VA/DOD CLINICAL PRACTICE GUIDELINE FOR MENOPAUSE

Department of Veterans Affairs
Department of Defense

Patient Summary

QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines use the best and most recent information that is available at the time they are published. Guidelines provide information that providers, healthcare team members, and patients can use to provide better care for individuals with menopause. They do not define a standard of care, and you should not use them in this way.

This Clinical Practice Guideline is based on a complete and organized review of both clinical studies and studies about how diseases affect the health and illness of groups of people. A panel of experts from a number of clinical fields developed this Guideline. The Guideline clearly explains how different care options relate to health outcomes. To do this, the experts rated both the quality of the clinical studies and the strength of the recommendations.

It is normal for providers to vary in how they plan to treat patients with menopause because they take into account the needs of each patient, the available resources, and the limits that are unique to their healthcare setting or type of practice. Healthcare professionals should assess how well these Guidelines apply to each patient and their clinical setting or situation. Patients can use the information in this Guideline to understand the different ways that menopause can be managed.

These guidelines do not represent Department of Veterans Affairs or TRICARE policy. The Guideline recommendations for specific tests and/or treatments do not guarantee coverage of the patient's care by civilian providers or healthcare facilities. You can find more information on current TRICARE benefits at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

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I. What is perimenopause and menopause?

- Menopause is a normal part of aging that happens when you stop having menstrual periods. This may happen for different reasons, but mainly it happens due to a natural decline in reproductive hormones.
- There are three stages of menopause: perimenopause, menopause, and post-menopause.
  - Perimenopause is the time leading up to menopause when reproductive hormones start to decline. Some people may start having hot flashes, night sweats, or changes in menstrual periods during this time. Your periods may be longer or shorter, heavier, or lighter. During perimenopause, you can still become pregnant, so you may need to use birth control if you are at risk for pregnancy.
  - Menopause is when you have not had a menstrual period for 12 months in a row. For many women, this usually happens around age 51, but it can happen earlier or later.
  - During post-menopause, some symptoms (such as hot flashes) usually gradually decline, but because of decreased estrogen production, risks for other conditions increase, including vaginal dryness, urinary incontinence, heart disease, and osteoporosis.
- If you miss three or more menstrual periods before age 40, contact your health care provider to find out if you are going through menopause or if there is another cause for your missed menstrual period. While some people go through menopause without needing treatment, many find symptoms of menopause uncomfortable and would benefit from treatment to relieve them. Your health care provider can help with ways to manage your symptoms.
- Primary ovarian insufficiency (POI) happens when the ovaries stop working normally before age 40. It can cause symptoms similar to menopause, such as hot flashes, vaginal dryness, and weak bones, but pregnancy is still possible for some people because the ovaries may work on and off. Hormone therapy is usually recommended until the average age of menopause to help protect bone health, and patients should talk with their healthcare provider about fertility and birth control options.

II. What are common symptoms of menopause?

Around the time that perimenopause starts or after menopause, women can notice some or all of the following changes as listed below. The number of symptoms experienced, as well as their intensity and time span of each change, is different for each woman.

- Abnormal Periods (perimenopause)
  - Shorter or longer period
  - Lighter or heavier bleeding during period
  - Irregular periods/bleeding
- Weight and Body Composition
  - Difficulty managing weight/weight gain, especially around the abdomen
  - Decreased muscle mass
  - Changes in metabolism

  - A buildup of fat inside the abdomen and around the organs
  - Increased cholesterol
  - Insulin sensitivity
- Skin, Hair, and Joints
  - Dry skin, eyes, and/or mouth
  - Joint and/or muscle ache/pain
  - Hair loss or thinning
- Vasomotor Symptoms (changes in body temperature regulation)
  - Hot flashes/flushes
  - Night sweats
- Vulva and Vagina
  - Vaginal dryness
  - Vaginal itching/burning/irritation
- Sex
  - Decreased lubrication
  - Reduced desire for sex
  - Vaginal pain during intercourse
- Bladder
  - Need to urinate more often
  - Need to urinate more urgently
  - Bladder urine leakage
- Sleep
  - Difficulty falling asleep
  - Difficulty staying asleep through the night
  - Daytime tiredness/fatigue
- Brain
  - Brain fog/difficulty concentrating
  - Difficulty remembering
  - Headache
- Mood
  - Increased anxiety
  - Increased irritability
  - Mood swings
  - Depression

III. Treatment and management options for menopause symptoms

Every woman's experience with menopause is different, so the best treatment depends on which symptoms are bothering you the most. There is no one-size-fits-all plan, and it often takes a little trial and error to find what works for your body.

