

Menopause Care 2025

Assessment • Treatment • Referral Process for Women's Health Hub

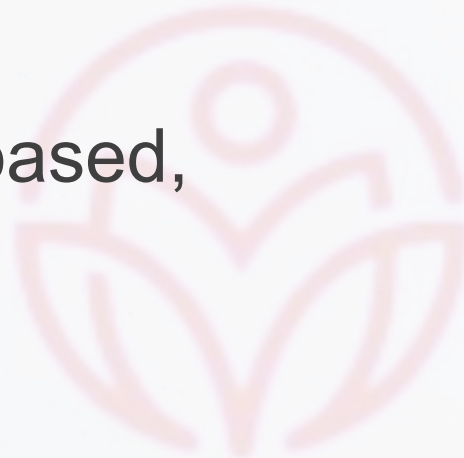
Dr. Lindsay MacMillan and Angela Hollingshead, RN



Learning Objectives

By the end of this session, participants will be able to:

1. Identify the key features of menopause diagnosis and common symptoms
2. Apply guideline-based approaches to hormonal and non-hormonal treatment
3. Understand the referral process and structure of the Women's Health Hub Menopause Clinic.
4. Collaborate in supporting patients through evidence-based, shared care.



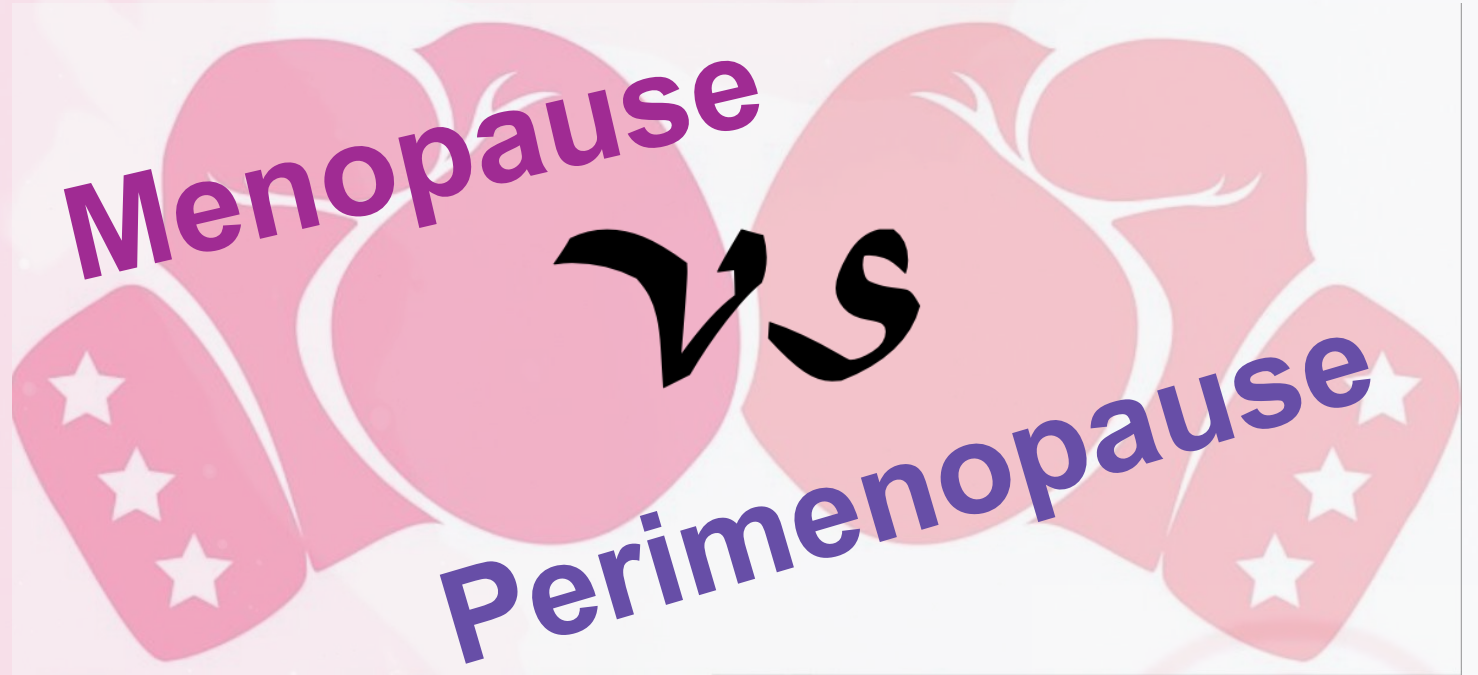
Disclosure:

