



FRAN AND EARL ZIEGLER  
COLLEGE OF NURSING  
*The* UNIVERSITY *of* OKLAHOMA HEALTH SCIENCES

## Navigating Hormonal Transitions: Peri-Menopause and Menopausal Screening & Treatment Strategies in Women's Health

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# Objectives

1. Equip attendees with the latest pharmacological insights, screening tools, and treatment strategies for navigating hormonal transitions during peri-menopause and menopause.
2. Enhance clinical competency by delving into the nuanced pharmacological aspects of peri-menopausal and menopausal care. Explore personalized treatment approaches, potential challenges, and interdisciplinary collaboration opportunities.
3. Foster a holistic approach to women's health by integrating pharmacological interventions into a broader framework of patient care. Emphasizing the importance of addressing not only hormonal transitions but also the psychosocial, lifestyle, and preventive aspects of women's health.

# Introduction

- As advanced practice nurses, we play a pivotal role in women's health. Understanding the hormonal transitions during perimenopause and menopause is essential for providing evidence-based care.
- In this presentation, we will delve into the nuances of perimenopause, discuss effective screening methods, and explore treatment strategies to optimize women's well-being.

# Perimenopause: Unraveling The Transition

## Definition and Duration:

- Perimenopause is the gradual transition from reproductive years to menopause.
- Typically begins in the late 30s or early 40s and continues until menopause (around age 51).
- **Clinical Features:**
  - Irregular Menstrual Cycles: Hormonal fluctuations lead to unpredictable periods.
  - Hot Flashes and Night Sweats: Sudden heat sensations disrupt sleep.
  - Mood Changes: Anxiety, irritability, and depression.
  - Vaginal Dryness: Reduced estrogen affects vaginal tissues.
  - Bone Health: Increased risk of osteoporosis.



Me at 39 when someone asks me  
how long I've been going through  
perimenopause:



*Genuine Pharma*

# Menopause: The Culmination

## Definition and Timing:

- Menopause marks the permanent cessation of menstruation.
- Typically occurs around age 51, but individual variations exist.
- **Symptoms:**
  - Vasomotor Symptoms: Hot flashes, night sweats, and sleep disturbances.
  - Genitourinary Symptoms: Vaginal dryness, dyspareunia, and urinary changes.
  - Emotional Changes: Mood swings, anxiety, and cognitive alterations.
  - Physical Changes: Bone loss, skin changes, and weight fluctuations.

# MENOPAUSE



Because nature  
decided that  
periods,  
pregnancy,  
labor,  
delivery,  
breastfeeding,  
stretch marks,  
saggy boobs  
and cellulite  
wasn't enough

flaconreed.itonline  
us

# PUNISHMENT



# The Effects of Perimenopause and Menopause: Impact on Quality of Life

## Symptoms and Challenges:

- Hot flashes, sleep disturbances, mood swings.
- Physical changes: Hormone fluctuations affect well-being.
- Psychosocial impact: Relationships, self-image, and stress.
- Quality of Life (QoL) Effects:
  - Decreased QoL: Symptomatic perimenopausal women experience lower QoL compared to premenopausal and postmenopausal women<sup>1</sup>.
  - Menopause Impact: Fluctuating symptoms affect daily life, including sleep, mood, and physical health<sup>2</sup>.
  - Psychosocial Factors: Educational level, social support, and knowledge about menopause influence QoL<sup>3</sup>.

1. (Rautenberg et al., 2023)

2. (Velasco-Télez, et al., 2020)

3. (Larroy et al., 2020)



# Importance of Screening

## Early Detection Matters:

- Early identification of hormonal changes allows for timely intervention.
- Screening helps identify women at risk for complications related to hormonal imbalances.
- Addressing symptoms promptly improves quality of life.
- **Screening Tools and Protocols:**
  - Hormone Levels: Measuring levels of follicle-stimulating hormone (FSH) and estradiol can provide insights into hormonal status.
  - Symptom Assessment: Assessing symptoms such as hot flashes, night sweats, mood changes, and sleep disturbances.
  - Bone Density Testing: Osteoporosis risk increases during menopause; screening helps detect bone loss.
  - Cardiovascular Risk Assessment: Hormonal changes impact cardiovascular health.

