



Women's Midlife Health after Age 50

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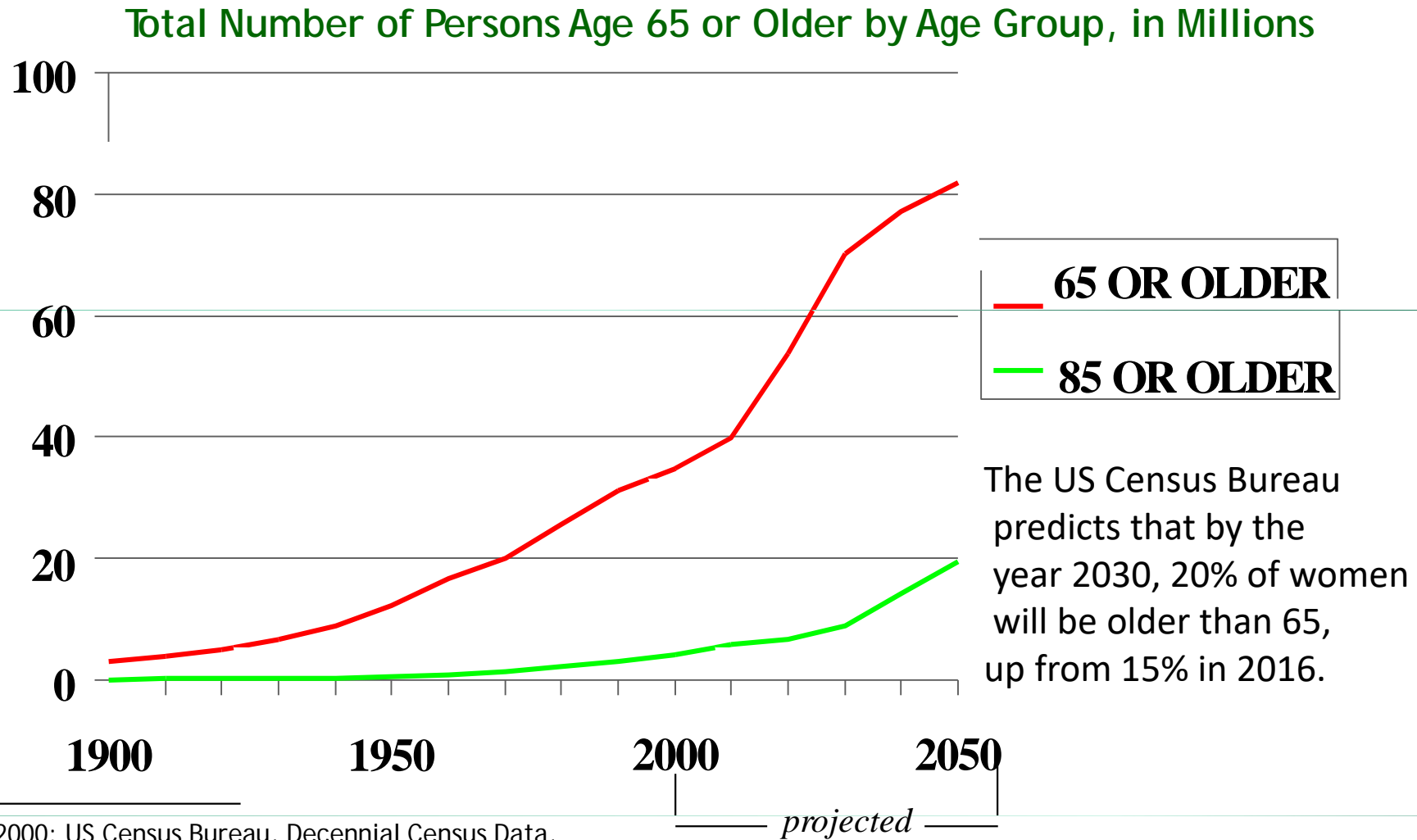
Thursday, September 13, 2018

12 – 1:30 p.m.