NOAMA Research Grant
-Menopause Education/Women's Health Hub



Diagnosis:

- 12 months amenorrhea after FMP
- Perimenopause: cycle changes \pm VMS/GSM
- Diagnosis is clinical in women >45
- Avoid routine FSH unless atypical



Most Common Symptoms

- Vasomotor symptoms (VMS)
- Genitourinary symptoms (GSM)
- Sleep disturbances
- Mood changes
- Difficult concentration “brain fog”
- Joint pain
- “Just not feeling like myself”
- Etc. etc. etc.



Non-pharmacologic Treatment for VMS



Non-Hormonal Options for VMS

- SSRIs/SNRIs (escitalopram, venlafaxine)
- Gabapentin, pregabalin
- Clonidine - less effective
- Fezolinetant (Veoza): non-hormonal option
 - NK3 antagonist
 - Rapid, significant hot-flash reduction
 - Well tolerated; monitor liver function
 - Most trials positive, some mixed results
- Approved by Health Canada Dec 2024

- Lederman S et al., Lancet 2023
- Johnson KA et al., JCEM 2023
- BMJ Review, 2024

Indications for MHT in Canada

Indications for MHT

Bothersome vasomotor symptoms

Genitourinary symptom of menopause

Premature ovarian insufficiency / hypogonadism

Post-surgical menopause

Osteoporosis prevention – CMAJ 2023

Mixed evidence:

Sleep

Mood

Joint pain



Contraindications to MHT

Contraindications to MHT	Unexplained vaginal bleeding
	Pregnancy
	Breast/Endometrial cancer
	Severe active liver disease
	CHD/stroke
	Personal or inherited VTE risk
	Hypertriglyceridemia
	Porphyria cutanea tardis

Benefits:Risks of MHT

BENEFITS

- ①↓ **VMS**
- ①↓ **Osteoporosis/Fracture**
(DOPS 2012)
- ①↑ **QOL** (KEEPS 2022)
- ①↓ **CVD mortality** -50% reduction in CIMT
(DOPS & ELITE 2015)
- ①↓ **Colorectal cancer** (WHI, 8/10 000)
- ①↓ **Diabetes** (Diabetes and Metabolism 2024)

RISKS

- ①↑ **VTE/Stroke**
- ①↑ **Breast Cancer** 1/1000/yr
Combined E+P for 5+ years.
Progressive increase with
continued use (WHI 2002)
- ①↑ **Endometrial Cancer (E-only)**
- ①↑ **CVD (>60)**
- ①↑ **Dementia (>65)**

MHT Regimens

ESTROGEN
ORAL
CEE (Premarin)
17B Estradiol Tablets (Estrace)
TRANSDERMAL PATCHES
Estradiol (Estradot, Climara, Estalis)
TRANSDERMAL GELS
17B Estradiol gel 0.06% (Estrogel)
Estradiol gel 0.1% (Divigel)

PROGESTERONE
ORAL
Micronized (Prometrium)
Medroxyprogesterone (Provera)
Norethindrone (Norlutate)
INJECTABLE
MPA (Depo-Provera)
INTRAUTERINE
Levonorgestrel (Mirena, Kyleena)

Preferred Regimens

ESTROGEN
TRANSDERMAL
17B Estradiol

PROGESTERONE
ORAL
Micronized (Prometrium)