# Importance of Screening

## **Psychosocial Impact:**

- Hormonal transitions affect mental health, including anxiety and depression.
- Screening allows for early intervention and support.
- **Individualized Approach:**
  - Tailor screening based on individual risk factors, symptoms, and patient preferences.
  - Consider lifestyle, family history, and comorbidities.

# Screening Tools for Hormonal Transitions

## Meno Health Questionnaire:

- This comprehensive questionnaire helps gather information about a woman's menopause experience and general health.
- It covers personal details, medical history, and lifestyle factors.
- Healthcare providers can use it to tailor care plans and support overall health.

### 13. SYMPTOMS

Rate how bothered you are now and in the past few weeks by any of the following:

	Not at all	A little bit	Quite a bit	Extremely
Have hot flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have night sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty getting to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get heart palpitations or a sensation of butterflies in my chest or stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel like my skin is crawling or itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel more tired than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My memory is poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am more irritable than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel more anxious than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have more depressed moods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am having mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to urinate more often than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have pain or burning when urinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have bladder infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have uncontrollable loss of stool or gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My vagina is dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have vaginal itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an abnormal vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have vaginal infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have pain during intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have pain inside during intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have bleeding after intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack desire or interest in sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty achieving orgasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My opportunity for sexual activity is limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My stomach feels like it's bloated or I've gained weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have breast tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Perimenopause and Menopause checklist

[Perimenopause and menopause symptom checklist](#) | Jean Hailes

## What's bothering you?

Perimenopause and menopause symptom checklist



Symptoms of perimenopause and menopause are different for everyone. Tick  the boxes to show which symptoms are bothering you. Take the checklist with you to your next medical appointment.

Symptom	Not at all	A little bit	Quite a bit	Extremely
Hot flushes (feeling waves of heat) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweating at night _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle and joint pains _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart beating quickly or strongly _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain fog (difficulty concentrating) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less sexual desire _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry vagina (causing painful sex) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itchy skin _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wee (urinary) problems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular periods _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood changes (feeling unhappy or depressed) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight gain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*based on the Greene Climacteric Scale

### What is perimenopause?

Perimenopause is the time leading up to menopause, when periods become irregular and hormone levels fluctuate.

### What is menopause?

Menopause is your final menstrual period. Most women in Australia reach menopause from 45 to 55 years of age.

**If symptoms are affecting your quality of life, talk to your doctor.**

For more information, visit the NSW Menopause Toolkit [nsw.gov.au/menopause](https://nsw.gov.au/menopause)



# Importance of Early Detection

- Approximately 75% of women experience symptoms during peri-menopause.
- Timely Intervention and early identification of hormonal changes allows for prompt intervention.
- Screening helps identify women at risk for complications related to hormonal imbalances.
- Addressing symptoms promptly improves quality of life.
- Tailor screening based on individual risk factors, symptoms, and patient preferences.

# Quality of Life Assessment

## Why Assess Quality of Life?

- Quality of life (QoL) is a crucial aspect of overall well-being.
- During hormonal transitions, understanding QoL helps tailor interventions and support.

# Screening Tools for QOL Assessment

## WHOQOL-BREF Questionnaire:

- Measures overall QoL and specific aspects.
- Includes domains related to:
  - Physical Health
  - Psychological Health
  - Social Relations
  - Environment
- Consists of 24 questions assessing various dimensions of QoL.
- Also includes questions about an individual's overall perception of their QoL and health <sup>1</sup>

1. (Nazarpour et., al 2020)

# Symptom Specific Tools

Consider tools that focus on menopausal symptoms affecting QoL:

- Sleep Disturbance: Impact on daily functioning.
- Psychological Distress: Assess mood, anxiety, and stress.
- Depressive Symptoms: Evaluate mood-related challenges.
- Mood Symptoms: Address emotional well-being.