2044 Rayburn House Office Building

North American Menopause Society
www.menopause.org

U.S. Population is Aging



Racial Disparities in Health

- Large, pervasive and persistent over time
 - More maternal deaths in African Americans (AA), more prematurity
 - More deaths from diabetes and hypertension (AA)
 - Reflect social inequalities in society, including socioeconomic status (SES)
 - Americans haven't graduated from high school
 - Death rate 2-3 times higher than those graduated from college
 - Delays in seeking treatment
 - Lower adherence to treatment regimes and follow up
 - Need research on risks and resources linked to living and working conditions affecting health of socially disadvantaged populations
-

Screening Infections

Hepatitis C- **increased in baby boomers**- infected in the 1960s- 1980s when transmission of **hepatitis C** was highest (unsafe medical practices)

Sexually transmitted infections

- Increasing numbers GC, Chlamydia and syphilis
- STD Rates Rising for Older Adults- 20% jump between 2015 and 2016- AARP 9- 28, 2017

Screening Controversies

- Lung cancer (<80 *)- spiral lung CT scan
 - > 30 pack year cigarette smoking
- Mammogram (<75*)
 - Start at 40 or 50, annual or every 2 years
 - Stop at 75 OR within last 10 years OR life-limiting health issues
- Pap smear and/or HPV (every 3-5, stop at 65-70)
 - 20% of women with cervical cancer diagnosed > 65
- Osteoporosis (at 65) –What about those at risk earlier?
- Shingles- new 2 part recombinant DNA test

** The decision to get medical test or procedure is a personal one b/w patient and doctor, at any age. Age ranges from the U.S. Preventive Services Task Force*

Women's Symptoms are Easy to Miss

AM I HAVING A HEART ATTACK?

IN WOMEN, HEART ATTACK
SYMPTOMS ARE NOT ALWAYS DRAMATIC.
HERE ARE COMMON SIGNS:

Cold sweat

Jaw pain

Shortness of breath
(with or without chest discomfort)

Pressure in the chest

Nausea or vomiting

Back pain

Pain or discomfort in one or both arms

**IF YOU HAVE ANY OF THESE SIGNS,
DON'T WAIT MORE THAN FIVE MINUTES BEFORE CALLING FOR HELP.
CALL 9-1-1 AND GET TO A HOSPITAL RIGHT AWAY.**

THE STAGGERING COST OF DIABETES

Today, **4,660**
AMERICANS WILL BE DIAGNOSED
WITH **DIABETES**

NEARLY **30**
MILLION AMERICANS
HAVE DIABETES



86 million
Americans have prediabetes

More than the population of the east coast
from Connecticut to Georgia



DIABETES AND
PREDIABETES COST AMERICA
\$322 BILLION
PER YEAR

\$ 1 in 5 health care dollars
is spent caring for
people with diabetes

\$ 1 in 3 Medicare dollars is spent
caring for people
with diabetes

\$ People with diagnosed
diabetes have health
care costs **2.3 times higher**
than if they
didn't have the disease



Learn how to combat this costly disease at
diabetes.org/congress



Breast Cancer

- Most commonly diagnosed cancer
- Second leading cause of death in women in US
- US: 220,000 diagnosed every year/40,000 deaths every year
- 1 in 8 women diagnosed with breast cancer in their life
- 1 in 1000 men diagnosed with breast cancer
- *Digital breast tomosynthesis* or 3-D mammograms - new imaging tool reduces masking effect of overlapping fibroglandular tissue
- New findings suggest *chemotherapy* may be avoided in about 70% of women - HR-positive, HER2-negative, node-negative *breast cancer*.

Digital *breast tomosynthesis* (3-D mammograms)

- ✓ Earlier detection small or hidden breast cancer
 - ✓ 15 Percent fewer false alarms
- ✓ Fewer unnecessary biopsies and additional testing
- ✓ More chance of finding multiple breast tumors
 - ✓ Clearer images of dense breast tissue

