

# Medications can help manage menopause symptoms



While there have been concerns in the past about the safety of prescription menopausal hormone therapy (MHT), for most healthy women who are seeking help with symptoms of menopause, it is safe, low risk and effective.

## Treatment for hot flashes<sup>1, 2, 3</sup>

Estrogen is the most effective treatment for hot flashes. There are two types of systemic estrogen therapy – (systemic means that the medication circulates throughout the body):

- ✓ **Estrogen (only) therapy** is prescribed for women who have had a hysterectomy.
- ✓ **Combined estrogen-progesterone therapy** is prescribed for women with a uterus who need progesterone to prevent endometrial (uterine) cancer.

Estrogen may be administered/delivered in several ways: oral (pills, tablets), transdermal (patches, topical gels, sprays, emulsions/lotions, implants) and vaginal (creams, inserts, rings). Systemic estrogen is most often administered orally or transdermally for hot flashes. An advantage of transdermal estrogen is its lower risk of heart attack, blood clots and stroke and less negative impact on blood cholesterol levels compared with a comparable dose of oral estrogen. Progesterone is available as a pill. Alternative approaches are available for women who cannot tolerate any type of progesterone due to side effects.

## Who should take hormone therapy for hot flashes?<sup>2, 3</sup>

The benefits of MHT outweigh the risk for healthy women who are within 10 years of menopause or younger than age 60 and do not have a history of breast cancer, coronary heart disease, a previous heart attack, stroke or blood clot or active liver disease. Most experts recommend starting MHT with low-dose estrogen unless symptoms are severe.

For some women, estrogen therapy is not an appropriate choice. The risks may outweigh the benefits. That's why a thoughtful discussion between the woman and a knowledgeable doctor or healthcare provider is essential to making the best decision.

### Special consideration is warranted if any of these medical factors are present:<sup>1</sup>

- history of breast or uterine cancer
- unexplained uterine bleeding
- liver disease
- history of blood clots
- cardiovascular disease or stroke
- cigarette smoking



### Possible adverse events when first starting hormone therapy include the following:

- |   |   |
|---|---|
| • uterine bleeding (starting or returning) <sup>1</sup> | • blurry vision or contact lens intolerance |
| • breast tenderness or enlargement                      | • headache                                  |
| • nausea  | • dizziness                                 |
| • abdominal bloating                                    | • mood swings                               |
| • fluid retention                                       | • gallstones or pancreatitis                |

The recommended duration of MHT is for three to five years. Some experts recommend that women taper or stop MHT after four or five years to avoid any increased risk of breast cancer. Tapering the dosage of MHT can be accomplished by switching to a lower dose patch or skipping one pill per week, then continuing to gradually decrease the number of pills per week until no longer taking any. Stopping MHT completely all at once can be a challenge, since for many women the average duration of hot flashes is approximately seven to eight years. If symptoms persist after MHT is stopped, nonhormonal prescriptions can be tried. If symptoms still persist, MHT may be resumed at the lowest possible dose to provide relief.

Women who have experienced premature menopause generally should continue MHT until the average age of menopause (about 50 or 51 years of age) to decrease the risk of premature cardiovascular disease, stroke, osteoporosis and dementia.

A period of trial and error may be required to arrive at the best treatment plan. Periodic reevaluations and potential adjustments to the plan will be helpful as the woman's needs and circumstances change over time.

### What is compounded bioidentical hormone therapy?<sup>4</sup>

The term "bioidentical hormone" technically means the hormone has the same molecular structure as the hormone that is produced by the ovaries. However, in popular culture, the term refers to the use of custom-compounded, multihormone regimens with doses adjusted based on hormone monitoring results. In fact, all regulated, commercially available estrogens are bioidentical. All estrogens, both regulated and compounded (unregulated), are natural (plant-derived) and synthesized using the same processes in a laboratory.