# Assess Personal Medical History

Assess risk factors for:

- Breast Cancer
- Cardiovascular Disease
- Thromboembolic Disease
- Osteoporosis



# How is Menopause Diagnosed?

- Peri-Menopause: not advisable to test hormones and base off symptoms.
- For patients younger than 45 years who present with irregular or absent menstrual cycles, providers should order follicle-stimulating hormone (FSH).
  - FSH levels vary during perimenopause.
  - Endocrine disorders should be ruled out as causes of secondary amenorrhea
    - Hyperprolactinemia
    - hypothyroidism)
    - Pregnancy
- Patients younger than 40 years presenting with irregular cycles and menopausal symptoms, conduct a complete work-up for secondary amenorrhea
  - FSH
  - serum estradiol
  - Pregnancy

# How is Menopause Diagnosed?

- For people older than 45 years who have symptoms of menopause or amenorrhea, a work-up with laboratory tests and imaging is not indicated unless symptoms are suggestive of an alternative diagnosis.
- Pregnancy should be ruled out among sexually active patients who are not using contraception.
- Atypical vasomotor symptoms or more frequent an atypical diagnosis should be considered.
  - carcinoid syndrome, pheochromocytoma, and hematologic or solid organ malignant diseases

# The 7 Dwarfs of Menopause



Good news! You don't have to suffer these symptoms, we can help!

# Pharmacological Interventions

Pharmacological interventions are appropriate during peri-menopause and menopause when managing specific symptoms or improving overall well-being. Here are scenarios where they may be considered:

- Moderate to Severe Symptoms:
  - When menopausal symptoms significantly impact a woman's quality of life (e.g., hot flashes, mood changes, sleep disturbances).
  - Hormone Replacement Therapy (HRT) or other medications can provide relief.
- Vasomotor Symptoms:
  - For bothersome hot flashes and night sweats, HRT or non-hormonal options (e.g., SSRIs, gabapentin) may be effective.

# Pharmacological Interventions

- Bone Health:
  - Osteoporosis risk increases during menopause.
  - Medications (e.g., bisphosphonates) can help maintain bone density.
- Psychological Distress:
  - Antidepressants (SSRIs) are useful for managing mood symptoms.
  - Cognitive-Behavioral Therapy (CBT) can address anxiety and depression.

## **Individualized Approach:**

- Consider patient preferences, risk factors, and coexisting conditions.
- Collaborate with the patient to tailor treatment.



# Hormone Replacement Therapy (HRT)

**Role:** HRT involves replacing estrogen and/or progesterone to alleviate menopausal symptoms. First line of treatment for vasomotor symptoms for both menopausal and perimenopausal patients. The estrogen component of therapy reduces bothersome menopausal symptoms, while the progestin protects the endometrium from hyperplasia and reduces the risk of endometrial cancer.