Magnetic Resonance Imaging

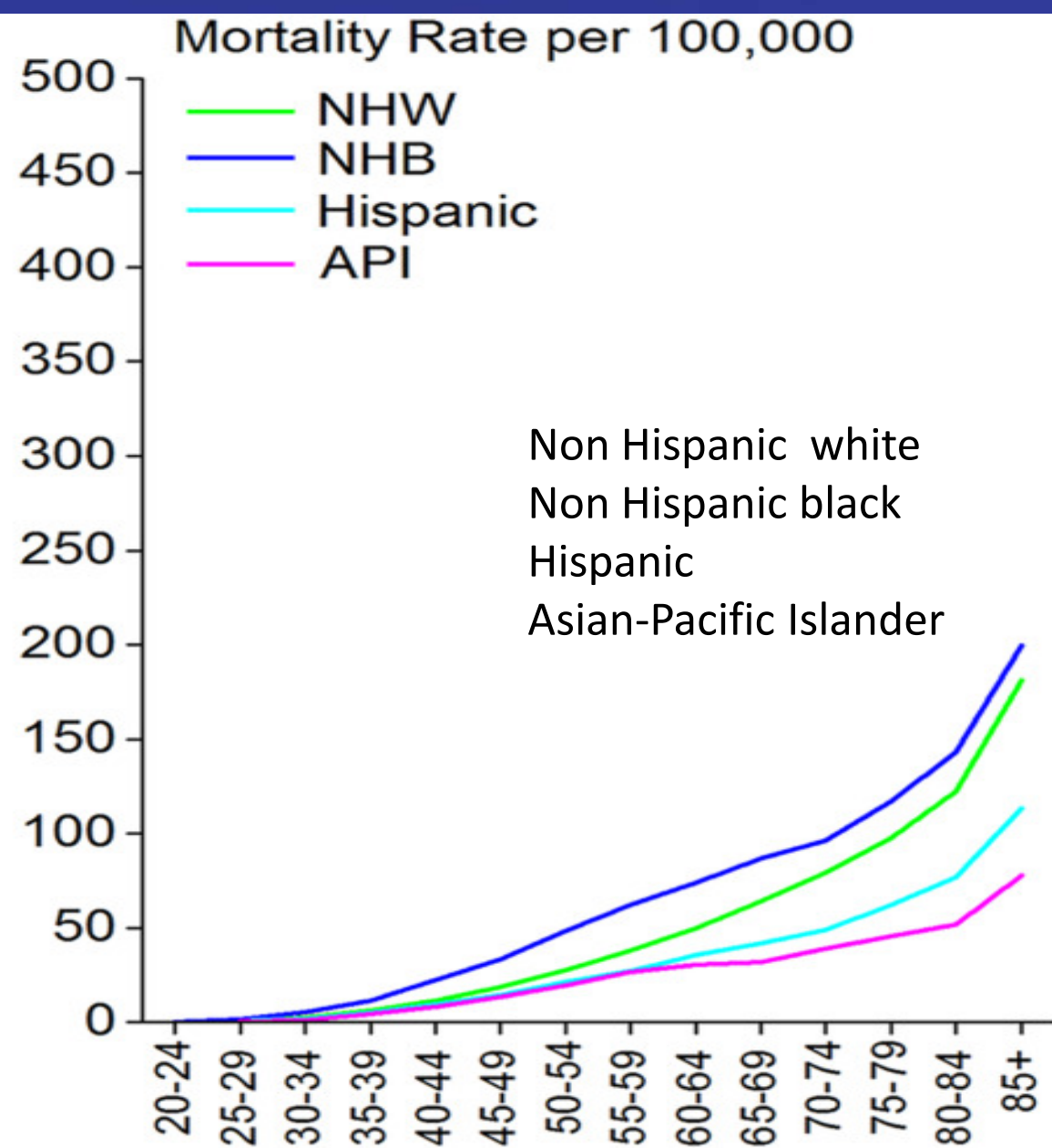
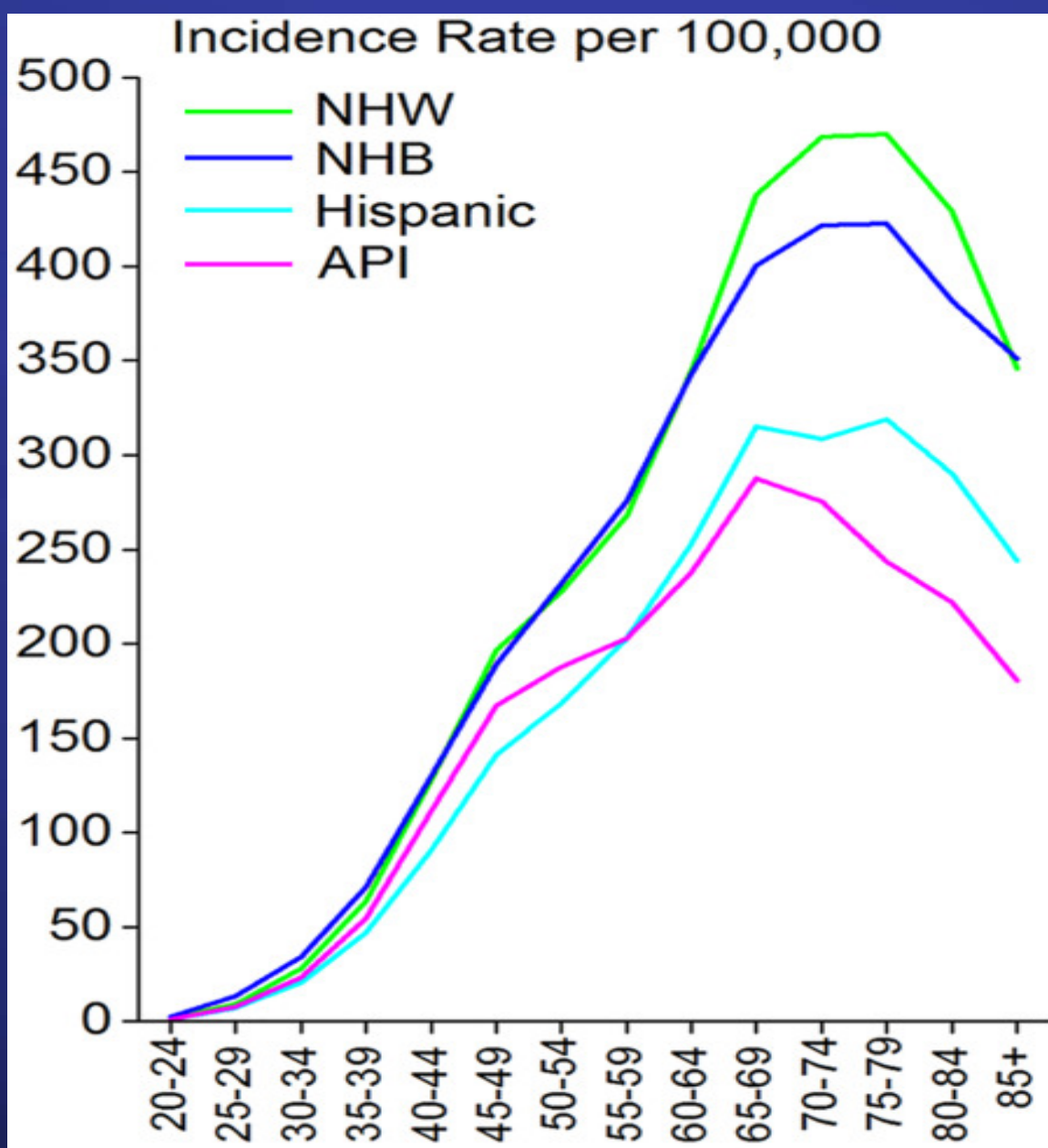
>90% sensitive

