Hormonal and Nonhormonal Treatment of Vasomotor Symptoms



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KEYWORDS

• Menopause • Vasomotor symptoms • Estrogen • Progestogen • SSRI • SNRI

KEY POINTS

- Hot flashes are the most common complaint of perimenopause.
- Treatment has to be individualized based on the risk/benefit ratio.
- Systemic hormone therapy is the most effective treatment.
- Nonhormonal pharmacologic therapies include selective serotonin reuptake inhibitors, selective norepinephrine reuptake inhibitors, clonidine, and gabapentin.
- Nonpharmacologic therapies are considered less effective and include behavioral changes and possibly acupuncture.

GENERAL HEALTH MAINTENANCE AND CARE OF MENOPAUSAL WOMEN

The American College of Obstetricians and Gynecologists (ACOG) recommends an annual history and physical examination including breast and pelvic examination.

Box 1 lists guidelines specifically for the health maintenance and care of perimenopausal and postmenopausal women. Table 1 summarizes terms helpful in describing menopausal events.

HOT FLASHES/VASOMOTOR SYMPTOMS What Are Hot Flashes?

Hot flashes and hot flushes can be used as synonyms. If they occur at night, they are often called night sweats. They are characterized by the sudden onset of heat, intense sweating, and flushing of the face and chest, often accompanied by palpitations and

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Box 1

Health care of perimenopausal and postmenopausal women

Evaluate sexuality, fitness, psychosocial factors, cardiovascular factors, and health risk behaviors annually

Physical examination including breast and pelvic examination annually

Pap test (per ACOG guidelines, can be discontinued at age 65 years after 3 consecutive negative cytology results or 2 consecutive negative cotest results (cytology and HPV) within the previous 10 years, and the most recent test no longer than 5 years ago, and no history of CIN2 or CIN3)

Mammogram every 1 to 2 years between the ages of 40 and 50 years, then yearly

Colonoscopy every 10 years starting at age 50 years (age 45 years for African American patients) unless risk factors present (other screening options available but not preferred)

Fasting glucose every 3 years starting at age 45 years

Fasting lipid panel every 5 years starting at age 45 years

Thyroid-stimulating hormone every 5 years starting at age 50 years

Aspirin prophylaxis at age 55 to 79 years if no contraindications (and no concern for gastrointestinal bleeding)

Herpes zoster vaccine once at age 60 years, if not previously immunized

DEXA (starting at age 65 years unless risk factors, repeat no sooner than after 2 years)

Pneumococcal vaccine once at age 65 years

HCV testing (once if born between 1945 and 1965 and not yet assessed)

HIV testing (offer annually based on risk factors)

Influenza vaccine annually

TDaP (substitute 1 dose of TDaP with TD, followed by booster every 10 years)

Varicella vaccine (1 series if no evidence of immunity)

Abbreviations: CIN, cervical intraepithelial neoplasia; DEXA, dual-energy x-ray absorptiometry; HCV, hepatitis C virus; HIV, human immunodeficiency virus; HPV, human papilloma virus; TD, tetanus diphtheria; TDaP, tetanus diphtheria acellular pertussis.

Additional recommendations exist for high risk patients. For more details, visit www.acog. org/~/media/Departments/Annual Womens Health Care/PrimaryAndPreventiveCare.pdf.

anxiety. Hot flashes are considered the cardinal symptom of menopause and, although they cause no inherent health hazard, they are the most bothersome symptom caused by estrogen withdrawal for most women. Therefore, they are clinically relevant in the everyday gynecologic practice. Furthermore, vasomotor symptoms

Table 1 Menopausal terms	
Term (WHO)	Definition
Perimenopause	Time period with a break in regular menstrual cycles with the break lasting no longer than 3 mo
Late perimenopause	Amenorrhea between 4 and 11 mo
Menopause	Amenorrhea for 12 mo or longer Median age in the United States: 51 y

Abbreviation: WHO, World Health Organization.

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