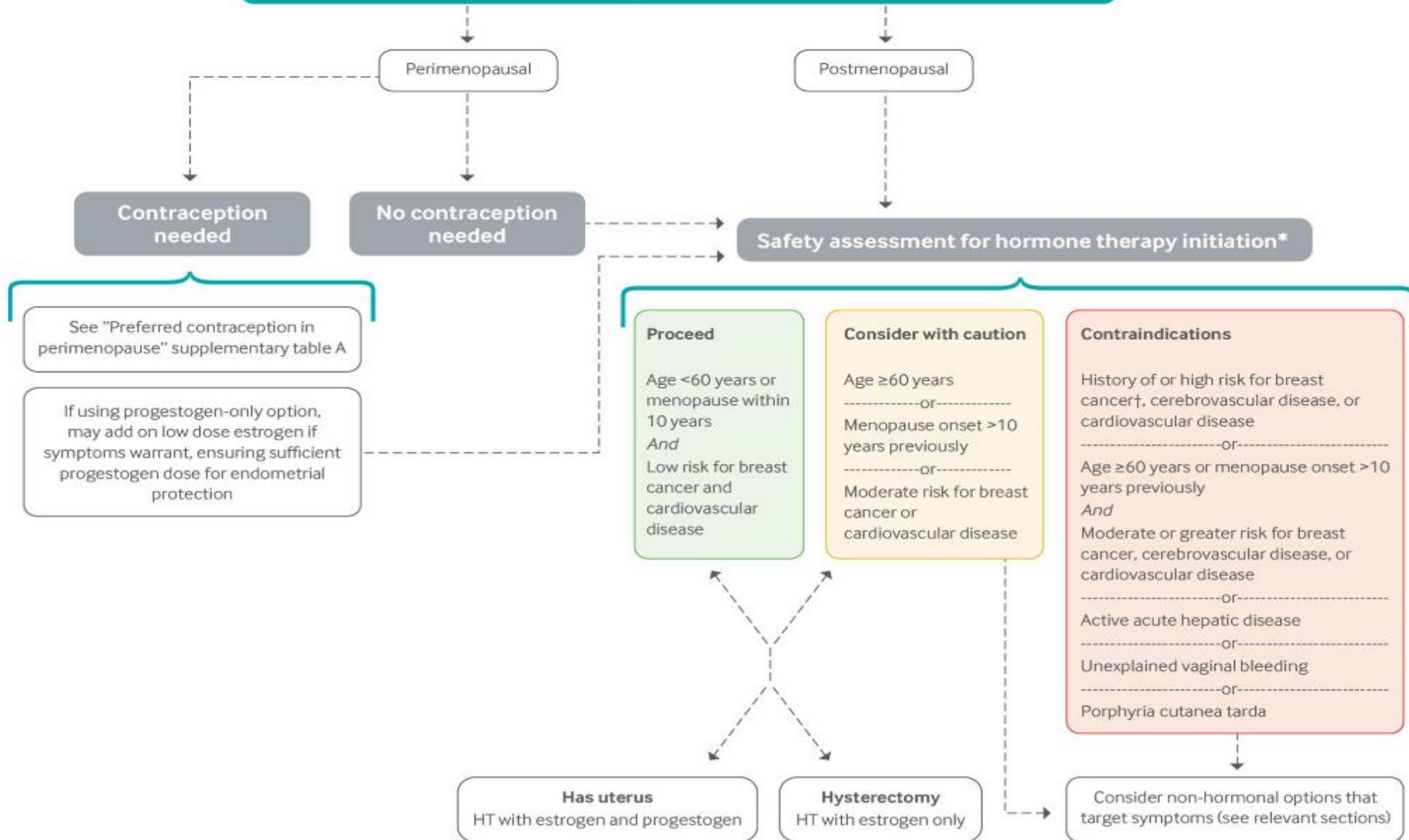
## **Benefits:**

- Reduces hot flashes, night sweats, and vaginal dryness.
- Improves bone health.
- May enhance mood and cognitive function.

## **Considerations:**

- Individualized approach based on symptoms, risk factors, and patient preferences.
- Discuss potential risks (e.g., breast cancer, cardiovascular events) with patients.

**Bothersome symptoms attributable to hormonal changes during or after menopause transition**



# Hormone Replacement Therapy (HRT)

## Types of HRT:

- Estrogen-only: Suitable for women who have had a hysterectomy.
- Combined (Estrogen + Progestin): For women with an intact uterus.

## Routes of Administration:

- Oral: Pills or tablets.
- Transdermal: Patches, gels, or creams.
- Vaginal: Creams or rings for localized symptoms.

## Duration:

- Short-term: For symptom relief during early menopause.
- Long-term: For osteoporosis prevention in postmenopausal women.

