Body System: Women's Health

Session Topic: Menopause / Hormone Replacement Therapy

Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for teaching a PBL on your proposal form.

Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
• Many patients may find it difficult to talk about their menopausal symptoms; and in fact, difficult encounters are estimated to represent 15% to 30% of family physician visits. • Women are often confused by advertisements in the media for products marketed for relief of menopausal symptoms. • Many doctors continue to prescribe standard-dose HRT as either estrogen-only HRT or combination HRT, instead of low-dose HRT • Physicians have knowledge gaps with regard to counseling post-menopausal women about the risks and benefits of HRT.	1. Counsel post-menopausal women regarding the risks and benefits of pharmacologic and non-pharmacologic options for the relief of menopausal symptoms. 2. Assess patients' current use of nutritional, herbal or dietary supplements for the relief of menopausal symptoms and provide counseling to encourage safe and effective use. 3. Educate patients regarding their increased risk of coronary artery disease and osteoporosis following menopause and how to take preventive measures, including diet and exercise. 4. Establish a group visit model for the management of patients experiencing menopausal symptoms. 5. Assess patient's possible issues around urinary continence, prolapse, and exercise and provide resources as needed.	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will

encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
    - Visit http://www.aafp.org/journals for additional resources
    - Visit http://familydoctor.org for patient education and resources
- Provide an overview of current clinical guidelines for the management of menopause, including recommendations for practical application of key concepts into practice
- Provide resources and strategies for counseling post-menopausal women regarding the risks and benefits of pharmacologic and non-pharmacologic options for the relief of menopausal symptoms.
- Provide recommendations for assessing patients' current use of nutritional, herbal or dietary supplements for the relief of menopausal symptoms and provide counseling to encourage safe and effective use.
- Provide resources and strategies for educating patients regarding their increased risk of coronary artery disease and osteoporosis following menopause and how to take preventive measures, including diet and exercise.
- Provide recommendations and strategies for establishing a group visit model for the management of patients experiencing menopausal symptoms.

Needs Assessment:

It is estimated that 6,000 U.S. women reach menopause every day; with a total number of women who will be older than 55 estimated to be 46 million by the year 2020.[1] After menopause, up to 85 percent of women have symptoms such as hot flashes, sweating, insomnia, and vaginal dryness and discomfort.[2] Menopausal women are also at increased risk for developing obstructive sleep apnea (OSA).

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment Survey suggests that family physicians have gaps in the medical knowledge necessary to provide optimal patient care for women seeking relief from menopausal symptoms, particularly involving hormone replacement therapy, and providing guidance on the use of herbal remedies as a component of integrative medicine.[3] Additionally, CME outcomes data from the 2012 and 2015 AAFP FMX (formerly Assembly): *Reproductive-Female Blast*, and *Menopause and Hormone Replacement Therapy* sessions suggest that physicians have knowledge and practice gaps regarding administering symptom assessments to patients at well visits; explaining the risks and benefits of hormone replacement therapy (HRT) to their patients complaining of menopausal

symptoms; cardiovascular risk stratification; awareness of current treatment recommendations and therapies; and guidelines for initiating therapy.[4,5]

Despite several large studies that have shown significant health risks associated with using standard-dose hormone replacement therapy, many doctors continue to prescribe standard-dose HRT as either estrogen-only HRT or combination HRT, instead of low-dose HRT.[1,6,7]

Physicians can significantly improve their management of menopausal symptoms by integrating evidence-based clinical recommendations into practice. Physicians may want to consider a group visit model for the management of patients who are seeking relief from menopausal symptoms.[8,9]

The AAFP and the U.S. Preventive Services Task Force (USPSTF) *recommend against* the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. Additionally, the AAFP and the USPSTF *recommend against* the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy.

This recommendation applies to postmenopausal women who are considering hormone therapy for the primary prevention of chronic medical conditions. This recommendation does not apply to women younger than age 50 years who have undergone surgical menopause. This recommendation does not consider the use of hormone therapy for the management of menopausal symptoms, such as hot flashes or vaginal dryness.

Physicians treating women for the relief of menopausal symptoms should receive continuing medical education that provides direction for incorporating evidence-based recommendations from the American Association of Clinical Endocrinologists (AACE) medical guidelines for clinical practice for the diagnosis and treatment of menopause, the 2012 hormone therapy position statement of The North American Menopause Society (NAMS), and the American College of Obstetricians and Gynecologists (ACOG) Management of menopausal symptoms guidelines.[10-12]
Many patients may find it difficult to talk about their menopausal symptoms; and in fact, difficult encounters are estimated to represent 15% to 30% of family physician visits.[13] Physicians can improve the care they provide to these patients by receiving education and resources that promote effective physician-patient communication.[14] Physicians should be prepared to counsel patients about HRT and alternative therapies for relief from menopausal symptoms, particularly for those patients with low health literacy.[15-18]

Physicians may improve their care of menopausal patients by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:[15,19-21]

Bioidentical and compounded formulations

- The FDA and the American College of Obstetricians and Gynecologists have issued warnings about the lack of data on safety and effectiveness for compounded hormone preparations.
- There is no high-quality, consistent evidence that black cohosh, botanical products, omega-3 fatty acid supplements, or lifestyle modification alleviates hot flashes.