Best Detection of early breast cancer

More False positives than mammography

Alternate mammogram/MRI

Used primarily in women at high risk for breast cancer



Age-Specific Female Breast Cancer Incidence (2010-2014) and Mortality (2011-2015) Rates by Race/Ethnicity <https://www.cancer.org>

Osteoporosis More Common than Breast Cancer

- 10 million Americans have osteoporosis-80% are women.
- 1 in 2 women > age 50 will break a bone due to osteoporosis
- The **incidence of hip fractures** in older women in the **U.S.** is rising after more than a decade of decline, according to a large new study of Medicare recipients after declining 2002-2012
- Risks: early menopause, thin, Caucasian, Eating disorders, steroids, gastric bypass, smokers, family history of hip fracture

Diagnose bone loss

Get a Bone Mineral Density Test
(also known as DXA)

Covered benefit for

- ✓ Women age 65+
- ✓ Men age 70+
- ✓ Aromatase Inhibitors
- ✓ Anyone younger with a risk factor

This simple and painless test takes about 15 minutes
Low Radiation

Treatment options for Osteoporosis

Bisphosphonates, teriparatides, selective estrogen modulators,
human monoclonal antibody

- About 30% of people with a hip fracture die in the following year, and many more will experience significant functional loss
- Women are **more afraid of rare side effects** of therapy
 - such as osteonecrosis of the jaw and atypical hip fractures
 - than **the increased morbidity and mortality** with hip fractures
- Having a hip or back fracture is NOT a normal part of aging

Depressive Disorders Specific to Women

18% of Women- common, costly

- Mood-
 - Premenstrual syndrome/ Premenstrual dysphoric disorder
- Higher risk of Depression and Anxiety
 - Postpartum depression
 - Oral contraceptives
 - Infertility and pregnancy loss
 - Perimenopausal and menopausal hormonal changes
- Elderly are at greatest risk of suicide

Findings-Attributable to Childhood Adverse Experiences

- > 2/3 (67%) of all suicide attempts
- > 64% of adult suicide attempts
- > 80% of child/adolescent suicide attempts

Women are 3 times as likely as men to attempt suicide over the lifespan.