Expert groups, such as the Menopause Society, American College of Obstetricians and Gynecologists and Endocrine Society, do not recommend the use of compounded bioidentical hormone therapy because the medication's purity and dosing are not well regulated.

### Other nonhormone medications for hot flashes

In 2023, a new FDA-approved nonhormone prescription was introduced in the U.S. to treat moderate to severe hot flashes and night sweats due to menopause. It works in the hypothalamus, the part of the brain that controls body temperature. The medication has been proven to reduce the number and severity of hot flashes, day and night. Women with certain liver or kidney problems should not take the medication. Also, the cost of the medication might mean it is not available to some women.<sup>5</sup>

Some types of antidepressants can ease hot flashes and depression. Even for women without depression, low doses of these medications may be helpful in relieving hot flashes. They are often used by women who have had breast cancer and cannot take estrogen.

### Treatment for genitourinary syndrome of menopause

Although hot flashes and night sweats generally improve over time, the symptoms of genitourinary syndrome of menopause (GSM) generally worsen. Fortunately, many forms of help are available to treat these symptoms. Nonhormonal treatments should be tried before anything else.

### Nonhormonal treatments for GSM<sup>1, 6, 7</sup>

#### Sexual issues

- Treatment with nonprescription, nonhormonal lubricants and moisturizers may ease discomfort during sexual activity and reduce vaginal dryness in general. Only products specifically intended for vaginal use should be applied. Moisturizers may need to be applied every few days, but the effects generally last longer than those of a lubricant. Lubricants keep the vagina moist just during sex.
- Practicing good hygiene for the vagina and vulva is important. This means avoiding bubble baths, douching and using scented soaps or lotions in the genital area. These products can cause dryness or irritation.
- Regular stimulation and sexual activity increase blood flow to the genital area and may help maintain genital health. Women should allow adequate time to become aroused during intercourse. The natural vaginal lubrication that results from sexual arousal can help reduce symptoms of dryness or burning.


#### Urinary issues

- While there are specific strategies that are helpful for stress or urge incontinence, these strategies may be effective for all types of urinary incontinence:
  - Limit fluids to about eight cups per day. Restricting fluids beyond this amount can irritate the bladder and actually make incontinence worse.
  - Lose weight if you are overweight.
  - Urinate at regular times by the clock rather than wait for the urge to urinate.
- Pelvic floor muscle exercises, such as Kegel exercises, can help improve stress incontinence. To perform Kegel exercises:
  - Contract the muscles used to stop urination or delay a bowel movement.
  - Hold the contraction for a count of three, then relax.
  - Perform Kegels for five minutes at a time. Aim for three sets each day.
  - Increase contraction time by one second each week until the goal of 10 to 15 seconds per contraction is reached.
- Avoid soaps or perfumed feminine products. They can irritate the urethra or change the normal bacterial environment of the vagina, causing urinary tract infections. Urinary tract infections are typically treated with prescription antibiotics.

### Hormonal treatments for GSM<sup>7</sup>

Estrogen may be effective in managing GSM. For these symptoms, low-dose vaginal estrogen should be used rather than systemic estrogen. These low-dose preparations, which do not need to be taken with progesterone, are administered directly into the vagina so very little estrogen circulates throughout the body. Low-dose vaginal estrogens can be used by almost all women with GSM symptoms, including those who can't use systemic estrogen due to cardiovascular disease or breast or uterine cancer. Vaginal estrogen therapy can also be used with over-the-counter nonhormonal vaginal lubricants or moisturizers.

Vaginal estrogen therapy is available as creams, tablets, inserts or rings. Even women using systemic estrogen to treat hot flashes may benefit from the addition of low-dose vaginal estrogen for complete relief of GSM.



**Activity: Consider your “pros” and “cons” of prescription hormone medications for menopause**

Now that you know some of the options available to you, what advantages (“pros”) and disadvantages (“cons”) do you see for taking prescription hormone medications? List your thoughts in the space below

“Pros” or advantages	“Cons” or disadvantages

References:

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