD events

All of the data is relatively short term (5-7 years)

**DOES LONG TERM MHT PREVENT OR SLOW THE DEVELOPMENT OF CV disease in YOUNG SYMPTOMATIC WOMEN?**



Thurston RC et al. J Am Heart Assoc. 2021 Feb 2;10(3):e017416.

# What is the take home message?

- The timing of INITIATION of hormones impacts heart disease and stroke risk

**Hormone therapy provides an appropriate and safe option for the treatment of menopausal symptoms when initiated in healthy women (<60 years old) or within 10 years of the onset of menopause.**

The Menopause Society, ACOG, IMS, AACE, Endocrine Society, USPSTF



The  
Menopause  
Society™

# Hormone Statement Guideline 2022: HEART DISEASE

- **Hormone therapy is not government approved for primary or secondary cardio protection. (Level I)**
- The effect of hormones therapy on CHD varies depending on when hormone therapy is started
- **Observational data and meta-analyses** show reduced risk of CHD in women who initiate hormone therapy when aged younger than 60 years or within 10 years of menopause onset. Meta-analyses show a **null effect** of hormone therapy on CHD when only RCT are included. (Level II) (IE healthy user bias → is that Angela?)
- Women who initiate hormone therapy aged older than 60 years or more than 10 or 20 years from menopause onset are at higher absolute risks of CHD, VTE, and stroke than women initiating hormone therapy in early menopause. (Level I)



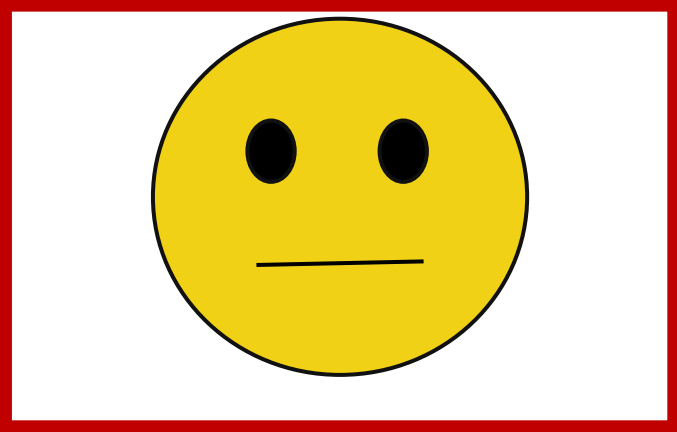
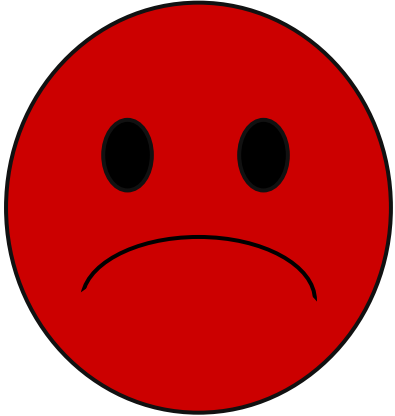
# What about DEMENTIA?

My patients are asking....

**Do hormones PREVENT dementia?**



# Dementia Risk and Hormones

	YOUNGER	OLDER >65
ESTROGEN ONLY	 Surgical Menopause	
ESTROGEN PLUS PROGESTERONE		

# What is all the debate about?

- This is an area where more research is needed
- Biologic plausibility – Dementia risks include age, female sex and happens after menopause
- There IS a relationship between hot flashes and cognitive decline
  - Sleep deprivation
  - White matter changes on imaging
- There likely is a CRITICAL WINDOW for hormone initiation (similar to heart disease) <10 years from menopause transition or < age 65
- And we need more studies in symptomatic women who may be at higher risk for dementia

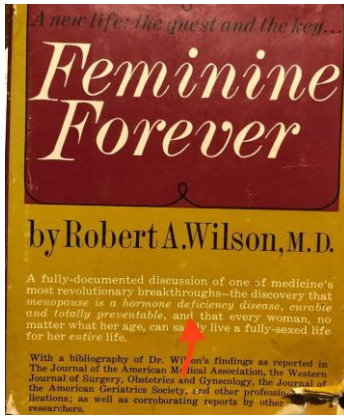
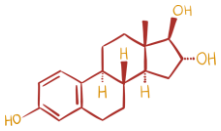