Trauma experienced in adulthood may affect a persons emotional and physical well-being



- > Combat related trauma (Female Veterans)
- > Refugee/torture/civil unrest
- > Witnessing or experiencing violence
- > Catastrophic loss (natural disasters)
- > Terrorism

These experiences raise the individual's risk for

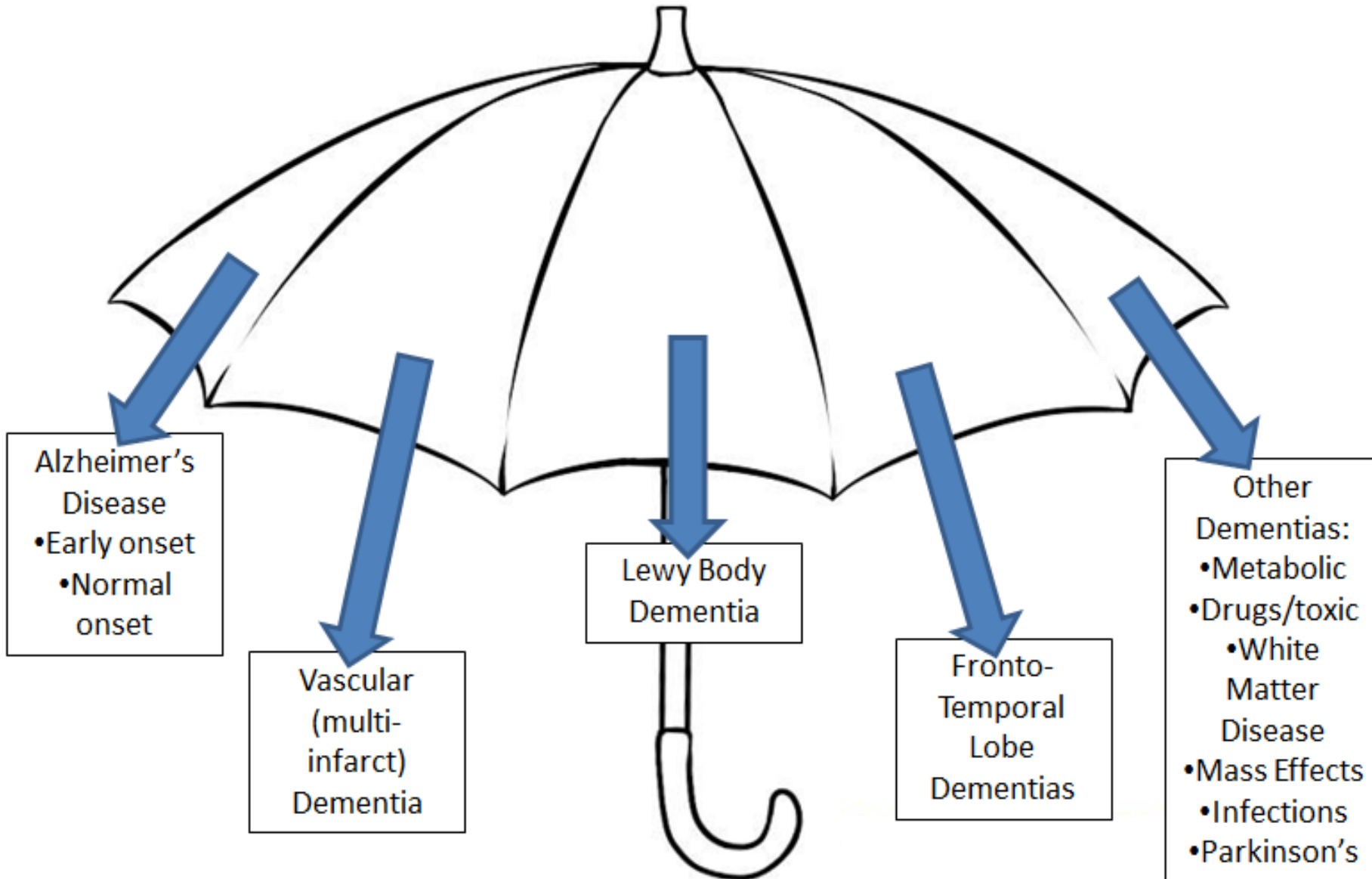
- ✓ Severe emotional distress
- ✓ Suicide
- ✓ Physical illness
- ✓ Substance abuse
- ✓ Other life difficulties

Sex and Gender Differences in Substance Use

- Women face **unique issues** with substance use
 - sex—differences based on biology and gender
 - differences culturally defined roles for men and women
- Women who use drugs may have **issues related** to
 - Hormones
 - Menstrual cycle and Premenstrual syndrome
 - Fertility issues
 - Pregnancy, breastfeeding, postpartum
 - Perimenopause and Menopause
- Women describe **unique reasons** for using drugs
 - To control weight
 - Fight exhaustion
 - Cope with pain
 - Self-treat mental health problems

What is Dementia?

