

MENOPAUSE FOR GYN CANCER SURVIVORS

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WHAT IS MENOPAUSE?

- Definition: One year without a period
- Menopausal side effects are due to the loss of ovarian function and decrease in hormones produced by the ovaries, notably estrogen.
- The average age of menopause in the United States is 52
- Some gynecologic cancer patients will enter **premature or induced menopause** due to surgical removal of ovaries, chemotherapy and/or radiation which can permanently damage ovaries.
- This process can feel very different from a person who enters menopause naturally (a process which can take years).
- Regardless of how a person goes through menopause, symptoms are the same and can be very upsetting and disruptive.

SIGNS AND SYMPTOMS

Change in menstrual cycle pattern
(perimenopause)

Hot flashes or hot flushes

Mood changes, anxiety or depression,
irritability

Sleep changes, difficulty sleeping

Vaginal dryness, painful intercourse

Frequent urination, UTI's

Brain fog (change in memory and
concentration)

Joint pains

Change in weight distribution

Dry eyes, dry skin

HOT FLASHES- WHAT ARE THEY?

- Sudden, intense sensation of heat in the upper body (usually face, neck, chest) that lasts 1-5 minutes. One can also experience sweating, chills, anxiety and occasionally heart palpitations.
- Number of episodes varies from day to day
- Hot flashes last for a median of 7-10 years
- Typically most intense during perimenopause and 1-2 years following menopause
- Affect 60-80% of women

HELP IN A HOT FLASH

Nonprescriptive Interventions:

- Cognitive Behavioral Therapy, Hypnosis
- Dressing in light clothes/layers
- Air temperature at night should be no more than 68 degrees Fahrenheit
- Avoiding triggers (stress, alcohol, caffeine, spicy foods)
- Calming nervous system (meditation, mindfulness, yoga, essential oils, daily exercise, acupuncture)
- Magnesium, valerian root, pine bark extract

Medications

- Low dose antidepressants such as Paroxetine (Paxil), Venlafaxine (Effexor)
- Gabapentin
- Clonidine
- Oxybutynin
- Hormone Replacement (discuss if you are a candidate with your oncology provider)

Carroll DG, et al. Int J Womens Health. 2015;7:615-624; Reddy SY, et al. Obstet Gynecol. 2006;108:

41-48; Rada G, et al. Cochrane Database Syst Rev. 2010;CD004923; Simon JA, et al. Menopause. 2016;23(11):1214-1221.

MOOD CHANGES

Depression: those with a previous history of depression, premenstrual syndrome, postpartum depression, history of abuse or trauma at greatest risk for depression during menopause. The presence of vasomotor symptoms (hot flashes) or adverse life events increases risk of depression in women without a prior episode of depression.

Anxiety: a study found that symptoms of high anxiety (irritability, nervousness, feeling fearful for no reason) is more common in late perimenopause compared with premenopause.

*Thyroid conditions, common during the menopausal transition, can also cause mood changes. This should be ruled out as well.

TREATMENT STRATEGIES FOR MOOD CHANGES

- Medications (anti-anxiety and anti-depressive medications)
- Cognitive behavioral therapy
- Improve sleep (insomnia can contribute)
- Daily exercise
- Meditation/mindfulness, yoga
- Diet modifications- maintain steady blood sugar (incorporate healthy fats and proteins into every meal, avoid processed foods, sugars, alcohol, etc)
- Acupuncture
- Magnesium (for anxiety)

DIFFICULTY SLEEPING

VAGINAL AND URINARY CHANGES
("GENITOURINARY SYNDROME OF
MENOPAUSE")