In the News 2015
Menopause in the News

Angelina Jolie’s ‘bio-identical’ therapy raises hormone questions

Angelina Jolie, thrust into early menopause following preventive cancer surgery, said she’s using “bio-identical” hormones — a choice that’s raised new questions about the safest therapies for easing menopause symptoms.

“We do not know whether Ms. Jolie is on an FDA-approved product or a compounded one. Given that she is using a patch, it is likely an FDA-approved form.”—Pauline M. Maki, PhD, President of The North American Menopause Society.
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CFS can take a tremendous toll on women’s lives at midlife and on our society and healthcare system. Being aware of the association of CFS and earlier menopause can help providers assist women in sorting out symptoms of CFS from symptoms of menopause,” said Dr. Margery Gass, Executive Director Emeritus of The North American Menopause Society.
Dr. JoAnn E. Manson, Past President of The North American Menopause Society, speaks on how stress can affect menopause, about low-dose contraceptives, and on the MenoPro app, which helps women deal with hot flashes by suggesting nonmedical solutions.
"It’s not clear exactly what causes hot flashes, but it’s believed that hormonal changes make the brain’s ‘thermostat’ more sensitive to perceived changes in temperature, causing it to overcompensate with a surge of heat.” — Margery Gass, MD, NCMP, Executive Director Emeritus of The North American Menopause Society

Appeared online and in print.
Q: What’s the best natural hormone replacement?
A: In the strictest sense, natural means a product that you can pretty much use as is. Many people assume plant-based hormone replacements are natural, but in fact, the material has to go through multiple chemical processes before it’s useful to humans. That’s not really natural. . . . Keep in mind, though, that taking a natural hormone has no known advantages over synthesized estrogen; both are similarly effective and safe so long as you’re using products that are well regulated by the FDA.
—Margery Gass, MD, NCMP, Executive Director Emeritus of The North American Menopause Society
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“Talk to your doctor about your symptoms if they are interfering with your quality of life. There are effective treatments available.”
—Dr. JoAnn Manson, Past President of The North American Menopause Society
This study was published this September in *Menopause*, the journal of *The North American Menopause Society*. It compiled results from two surveys of 3,000 women. When asked, “Do you believe that bioidentical hormone therapies compounded at a specialty pharmacy are FDA approved?” only 14% of the women correctly said “no,” according to NAMS.
“Compounding pharmacies are a perfectly valid business,” notes Margery Gass, MD, NCMP, Executive Director Emeritus of The North American Menopause Society. “However, in the case of hormone therapy, there is no need for compounding because there are so many types of hormones in multiple doses already on the market. The issues many medical professionals have with compounding menopausal hormones are that these combinations have not been tested and they are not well regulated in terms of purity of the product, the potency of it, and how effective it is.”
The North American Menopause Society recommends hormone treatment for healthy women with moderate to severe menopausal symptoms within 10 years of their last period.
The new study was published February 4 in Menopause, the journal of The North American Menopause Society. This link, as well as links with other gynecologic problems and with pelvic pain, may help explain why CFS is two to four times more common in women than in men and is most prevalent in women in their 40s.
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“When I started practicing medicine, I was ignorant about weight gain. When patients said they didn’t understand how they gained 20 pounds, I would think to myself, ‘Yeah, right.’ But after 20 years in ob/gyn and becoming a NAMS certified menopause practitioner (NCMP) through The North American Menopause Society, I finally get it.”
Menopause occurs most often between ages 45 and 55, according to The North American Menopause Society. The symptoms women experience are related to lower levels of estrogen and other hormones. Common among these symptoms are hot flashes—quick feelings of heat sometimes accompanied by sweating.
Margery Gass, MD, Executive Director Emeritus of The North American Menopause Society, commented on the findings of the study.

“These results indicate a general lack of understanding about the key differences between compounded and FDA-approved hormone therapy. This publication establishes the need for better education on this topic.”
Prescription hormone therapy (HT) is generally considered to be a reasonable short-term solution for hot flashes and other menopause symptoms. But some people recommend long-term use of compounded bioidentical hormones to help women look and feel younger, says Margery Gass, MD, NCMP, Executive Director Emeritus of The North American Menopause Society.
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This Rx Combo Might Protect Hearts After Menopause
Hormone replacement therapy combined with statins may reduce deaths in menopausal women

March 19, 2015 / Author: Beth Greenwood / Reviewed by: Joseph V. Modia, MD Beth Boll, RPh

(dailyRx News) Women have a higher risk of heart disease after menopause, but a combination therapy may reduce that risk.