It is estimated that **61%** with dementia are women



Alzheimer's Association
<https://www.alz.org>



Symptoms

Forgetfulness

Communication problems

Anxiety

Change in personality

Mobility problem

Behaviour which challenges

Confusion

Living in the past

Not recognising people

Repetition

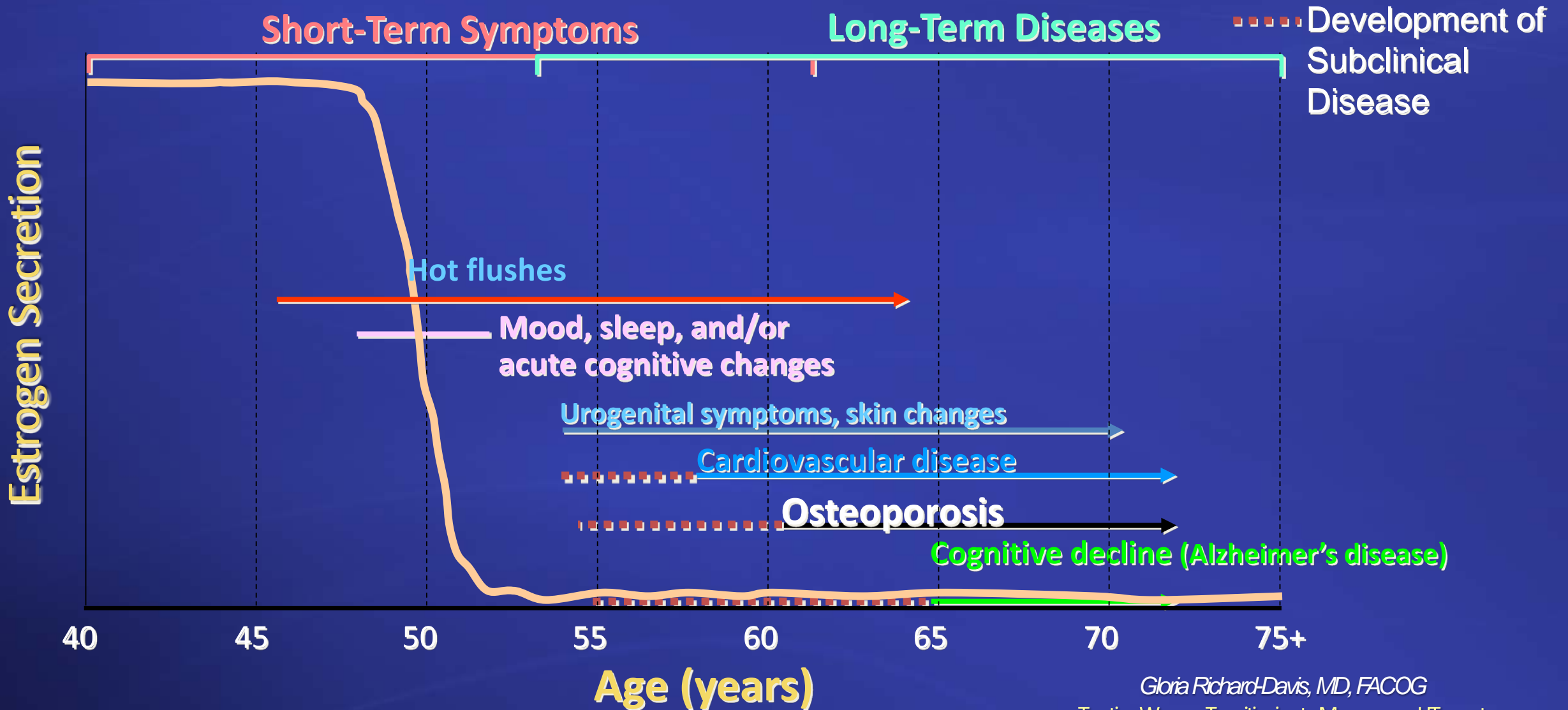
Wandering

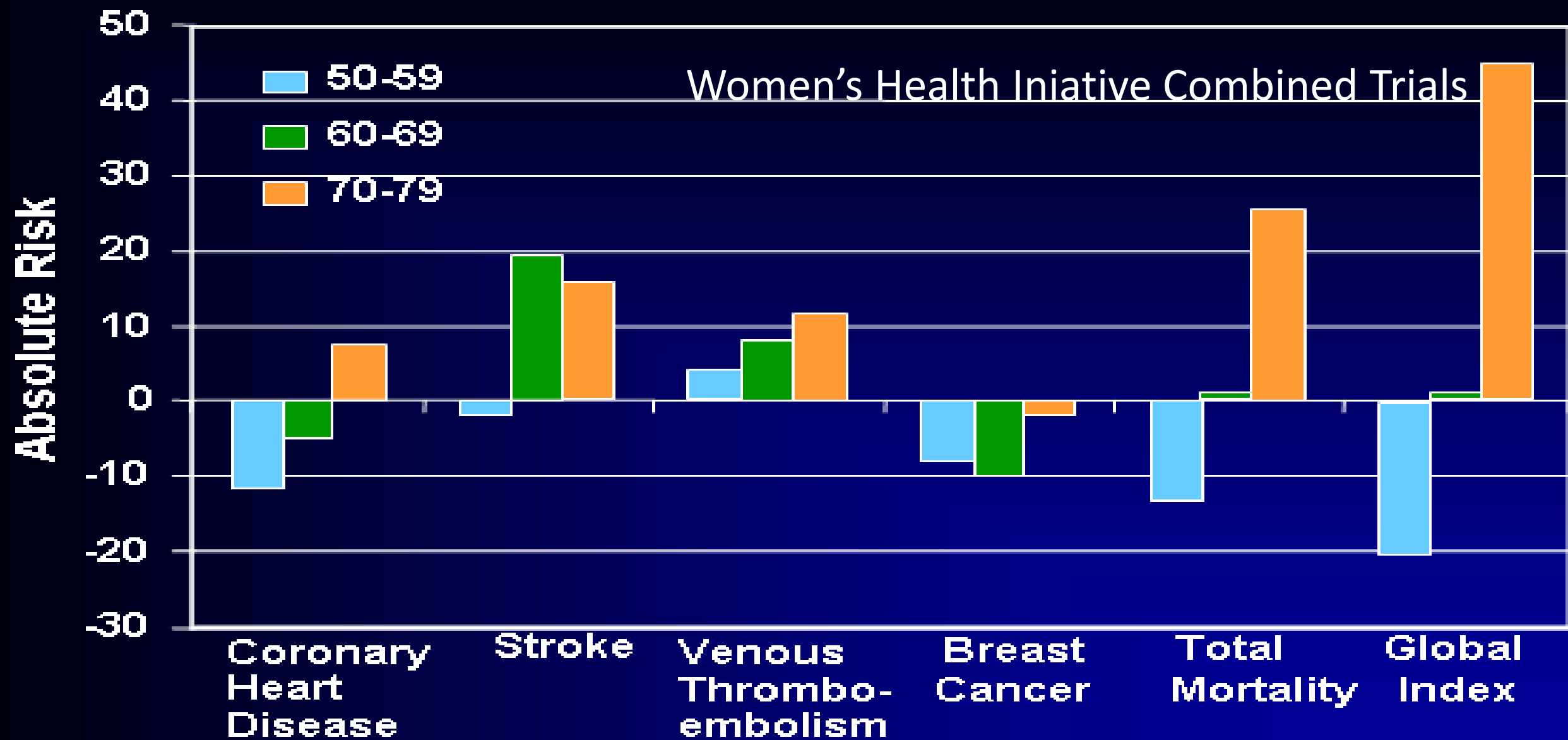
<https://www.alz.org>



I thought menopause was going to be a breeze

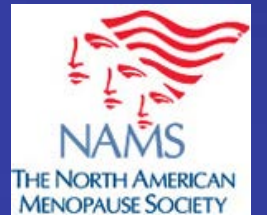
- Hot flashes- 6-8 hot flashes a day
- 1 to 2 soaking night sweats per week
- Early morning awakening, can't go back 3-4 times/week
- Emotional lability
- Fatigue
- Decreased concentration
- Mental fog
- Vaginal dryness/ pain with intercourse
- Reduced sexual satisfaction
- Urinary urgency





FDA-Approved Indications for HT

- **First-line therapy for bothersome VMS in women without contraindications.**
 - the most effective treatment for hot flashes, night sweats, sleep
- **Primary therapy for prevention of bone loss and fracture in postmenopausal women at elevated risk of osteoporosis or fractures**



FDA-Approved Indications for HT

- Hypoestrogenism -hypogonadism, primary ovarian insufficiency or premature surgical menopause
- Genitourinary syndrome of menopause (GSM)/Vulvovaginal Atrophy