The  
**Menopause  
Society™**

## **Hormone Statement Guideline 2022: DEMENTIA**

- Hormone therapy is not recommended at any age to prevent or treat a decline in cognitive function or dementia. (Level I)
- Initiating hormone therapy in women aged older than 65 years increased the risk for dementia, with an additional 23 cases per 10,000 person-years seen in women randomized to CEE plus MPA in the WHI Memory Study. (Level I)
- Estrogen therapy may have cognitive benefits when initiated immediately after hysterectomy with bilateral oophorectomy, but hormone therapy in the early natural post menopause period has neutral effects on cognitive function. (Level II)

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“oistros”  
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1960

15 million HRT Rx/yr, observational studies of lower heart disease risk

**WHI**

Association of endometrial cancer with unopposed estrogen

1975

1990

1991

**Too FEW prescriptions for the WRONG reasons**

BLACK BOX CLASS LABEL ON ALL ESTROGENS

2002 2003

**MENOPAUSE IS MAINSTREAM**

APPROPRIATE PRESCRIBING

Appropriate patient, appropriate dose

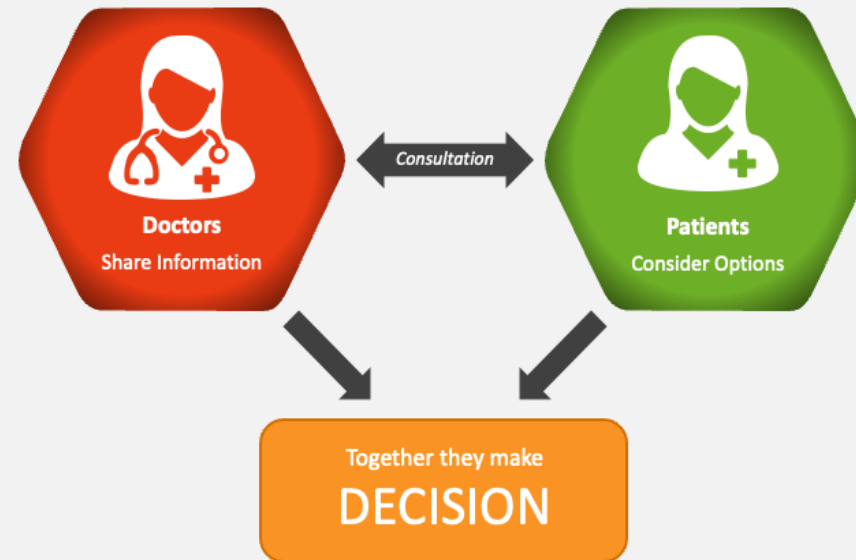
2023

# Who is the APPROPRIATE patient?



## SHARED DECISION MAKING

What is Shared Decision Making? (Female Icons)



# On Label Indications for Use of MHT

- Treatment of moderate to severe VMS
- Treatment of GSM
- Prevention of OP
- Treatment of premature menopause (through the natural age of menopause)
  - Patients with POI
  - Patients with surgical menopause (including BRCA mutation carriers)