A new Swedish study found that among women who used hormone replacement therapy (HRT) and took statin medications, the risk of death from any cause was lower. Past research has indicated that HRT might increase the risk of heart disease in some women.

Angela DeRosa, DO, MBA, CPE, a member of the International Menopause Society and an associate professor at A. T. Still University in Kirksville, MO, told dailyRx News that women should be closely monitored when they start estrogen therapy after menopause.

"Estrogen may initially disrupt arterial plaque as it begins healing the tissues, raising the risk for a cardiovascular event," Dr. DeRosa said. "Women who are 8-10 years past menopause would not be good candidates for estrogen therapy."

The authors of the current study noted that Swedish women use a specific type of HRT that may be different from what doctors in the US prescribe.

This study was led by Ingegard Anveden Berglind, MD, PhD, of the Center for...
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Alcohol can take a toll on your mood, your organs, and now the extent of your hot flashes. According to The North American Menopause Society, although alcohol does not affect all women, it can trigger hot flashes in some.
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Researchers associate CFS with symptoms of early menopause, gynecologic problems

A new study by researchers from the Centers for Disease Control and Prevention suggests there may be an association between chronic fatigue syndrome in women and early menopause, as well as other gynecologic conditions.

Chronic fatigue syndrome (CFS) is a condition in which individuals experience continuous, severe tiredness, even after bed rest.

As well as extreme fatigue, symptoms of the condition include muscle pain, joint pain, unrefreshing sleep, poor memory and concentration, tender lymph nodes in the armpit or neck, headache and frequent or recurring sore throat. A person is normally diagnosed with CFS if they have experienced at least four of these symptoms for 6 months or more.

“CFS can take a tremendous toll on women's lives at midlife and on our society and health care system. Being aware of the association of CFS and earlier menopause can help providers assist women in sorting out symptoms of CFS from symptoms of menopause.” – Margery Gass, MD, Executive Director of The North American Menopause Society
Menopausal symptoms are undertreated in women older than 65 years, and insurers and clinicians need to shrug off notions of “hard and fast” rules discouraging hormone use in older women, urges a statement released June 8 by The North American Menopause Society.

In the statement, Wulf Utian, MD, NAMS Medical Director, said hormone treatment after age 65 years can be appropriate when benefits outweigh any potential risks of treatment.
La menopausia, que se confirma cuando los periodos de una mujer han cesado durante doce meses consecutivos, ocurre con la mayor frecuencia entre los 45 y los 55 años de edad, según la Sociedad Norteamericana de la Menopausia (The North American Menopause Society).
A newfound link between chronic fatigue syndrome (CFS) and early menopause was reported online February 4 in *Menopause*, the journal of The North American Menopause Society.
In 2012, the Board of Trustees of The North American Menopause Society (NAMS) and the Board of Directors of the International Society for the Study of Women’s Sexual Health (ISSWSH) formally acknowledged the need to review current terminology associated with genitourinary tract symptoms related to menopause.
Estrogen fills the epithelium, or your vaginal lining, so when estrogen decreases, that vaginal lining thins out. When intercourse happens, those surface cells that are very thin get wiped off, and the nerve endings become exposed and can cause pain.

“If the woman is in an active sexual relationship, and continues that way, that often causes the vaginal lining to protect itself because you're using it and it's being stimulated. It's like when a callus develops on your hand when you play tennis—the skin builds up a protective barrier because you're using it.” – Wulf Utian, MD, Founder and Medical Director for The North American Menopause Society.
Menopause Infographic: Hot Flashes

According to The North American Menopause Society, about 75% of women report perimenopausal symptoms such as night sweats and hot flashes.