Table 4: Combination Hormone Therapy Products in Canada

Type	Trade Names	Strengths Available	Comments
Oral Combination Estrogen and Progestogen Products			
17B estradiol/ norethindrone acetate	Activelle® Activelle® LD	1 mg estradiol/0.5 mg norethindrone tablet LD - 0.5 mg/0.1 mg tablet	One tablet daily
17B estradiol/ drospirenone	Angeliq®	1 mg estradiol/1 mg drospirenone tablet	One tablet daily
Transdermal Combination Estrogen and Progestogen Products			
17B estradiol/ norethindrone acetate	Estalis® patch 140/50	140/50 (50 µg estradiol/140 µg norethindrone) 250/50 (50 µg estradiol/250 µg norethindrone)	Twice weekly application
Tissue Selective Estrogen Complex (TSEC) – Estrogen and selective estrogen receptor modulator (SERM)			
conjugated estrogen (CE)/ bazedoxifene	Duavive®	0.45 mg CE/20 mg bazedoxifene tablet	One tablet daily

Symptoms associated with GSM

Genital symptoms

- Vulvovaginal dryness
- Vulvovaginal itching, burning, or irritation
- Vaginal discharge

Urinary symptoms

- Dysuria
- Nocturia
- Urinary frequency or urgency
- Recurrent urinary tract infection

Sexual symptoms

- Decreased lubrication/arousal with sexual activity
- Pain with introital insertion during sexual activity
- Dyspareunia
- Decreased or delayed orgasm
- Postcoital bleeding

GSM

Treatment Options

Moisturizers
Lubricants

Vaginal
estrogen
(effective,
safe)

Alternatives:
Vaginal
DHEA,
ospemifene

Breast
cancer
survivors:
Consult
oncology

MHT Key Takeaways

- **“CRITICAL WINDOW”** - within 10 years of menopause or <60
- TD estradiol (lower VTE risk) and oral mic. progesterone
- If no uterus: estrogen only
- For GSM: local estrogen, no progestogen needed
- Lowest effective dose, 3-5 years trial tapering/dc
- 6 weeks to effect

Follow up:

Follow clinically, monitor symptoms (MRS)

Labs not required unless atypical



Treating the other symptoms of Menopause

Sleep - best evidence is for CBTi, progesterone can help too

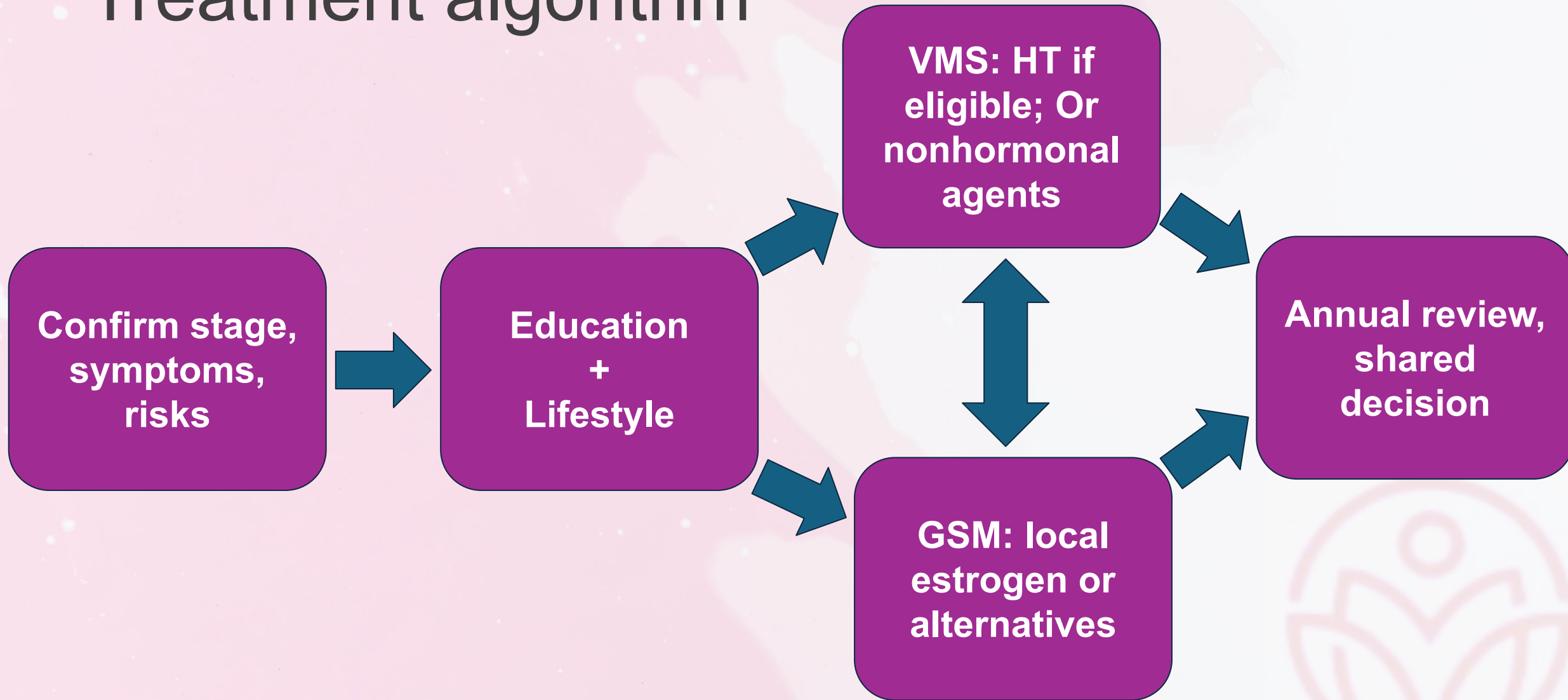
Mood - CBT, SSRI/SNRI, support/education,