# Hormones... Definitions and Types

## SYSTEMIC (MHT)

- Pill
- Patches
- Rings
- Sprays
- Gels

## LOCAL VAGINAL ESTROGEN (GSM)

- Creams
- Vaginal tablets
- Vaginal inserts
- Rings

## SYNTHETIC/ NOT BIOIDENTICAL

ESTROGEN

- Ethinyl Estradiol (EE)
- Conjugated Equine Estrogen

PROGESTERONE

- MPA
- Norethindrone
- Levonorgestrel

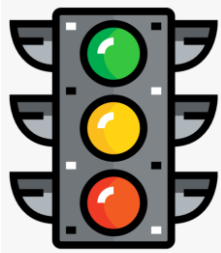
## BIOIDENTICAL

FDA APPROVED

- Estradiol
- Micronized progesterone

COMPOUNDED HORMONES

- Creams
- Pills



# Assessing RISK AND BENEFIT...

MENOPAUSE SYMPTOM CHECKLIST

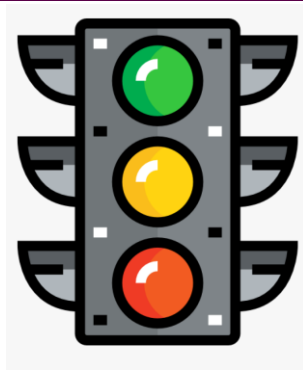
	Not Present	Mild	Moderate	Severe
Hot Flashes			✓	
Night sweats	✓			
Palpitations		✓		
Dizziness/Lightheadedness	✓			
Headache	✓			
Irritability			✓	
Depression	✓			
Anxiety			✓	
Mood Changes	✓			
Trouble Sleeping				✓
Fatigue				✓
Lack of Concentration		✓		
Joint pain				✓
Muscle pain	✓			
Hair Changes	✓			
Dry Skin		✓		
Low sex drive			✓	
Vaginal dryness	✓			
Vaginal irritation	✓			
Pain with sex		✓		
Urinary frequency	✓			
Pain with urination	✓			

ASSESSING  
BENEFIT

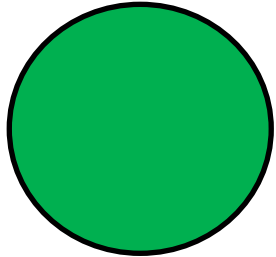
Requires an  
assessment  
of  
SYMPTOMS!

ASSESSING  
RISK

- Age
- Time since menopause
- Medical History
- Surgical History
- Family History
  
- BMD
- Breast cancer risk assessment
- BP, labs, ASCVD/prevent score
- CAC score

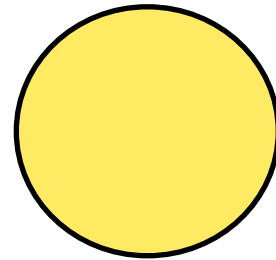


# Assessing RISK...



## LOW RISK PATIENTS

- Newly menopausal
- Low ASCVD risk
- Healthy

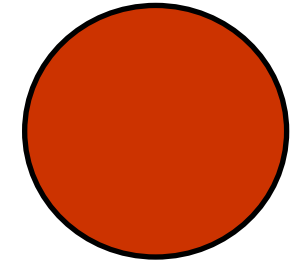


## MODERATE RISK PATIENTS

- Elevated ASCVD risk
- age >60 or >10 years post menopause (risk stratify)
- Subclinical disease
- Comorbidities: HTN, DM, autoimmune disease

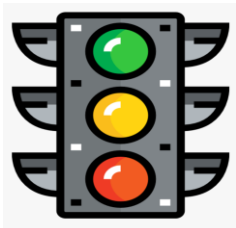
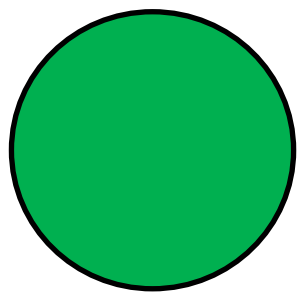
Consider:

- breast cancer risk
- VTE risk (if not using transdermal)

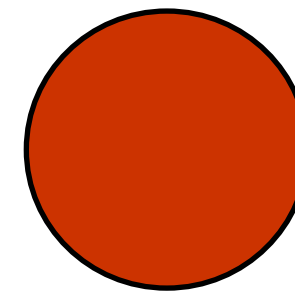
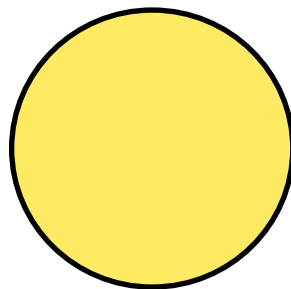


## HIGH RISK PATIENTS

- Established ASCVD/PAD
- h/o UNPROVOKED VTE or PE
- Stroke/TIA/MI
- Active breast cancer patients
- History of breast cancer (more to come... not uniform)



# Assessing BENEFIT...



## HIGH BENEFIT

- Moderate to severe VMS
- Significant sleep disturbance
- Mood changes with the onset at hormonal transition
- Osteopenia
- GSM (+ above)
- POI/Early Menopause patients