“All exercise, ranging from housework to running marathons, impacts menopause in a positive way,” says Diana Bitner, MD, a North American Menopause Society Certified Menopause Practitioner (NCMP) and board-certified OB/GYN. “My patients who exercise on a regular basis have fewer menopause symptoms as well as improved body chemistry—lower cholesterol, better sugar control, less weight gain, and stronger bones. Women who exercise have better sleep, better mood, and better quality of life.”
Hate to break it to you, but there’s someone screwing you over in the hot-flashes department. Yep, it’s you. For starters, we’re guessing you don’t get your menopause info from an expert source. Your doctor means well, we promise, but chances are her specialty isn’t the Big Change. Your best bet is finding a certified menopause practitioner near you at menopause.org.

In a recent study from The North American Menopause Society, some 53% of women said they’ve tried everything from vitamins and herbal supplements to acupuncture and massage to help with hot flashes, anxiety, pain, fatigue, and other disruptive menopause symptoms.
Dr. Pauline Maki, President of The North American Menopause Society, told Reuters Health she was pleased to see a study about alternatives to traditional therapy for depressed women during menopause.

“When we talk about ways one can treat depression during the peri- and postmenopausal period, it’s important to take an assessment of the state of science... to really do a careful, evidence-based analysis of what we know and where the gaps in knowledge are and more importantly where the signal seems to be,” said Dr. Maki, referring to the evidence that such therapies do indeed help.
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No One Really Understands How to Treat Menopause

Hormone therapy is a tangled mess of risks, benefits, and side effects that even doctors have difficulty unravelling.

For men, middle age brings the promise of little blue pills and little clear gel packs—Viagra and testosterone to combat the indignities of aging. For women, when things get hot, complicated, and fuzzy, turning to hormones for relief is a trickier proposition.

“It’s like my brain is on spin,” says Kathy Kelley, the founder of the website Hyster Sisters, which offers resources for women going through hysterectomy and early menopause.

The North American Menopause Society has put together a free app called MenoPro that crunches the various factors in a woman’s health history and risks for menopause treatments and can offer guidance for what women should do.
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New Pill Approved for Low Sex Drive in Women

But Addyi is OK’d only for premenopausal women and carries risks

The U.S. Food and Drug Administration (FDA) has approved for premenopausal women the first-ever drug for low female libido.

The new drug, Addyi (flibanserin), dubbed “female Viagra” by Dr. Wulf Utian, Founder and Medical Director of The North American Menopause Society, a nonprofit scientific organization devoted to women at midlife and beyond, said that he has had misgivings about the drug, which he described as “marginally effective.”

“It may improve sexual desire, but it’s not like a home run drug—it’s more like a first base drug.”

Women turn to vaginal estrogen after menopause to combat sexual dysfunction whether they use other types of hormone therapy. Those who do not tend to have a higher quality of sex life if they use vaginal estrogen, according to the new study, which was published in the journal *Menopause*.

“We know that estrogens play a key role in maintaining vaginal health,” said Dr. Wulf Utian, Founder and Medical Director of The North American Menopause Society.
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This news comes after The North American Menopause Society formally recommending that hormone therapy be considered for women over age 65 years, citing recent research on longer-lasting menopausal symptoms and a lack of effective treatment alternatives.
Dr. Wulf H. Utian, Medical Director of The North American Menopause Society, agrees that many reasons may underlie the lack of treatment. “It is partly ‘fallout’ from the controversy over hormone therapy,” he told Reuters Health in an email. But overall, he said, it is a combination of patients not wanting therapy or not having information about it as well as the provider not prescribing it.
A 2014 study published in *Menopause*, the journal of The North American Menopause Society, looked at 551 families and found that women who gave birth later in life lived longer. In fact, women who gave birth after age 40 were four times more likely to outlive those who delivered a decade earlier.
Women who had a hysterectomy before age 35 were much more likely to have a stroke than age-matched women in the control group, the investigators found. In addition, among women aged 35 to 40, high blood pressure was much more common among those in the hysterectomy group than those in the control group.

The study was recently published in *Menopause*, the journal of The North American Menopause Society.
In an abstract of a 50-person study presented last October at the annual meeting of The North American Menopause Society, researchers found that 18.5% of the women with normal body mass index actually had significant excess fat as measured on DXA, making them “skinny fat” people, says Dr. Steven R. Goldstein, who cowrote the paper.