Bone health

- Estrogen therapy is an option to reduce the risk of postmenopausal osteoporotic fractures; although it is not FDA-approved for treatment of osteoporosis, it is an option when non-hormone therapies are not tolerated.

Cancer risk

- Combined estrogen/progestogen therapy, but not estrogen alone, increases the risk of breast cancer after three to five years of use.
- Estrogen therapy alone does not appear to increase the risk of breast cancer.
- Combined estrogen and progestogen therapy appears to reduce the risk of colorectal cancer. The change in risk, if any, is uncertain for estrogen therapy.
- Because unopposed estrogen therapy in women with a uterus increases the risk of endometrial carcinoma, progestogen therapy is recommended for women with an intact uterus who are taking estrogen.

Dosage and duration

- Hormone therapy is an option for women with menopausal symptoms, using the lowest effective dosage for the shortest possible duration, with periodic reevaluation.
- The decision to continue combined hormone therapy for more than three to five years should be made after reviewing the risks, benefits, and symptoms with the patient.
- Because of the potential risks with long-term use of hormone therapy, clinicians should prescribe the lowest effective dosage for the shortest duration necessary to improve symptoms.

Heart disease

- Hormone therapy is not recommended for cardiac protection in women of any age and does not treat existing heart disease.
- Early hormone therapy (at the initiation of menopause) is reasonable for relief of menopausal symptoms in women at low risk of cardiovascular disease.
- Beginning hormone therapy in a woman's 60s or 70s increases the risk of coronary heart disease; this should be reserved for symptomatic women who cannot tolerate non-hormone medications and who have had a thorough discussion of the risks and benefits with their physician.
- Menopausal hormone therapy should not be used for the primary or secondary prevention of coronary heart disease at the present time.
- Clinicians should encourage heart-healthy lifestyles and other strategies to reduce cardiovascular risk in menopausal women.

Stroke

- Combined estrogen and progestogen therapy and estrogen therapy alone increase the risk of ischemic stroke, particularly during the first one to two years after initiation of therapy.
- There does not appear to be an increased risk of stroke in women who begin hormone therapy between 50 and 59 years of age, although information is inconsistent.

Vasomotor symptoms

- Estrogen is the most effective treatment for menopausal vasomotor symptoms and is FDA-approved for this indication.

VTE

- Estrogen therapy alone and combined estrogen and progestogen therapy increase the risk of VTE, particularly during the first one to two years of use, although the risk is less for women who are younger than 60 years or are taking estrogen alone.
- Observational data, but not data from randomized trials, suggest that transdermal estrogen may confer less risk of VTE than oral estrogen.

Vulvovaginal symptoms

- Local estrogen therapy is the most effective treatment for moderate to severe vulvar and vaginal atrophy, and is FDA-approved for this indication; it does not require the addition of a progestogen.

Health Maintenance for Postmenopausal Women

- Extended use of hormone therapy in women who are aware of the risks and benefits and are under medical supervision is acceptable for the following: those who feel that the benefits of menopausal symptom relief outweigh the risks; those who have moderate to severe menopausal symptoms and are at high risk of osteoporotic fractures; and those with reduced bone mass who want to prevent further bone loss when alternate therapies are inappropriate.
- Chemoprophylaxis with aspirin is recommended in women with high risk of coronary heart disease.
- Screen for breast cancer every one to two years, beginning at age 40 years.
- Routinely screen for cervical cancer in women who are or have been sexually active and who have a cervix.
- Screen for colorectal cancer beginning at age 50 years.
- Systemic estrogen, alone or in combination with a progestogen, is the most effective therapy for menopausal hot flashes, and is approved by the U.S. Food and Drug Administration for this indication.
- Effective nonhormonal therapies for genitourinary syndrome of menopause include vaginal moisturizers and oral ospemifene (Osphena).
- Healthful Diet and physical activity for CVD prevention, fall prevention, osteoporosis prevention

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Family physicians providing care for a broad spectrum of patients, from birth to geriatric care, can be challenged to remain up to date on evidence-based guidelines and recommendations, especially when those guidelines are vague or contradictory. Physicians need continuing medical education that will help them to apply the most current and clinically relevant evidence-based recommendations to practice.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Hormone Therapy and Other Treatments for Symptoms of Menopause[21]
- Counseling patients about hormone therapy and alternatives for menopausal symptoms[15]
- ACOG Practice Bulletin No. 141: management of menopausal symptoms[10]
- ACOG Committee Opinion No. 565: Hormone therapy and heart disease[19]
- U.S. Preventive Services Task Force[22]
- American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of menopause[11]
- The 2012 hormone therapy position statement of The North American Menopause Society[12]
- Managing difficult encounters: understanding physician, patient, and situational factors[13]
- Rethinking the difficult patient encounter[14]
- Are you ready to discuss complementary and alternative medicine?[17]
- AAFP Group Visit resources[23]
- Menopause | Overview (patient education)[24]

References

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