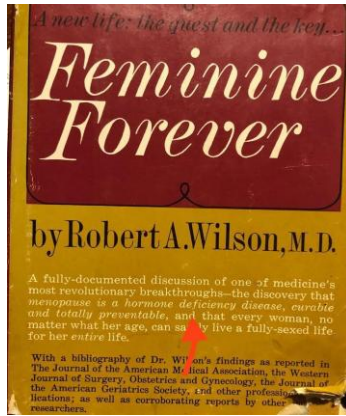
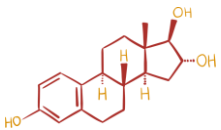
## MODERATE BENEFIT

- Mild to moderate VMS
- QOL concerns
- GSM without systemic symptoms (local)
- Joint pain/stiffness
- Women prioritizing symptom improvement and function

## LOW BENEFIT

- Started primarily for “longevity”
- Dementia prevention
- Primary prevention CAD
- Asymptomatic patients
- Initiation >10 years from menopause or >60 years old with no indication

# History of hormones... A timeline



Estrogen identified  
“oistros”  
-frenzied  
passion

FDA approves  
HRT

15 million HRT Rx/yr, observational studies of lower heart disease risk

**WHI**

Association of endometrial cancer with unopposed estrogen

**Too FEW prescriptions for the WRONG reasons**

BLACK BOX CLASS LABEL ON ALL ESTROGENS

**MENOPAUSE IS MAINSTREAM**

APPROPRIATE PRESCRIBING

Appropriate patient, appropriate dose

BLACK BOX CLASS LABEL ON ALL ESTROGENS REMOVED

1929

1942

1960

1975

1990

1991

2002 2003

2023

NOV 10, 2025

# What is the black box warning?



FULL PRESCRIBING INFORMATION  
WARNING: CARDIOVASCULAR DISORDERS, BREAST CANCER, ENDOMETRIAL CANCER and PROBABLE DEMENTIA

**Estrogen Plus Progestin Therapy**  
**Cardiovascular Disorders and Probable Dementia**  
Estrogen plus progestin therapy should not be used for the prevention of cardiovascular disease or dementia [see Warnings and Precautions (5.1, 5.3), and Clinical Studies (14.6, 14.7)].  
The Women's Health Initiative (WHI) estrogen plus progestin substudy reported an increased risk of deep vein thrombosis (DVT), pulmonary embolism (PE), stroke and myocardial infarction (MI) in postmenopausal women (50 to 79 years of age) during 5.6 years of treatment with daily oral conjugated estrogen (CE) [0.625 mg] combined with medroxyprogesterone acetate (MPA) [2.5 mg], relative to placebo [see Warnings and Precautions (5.1), and Clinical Studies (14.6)].  
The WHI Memory Study (WHIMS) estrogen plus progestin ancillary study of the WHI reported an increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 4 years of treatment with daily CE (0.625 mg) combined with MPA (2.5 mg), relative to placebo. It is unknown whether this finding applies to younger postmenopausal women [see Warnings and Precautions (5.3), Use in Specific Populations (8.5), and Clinical Studies (14.7)].

**Breast Cancer**  
The WHI estrogen plus progestin substudy also demonstrated an increased risk of invasive breast cancer [see Warnings and Precautions (5.2), and Clinical Studies (14.6)].  
In the absence of comparable data, these risks should be assumed to be similar for other doses of CE and MPA and other combinations and dosage forms of estrogens and progestins.  
Estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.

**Estrogen-Alone Therapy**

**Endometrial Cancer**  
There is an increased risk of endometrial cancer in a woman with a uterus who uses unopposed estrogens. Adding a progestin to estrogen therapy has been shown to reduce the risk of endometrial hyperplasia, which may be a precursor to endometrial cancer. Adequate diagnostic measures, including directed or random endometrial sampling when indicated, should be undertaken to rule out malignancy in postmenopausal women with undiagnosed persistent or recurring abnormal genital bleeding [see Warnings and Precautions (5.2)].