# Hormone Replacement Therapy (HRT)

Other hormone therapies for treating the symptoms of menopause during menopausal transition are combination therapy of levonorgestrel releasing-intrauterine system (LNG-IUS) with oral or percutaneous estrogen, low-dose combined oral contraceptives (COCs), and estrogen–progestogen therapy (EPT).

# Hormone Therapy Contraindications

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Breast cancer

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Endometrial cancer (advanced stage hormonal or non-hormonal)

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Untreated endometrial hyperplasia or cancer

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Unexplained vaginal bleeding

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Myocardial infarction, stroke, or transient ischemic attack

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Uncontrolled hypertension

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Peripheral artery disease

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Unprovoked venous thromboembolism

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Known clotting disorder

---

Cirrhosis

---

Active hepatitis

---

Porphyria cutanea tarda





# Hormone Therapy Comorbidities of Concern

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Controlled hypertension

---

Hyperlipidemia

---

Diabetes

---

Smoking

---

Provoked venous thromboembolism

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Chronic inflammatory states

---

HIV

---

Gallbladder disease

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Ovarian or cervical cancer with suspected hormone responsiveness



# New Treatment Options

**Conjugated Estrogens/Bazedoxifene** (Duavee) is a fixed-dose combination medication for the treatment of menopause symptoms and postmenopausal osteoporosis.

- Selective Estrogen Receptor Modulator (SERM)
- Conjugated Estrogen
- Dosage 0.45mg/20mg orally daily
- For women with an intact uterus
- Not studied in woman over 75
- Not recommended for in people with renal impairment
- Came out in 2016 but was taken off the market due to packaging issues, back on market in 2023.

# New Treatment Options

**Fezolinetant** (Veozah) is used for the treatment of menopausal vasomotor symptoms.

- Approved in the by the US FDA in May of 2023
- Fezolinetant is the first neurokinin 3 (NK3) receptor antagonist to treat severe hot flashes.
- side effects include:
  - abdominal pain, diarrhea, insomnia, back pain, hot flushes and elevated hepatic transaminases.
- Dosage:
  - 45mg daily
- Monitor Liver Function at baseline, 3, 6, and 9 months.
- Contraindicated in liver disease, severe renal disease, concomitant use with CYP1A2 inhibitors
- Costly

# Role of Bio-Identical Hormones

## Bio-Identical Hormones (BHRT):

- BHRT refers to hormones that are processed to closely mimic the hormones naturally produced by your body's glands.
- These hormones can be beneficial for individuals experiencing symptoms of low or unbalanced hormones, especially during perimenopause and menopause.
- BHRT aims to alleviate various symptoms associated with hormonal changes, such as hot flashes, mood fluctuations, and genitourinary discomfort.
- Not FDA approved.
- Various formulations: creams, troches, patches, pellets.
- Are not without risk.

# Complementary and Alternative Options

- Approximately half of women experiencing menopausal transition explore complementary and alternative medicine (CAM) treatments .
- Disclosure Gap: Many women do not openly discuss their CAM use with healthcare providers.

# Complementary and Alternative Options

## Phytoestrogens and Soy Isoflavones:

- Usage: Phytoestrogens, including soy isoflavones, have been traditionally used for menopausal symptom management.
- Variable Effects: However, a meta-analysis suggests that soy isoflavones do not significantly reduce vasomotor symptoms compared to placebo.
- Population Studies: Large-scale studies have found no consistent improvement in vasomotor symptoms with soy isoflavones.

# Complementary and Alternative Options

## Equol

- Equol Conversion and Metabolism: Some women can convert the isoflavone daidzein to equol, which is believed to be the biologically active form.
  - Equol is a chemical that originates from soy.
  - It shares some similarities with the hormone estrogen
  - Equol exists in two forms: R-equol and S-equol. When soy is consumed, specific gut bacteria transform the soy's chemicals into equol. However, this conversion only occurs in 20-60% of individuals. Those who can convert soy chemicals into equol are referred to as equol producers.
- Can provide relief of menopausal symptoms but not enough evidence to support effectiveness in other conditions such as osteoporosis.