Joint pain/OA - weight management, exercise

Cognition- lifestyle, exercise, decreased ETOH, education



Treatment algorithm



Angela Hollingshead, RN, MSCP

Who I Am

- RN, perimenopausal woman, women's health advocate
- Menopause Society Certified Practitioner

Who I Am Not

- Not a prescriber, endocrinologist, hormone expert
- Here to *support and bridge*

Why This Research and WHH?

- **Vision:** Accessible, evidence-based care through an RN-led, MD-supported model; reduce barriers to accessing care.
- **Unattached patients:** Reduce unnecessary ED visits (AUB, meds, testing, follow-up)
- **Attached patients:** Extend education and counseling that office visits don't allow

Women's Health Hub

Initiated to educate, improve patient care, engagement and accessibility for women as they approach and negotiate menopause transition and their post-menopausal health.

NOAMA Grant

Monthly education seminars from Oct 2024 - Sept 2025

Pre and post
education seminars
Oct '24-Sept '25

Quality of life and
patient
satisfaction/feed
back

Excellent
attendance

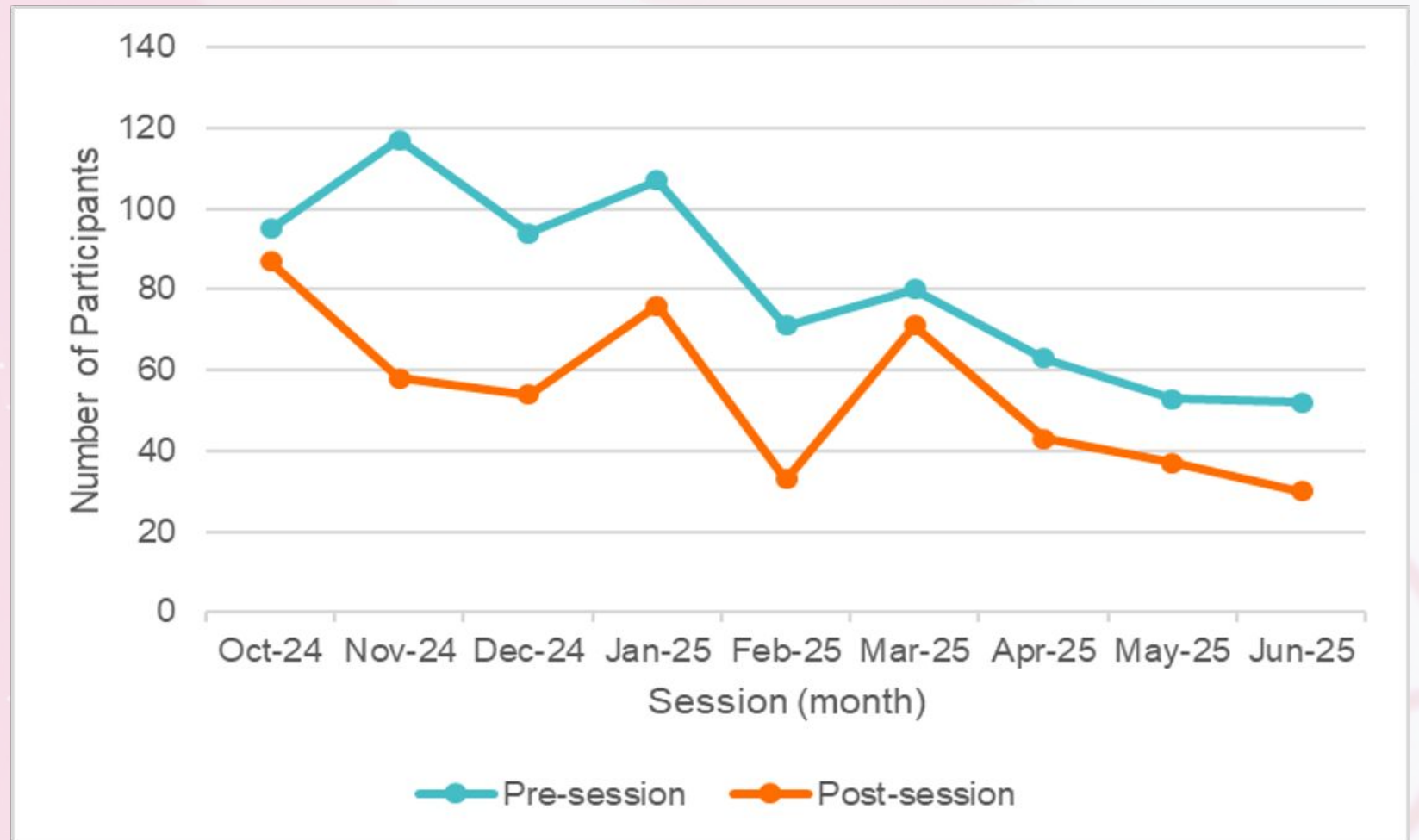
Summer student
- Anna

Number of survey participants per session

→ Avg. number of participants:

◆ pre-session: 81

◆ post-session: 54

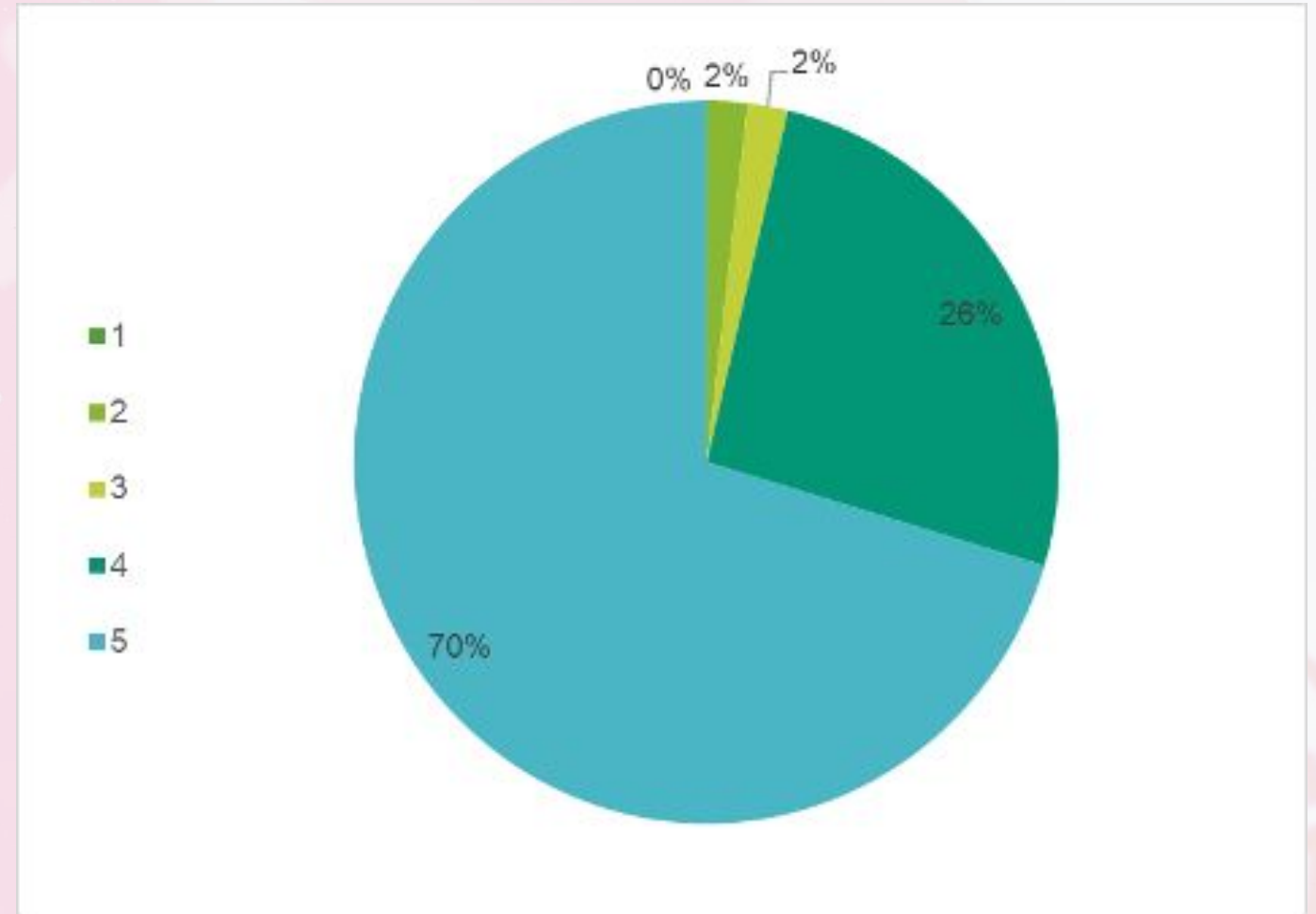


Participant satisfaction with Workshops

→70% of participants rated their satisfaction a 5

→Only 4% of participants rated their satisfaction 3 or less

→Avg. rating was 4.65



Women's Health Hub: Menopause Clinic

Angela Hollinghead, RN, Dr. Correia, Dr. Fennell, Dr. Woods,
and Dr. L. MacMillan (Women's Health Special Designate)

- Location: NOSM building
- 3rd Friday monthly, starting October
- 30-min consults
- Follow up with PCP with consult/recommendations



Referral Process

- Referrals via EMR to
- Kelly Oliver (KEOL) or fax to Lakeview Physicians
- Patients with PCP require referral
- Unattached patients: see Angie for education first

WOMEN'S HEALTH HUB REFERRAL FORM

Please fax this form to the attention of Kelly Oliver

Fax #: 705-788-3624

DATE: Click or tap to enter a date.

Patient Information

Name	Click or tap here to enter text.	DOB	
Email	Click or tap here to enter text.	OHIP (with Version Code)	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.		

Reasons for referral (check all that apply)

<input type="checkbox"/> VMS/Hot flashes	<input type="checkbox"/> Pessary Care	<input type="checkbox"/> Other: Click or tap here to enter text.
<input type="checkbox"/> GSM	<input type="checkbox"/> Menopause Education	
<input type="checkbox"/> HRT	<input type="checkbox"/>	
<input type="checkbox"/> Endometrial biopsy	<input type="checkbox"/>	
<input type="checkbox"/> Pelvic organ prolapse	<input type="checkbox"/>	

Referring HCP Information

Name	Click or tap here to enter text.
Email	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Billing Number	Click or tap here to enter text.
Signature	

THANK YOU

Resources:

Pocket Guide to Menopause Mgmt - CMS2023

[https://www.canadianmenopausesociety.org/files/publications/English%20Pocket%20Gui](https://www.canadianmenopausesociety.org/files/publications/English%20Pocket%20Guide%20to%20Menopause%20Management%202023.pdf)

SOGC guidelines - 2021

Gynecology Collaboration QI - gynqi.com

Patient resources:

The Menopause Manifesto - Dr Jen Gunter

Menopauseandu.ca - SOGC

References: DOPS 2021, SOGC 2021, KEEPS 2022, WHI 2002, HOPE 2023, ELITE 2015