**Cardiovascular Disorders and Probable Dementia**  
Estrogen-alone therapy should not be used for the prevention of cardiovascular disease or dementia [see Warnings and Precautions (5.1, 5.3), and Clinical Studies (14.6, 14.7)].  
The WHI estrogen-alone substudy reported increased risks of stroke and DVT in postmenopausal women (50 to 79 years of age) during 7.1 years of treatment with daily oral CE (0.625 mg)-alone, relative to placebo [see Warnings and Precautions (5.1), and Clinical Studies (14.6)].  
The WHIMS estrogen-alone ancillary study of WHI reported an increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 5.2 years of treatment with daily CE (0.625 mg)-alone, relative to placebo. It is unknown whether this finding applies to younger postmenopausal women [see Warnings and Precautions (5.3), Use in Specific Populations (8.5), and Clinical Studies (14.7)].  
In the absence of comparable data, these risks should be assumed to be similar for other doses of CE and other dosage forms of estrogens.  
Estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.

# Back to Angela:

- Make a **SEPERATE** appt to address her menopause concerns
- In her bloodwork, R/O other causes of her symptoms
  - TSH
  - B12
  - Ferritin
  - in addition to standard blood work
  - if you checked hormones...
    - estradiol 42, FSH 12, AMH <0.2 (PRE MENO RANGE)
    - OR estradiol <20, FSH 50, AMH <0.2 (POST MENO RANGE)
- You classify her as **LATE PERIMENOPAUSE**, symptomatic
  - consider checking BMD due to thin frame, family history and to add to data
  - Have risk/benefit discussion
  - offer MHT as she is a good candidate, SYMPTOMATIC





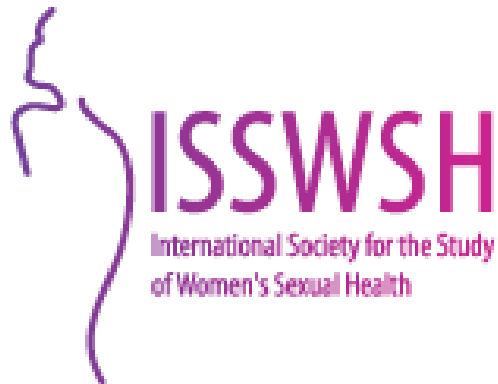
# Conclusions

- Your patients care about menopause and we can provide the care they need in midlife.
- Help patients define where they are in menopause clinically, use laboratory data when needed to help clarify
- Understanding data from WHI is important to be able to dispel myths about MHT
- Hormones have RISKS and BENEFITS like any other medication , evaluating patients means weighing these in a shared decision-making conversation
  - (in a SEPERATE appointment!)

# How do I learn more?



The  
**Menopause  
Society™**



## **Join The Menopause Society**

- Go to Meetings
  - Menopause 101 precourse
- Online learning
  - Menopause Practice Pearls
  - Step by Step
- TMS Book and Position Statements

## **Conferences**

- Mayo clinic
- Stanford
- ACP National Meeting

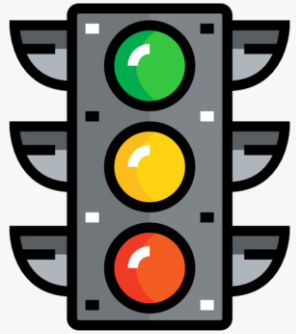
Listening to patients, Questioning and Reading!

# Questions??

[drleff@drcarrieleff.com](mailto:drleff@drcarrieleff.com)



# Dr Carrie Leff



# Assessing Benefit...

Requires an assessment of SYMPTOMS!

## DATA SUPPORTS BENEFIT:

- At risk for OP\*
- GSM\*
- Symptomatic VMS\*
- Mood changes related to hormonal changes
- Sleep
- Cognitive symptoms
- Improved skin thickness, elasticity and collagen production
- Decrease risk insulin resistance/DM
- Joint pain associated with menopause
- reduction in colon cancer risk (E + P)

## MENOPAUSE SYMPTOM CHECKLIST

	Not Present	Mild	Moderate	Severe
Hot Flashes			✓	
Night sweats	✓			
Palpitations		✓		
Dizziness/Lightheadedness	✓			
Headache	✓			
Irritability			✓	
Depression	✓			
Anxiety			✓	
Mood Changes	✓			
Trouble Sleeping				✓
Fatigue				✓
Lack of Concentration		✓		
Joint pain				✓
Muscle pain	✓			
Hair Changes	✓			
Dry Skin		✓		
Low sex drive			✓	
Vaginal dryness	✓			
Vaginal irritation	✓			
Pain with sex		✓		
Urinary frequency	✓			
Pain with urination	✓			