# Complementary and Alternative Options

## Black Cohosh:

Research on black cohosh is complex and conflicting.

- Heterogeneity: Variability in black cohosh compounds exists due to limited regulation in most countries.
- Safety Consideration: If product purity is assured, black cohosh may be a helpful and safe option.

# Non Hormonal Options

## Antidepressants:

- Paroxetine (Brisdelle): An FDA-approved non-hormonal medication specifically for hot flashes due to menopause.
- Fluoxetine, Citalopram, and Escitalopram: These SSRIs have been studied and found effective for symptom relief.
- Venlafaxine and Desvenlafaxine: These SNRIs (serotonin-norepinephrine reuptake inhibitors) may also help.

# Non Hormonal Options

## Gabapentin and Pregabalin:

- Originally used for seizures and nerve pain, these medications have shown benefit in managing hot flashes.

## Clonidine:

- Typically used for high blood pressure, clonidine can reduce hot flashes.

No benefit for vaginal issues, sexual dysfunction, or improvement on bone health.

# Non Hormonal Options

## Cognitive Behavioral Therapy (CBT):

- CBT has shown promise in managing menopausal symptoms, including hot flashes and night sweats.
- It focuses on changing thought patterns and behaviors to improve overall well-being.

## Clinical Hypnosis:

- Clinical hypnosis can help alleviate hot flashes and night sweats.
- It involves deep relaxation and guided imagery to reduce symptom intensity.

# Discontinuing HRT

## Risk-Benefit Balance:

- HRT is typically recommended for the shortest duration necessary to manage menopausal symptoms.
- Prolonged use may increase the risk of certain health issues.
- Consider discontinuing if the benefits no longer outweigh the risks.

## Natural Aging:

- Menopausal symptoms often decrease naturally.

## Health Conditions:

- Certain medical conditions (e.g., breast cancer) may necessitate stopping HRT.
- The risk of breast cancer is associated with HRT use.

# Lifestyle Modifications

- Diet: Calcium-rich foods, vitamin D, and magnesium.
- Exercise: Weight-bearing exercises to maintain bone density.
- Stress Management: Yoga, meditation, and relaxation techniques.

# Long-Term Health Considerations

## Cardiovascular Health:

- Estrogen's Role: Estrogen protects against heart disease.
- Monitor Blood Pressure and Cholesterol Levels.
- Lifestyle Modifications: Regular exercise, healthy diet, and smoking cessation.

## Bone Health:

- Calcium and Vitamin D Supplementation.
- Weight-Bearing Exercises.
- Avoid Smoking and Excessive Alcohol.

## Emotional Well-Being:

- Counseling and Support Groups.
- Address Mood Changes and Anxiety.



# Follow UP

## Cardiovascular Health:

- Estrogen's Role: Estrogen protects against heart disease.
- Monitor Blood Pressure and Cholesterol Levels.
- Lifestyle Modifications: Regular exercise, healthy diet, and smoking cessation.

## Breast Health:

- Screenings per guidelines and patient risks

## Vaginal Health;

- Pap Smear per guidelines and patient risks

## Bone Health:

- Calcium and Vitamin D Supplementation.
- Weight-Bearing Exercises.
- Avoid Smoking and Excessive Alcohol.

## Emotional Well-Being:

- Counseling and Support Groups.
- Address Mood Changes and Anxiety.

# Conclusion

- Navigating perimenopause and menopause requires informed decisions, personalized care, and a holistic approach. By understanding the hormonal transitions and implementing evidence-based strategies, women can embrace this life stage with confidence and vitality.
- Remember, perimenopause and menopause are not phases to endure but opportunities to thrive!

A man in a dark suit and tie is walking in a hallway. The hallway has a dark floor and walls. In the background, there is a fire. The text "HOTFLASHING IS MY SUPERPOWER" is overlaid on the bottom of the image.

HOTFLASHING IS MY  
SUPERPOWER

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