<u>If hot flashes and night sweats are your main symptoms</u>

Menopausal hormone therapy (MHT), estrogen, with or without progesterone depending on whether you still have a uterus, is the most effective treatment for these symptoms.

Even though MHT does not directly cause weight loss, many women notice that once their hot flashes calm down and they are sleeping better, they feel less stressed, make healthier choices, and have more energy to move their bodies. Better sleep alone can make a huge difference in how you feel day to day.

If you do not have any medical reasons to avoid hormone therapy, it is often a great first option because it helps with many menopause symptoms at once.

For those who cannot use hormones or prefer not to, several alternatives can provide targeted symptom relief, like:

- Neurokinin Receptor Antagonists: These are non-hormonal medications that target the thermoregulatory center of the brain directly to address hot flashes and night sweats.
- Antidepressants: Research suggests that some serotonin-norepinephrine reuptake inhibitors (SNRIs) and selective serotonin reuptake inhibitors (SSRIs) can help ease mood symptoms while also addressing hot flashes.
- Gabapentin: Though usually used for nerve pain, this medication is sometimes prescribed to help reduce hot flashes and support better sleep during menopause.

<u>If mood changes, stress, or sleep issues are part of the picture</u>

Cognitive Behavioral Therapy (CBT) can be incredibly helpful. It gives you tools to manage stress, improve sleep, and cope with the emotional ups and downs that can happen during this transition. If you have access to it, it is a wonderful option to pair with or use instead of medication.

<u>If vaginal dryness, discomfort with sex, or bladder symptoms are the main issue</u>

A low-dose vaginal estrogen product is usually the best place to start because it works right where you need it. It has very few contraindications and can help with:

- Vaginal dryness
- Pain with sex
- Recurrent urinary tract infections
- Urgency or bladder irritation

Vaginal estrogen is safe for most women and often brings quick relief.

The big takeaway: Menopause care should be personalized to the individual. Your body is changing, and it is completely normal to try a few different approaches before finding what feels right. What works beautifully for one woman may not be the perfect fit for another.

The goal is simple: Find the combination of treatments that helps you feel like yourself again.

IV. Questions to ask your care team

Ask about anything that seems unclear to you. Some examples may include:

Understanding the Menopause Transition

- How long does perimenopause usually last?
- How do I know whether the symptoms I am having are related to menopause or something else?

- How do I decide whether I should consider treatment for my perimenopausal or menopausal symptoms?

Symptoms and What to Expect

- What symptoms are common during menopause transition (such as hot flashes, sleep problems, mood changes, brain fog, painful intercourse, weight gain or difficulty managing weight, hot flashes, urinary symptoms, or vaginal dryness)?
  - What can I do to treat these symptoms?
- Will these symptoms improve over time, or can they last long term?
- When should symptoms be evaluated by a specialist?

Hormone Therapy (hormone replacement therapy [HRT]/menopausal hormone therapy [MHT])

- Are labs needed to diagnose and treat my perimenopause and menopause symptoms?
- Am I a candidate for hormone therapy?
- What are the benefits and risks of hormone therapy for someone like me?
- If I start hormone therapy:
  - How long can I safely take it?
  - What type and dose would be recommended?
  - How often should it be reassessed?

Sexual Health and Genitourinary Symptoms

- What treatments are available for vaginal dryness and painful intercourse?
- Are local vaginal estrogen treatments safe for long-term use?
- Why has my libido changed, and what options exist to help?
- Is testosterone therapy appropriate for women?

Metabolism and Physical Changes

- Will I experience weight gain or increased abdominal fat with menopause?
- Are there specific types of exercise recommended during menopause?
- How does menopause impact cholesterol levels, and what can I do about it?
- How does menopause affect heart health and bone health?

Fertility and Contraception

- When is it safe to stop using birth control?
- How long do I need to go without a period before menopause is confirmed?

Other Treatments and Lifestyle Strategies

- What non-hormonal treatments are available for menopause symptoms?
- Are there lifestyle changes that help with symptoms of perimenopause (exercise, sleep, diet)?
- Are there supplements or alternative therapies that are safe or effective?

Important Symptoms to Report

- Vaginal bleeding after menopause
- Severe pelvic pain
- New breast changes
- Unexplained weight loss
- Sudden worsening mood or cognitive symptoms

A Helpful Way to Start the Conversation

- You may find it useful to say:

- "I am having symptoms such as ___ (hot flashes, sleep problems, brain fog, vaginal dryness). Could these be related to perimenopause or menopause, and what treatment options might help me?"

V. You can find more information on menopause here:

- Women Veterans Health Care – Menopause: https://www.womenshealth.va.gov/WOMENSHEALTH/topics/menopause.asp