

Integrative Women's Health

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KEYWORDS

- Integrative women's health • Menopause • Premenstrual syndrome
- Premenstrual dysphoric disorder • Chronic pelvic pain • Vulvodynia
- Interstitial cystitis • Central sensitization

KEY POINTS

- More than 50% of women seek integrative approaches to help manage menopause-related symptoms.
- Although menopause hormone therapy is the gold standard for alleviating vasomotor symptoms, there is evidence of benefit for other approaches, including mind-body therapies, acupuncture, and phytoestrogens.
- Premenstrual syndrome (PMS) is a common, heterogeneous disorder with symptoms limited to the luteal phase of the menstrual cycle, which can be improved with lifestyle and mind-body interventions.
- Calcium, magnesium, vitamin B₆, and chaste tree berry are dietary supplements that have the best evidence for treatment of PMS.
- Chronic pelvic pain is multifactorial, can be associated with central sensitization, and negatively impacts quality of life.
- An integrative approach that addresses both physical and psychological contributors to pain may be most effective at improving chronic pelvic pain symptoms and restoring function.

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INTRODUCTION

As many as 75% of women use complementary therapies^{1,2}; the most commonly used interventions are dietary supplements and mind-body modalities,¹ often by self-referral.² Complementary medicine use is particularly common in women with menopausal symptoms.³ Women are frequently influenced by nonprofessional sources when choosing complementary therapies, relying on information provided by friends, family, and the media.⁴ Physicians, therefore, should educate themselves about the integrative approach to women's health to effectively counsel their patients.

MENOPAUSE

An estimated 6000 US women reach menopause every day; by 2020, the number of US women older than 51 is expected to exceed 50 million.⁵ Just more than 50% of menopausal women in a 2013 systematic review reported the use of integrative medicine therapies specifically for menopausal symptoms.⁶ Any primary care provider who cares for adult women is thus certain to be confronted with women seeking options for symptom relief and support as a partner in the aging process.

Pathophysiology

The natural process of menopause results from the progressive loss of ovarian follicle function. Natural menopause, defined as 1 year after cessation of menstruation, occurs on average at age 51, with most women falling between age 45 to 55. Certain factors are associated with an earlier age of menopause, including smoking, high-fiber or vegetarian diet, low body mass index, type 1 diabetes mellitus, and nulligravida. Menopause also may be induced from surgery or medications, such as chemotherapy.

The perimenopause transition time may begin when a woman is in her late 30s to early 40s, with episodic symptoms, such as night sweats and changes in cycle length. The Stages of Reproductive Aging Workshop (STRAW) classification (**Fig. 1**) is a useful construct for explaining to women the progression from reproductive years through late postmenopause, and helping her understand that her symptoms are normal and expected.⁷

Evaluation

In general, laboratory testing is not required to establish menopause, although some measurements may be beneficial in staging during the perimenopausal years. A primary care provider instead can focus on taking a thorough history to elucidate any symptoms related to hormone changes, review preventive strategies to maintain health, and partner with the patient to help her define and achieve her goals. Laboratory markers of menopause, when used, include an increase in serum follicle stimulating hormone (FSH) and decreases in estradiol. In perimenopause, the progesterone decline often precedes changes in estrogen, leading to a relative estrogen dominance, with associated increasing premenstrual syndrome and breast tenderness. When hormones such as testosterone are being considered for use alongside estrogens and progestogen for hyposexual sexual disorder, levels of androgens and baseline chemistries and blood counts should be obtained. The measurement of hormones during perimenopause and postmenopause in blood, urine, or saliva is an area of controversy.

Treatment/Management

Up to 80% of perimenopausal and postmenopausal women report having vasomotor symptoms (VMS), including hot flashes and night sweats, with up to half reporting

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