Special Populations

Early menopause

Age older than 65 years

Concerns about Compounded Bioidentical hormone therapy

- **Unique concerns** about safety surround the use of compounded bioidentical hormone therapy
 - Lack of regulation and monitoring
 - Possibility of overdosing or underdosing
 - Lack of scientific efficacy and safety data
 - Lack of a label outlining risks
- An estimated **1 in 3 women** are treating menopause symptoms by using compounded bioidentical hormone therapy (CBHT) rather than FDA-approved hormone therapy

The Experts Agree About Hormone Therapy

- Benefits are likely to outweigh risks for symptomatic women who initiate HT when aged younger than 60 years and within 10 years of menopause with bothersome symptoms or elevated risk of fracture

The 2017 NAMS Hormone Therapy Position Statement
published in July 2017 issue of *Menopause*



The Experts Agree about who SHOULDN'T TAKE Hormone Therapy

- For women who initiate HT > than 10 or 20 years from menopause or 60 yrs or older, **the benefit-risk ratio appears less favorable** than for younger women
- Greater absolute risks
 - heart disease, stroke, blood clots and dementia

The 2017 NAMS Hormone Therapy Position Statement published in July 2017 issue of *Menopause*




Vaginal Atrophy ...

The Condition You Didn't Know About

- **Vaginal Atrophy (VA)** is a condition where the vaginal walls become thin, fragile, and inflamed due to a reduction of estrogen
- Can affect overall health, sexual intimacy, relationships, and self-confidence
- Is a chronic **PROGRESSIVE** condition that has low awareness

If Health Care Providers don't ask
and women don't tell,
how can we help women?



As though hot
flashes are not
bad enough!

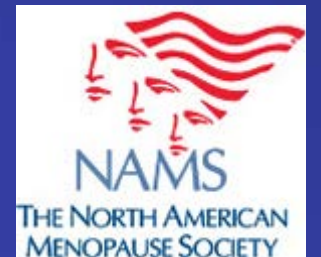
Bothersome GMS (VVA) and HT

There are low dose vaginal hormone therapy preparations

Minimal absorption- not systemic

Safe and effective

Advised if treatment needed only for symptoms of vaginal atrophy/ the genitourinary syndrome of menopause



Your Source for Menopause Information



THE NORTH AMERICAN
MENOPAUSE SOCIETY

Promoting women's health at midlife and beyond

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- ▶ Breakfast Sessions
- ▶ Hotel Information
- ▶ Scientific Program

2017 HT Position Statement

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Menopause Guidebook

Sexual Health Module

MenoPro Mobile App

Hormone Therapy *MenoNote*

NAMS Video Series

NAMS Certified Menopause Practitioner (NCMP) www.menopause.org

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Find a Menopause Practitioner

Home > For Women > Find a Menopause Practitioner

To help you find a menopause clinician who is right for you, NAMS has assembled this search feature of health professionals who wish to provide healthcare for women through perimenopause and beyond. This is not a complete compilation but includes those NAMS members and NAMS Certified Menopause Practitioners (NCMPs) who have asked to be included on the list. [What's an NCMP?](#)

How to Begin Your Search For a Healthcare Professional

To search, please enter **ONLY ONE** option of either a US Zip Code, or a two-letter State/Province abbreviation (eg. ON, OH), or a Country, then click on the "Search Now" button. To limit your search to only NAMS Certified Menopause Practitioners, check the box for "NCMP."

If you search by zip code and no names appear in the search results, increase the search "Mile Radius."

Zip Code Mile Radius from US Zip Code

State / Province To search by US State, enter the State two-letter abbreviation

Country

NCMP Check NCMP to limit your search to only NAMS Certified Menopause Practitioners

Important Notices

- This list is for the exclusive use of women looking for healthcare providers. Any unauthorized use is strictly prohibited.
- NAMS does not necessarily endorse or recommend any of these healthcare professionals.
- Several types of healthcare professionals are included in this search feature. View a list of [professional credentials](#) and their meaning.
- Clinicians with the credential of NCMP (NAMS Certified Menopause Practitioner) have demonstrated special competency in the field of menopause. [Learn more](#) about this credential.
- Not all NCMPs are available to see patients or accept new patients.

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NAMS Certified Menopause Practitioner (NCMP)

Leading Causes of Death, all females, all ages

All Females, All Ages Percent*

1) Heart disease 22.3

2) Cancer 21.1

3) Chronic lower respiratory
diseases 6.2

4) Stroke 6.1

5) Alzheimer's disease 5.7

6) Unintentional injuries 4.0

7) Diabetes 2.7

8) Influenza and pneumonia 2.3

9) Kidney disease 1.8

10) Septicemia 1.6

Leading Causes of Death (LCOD) by Age Group,
All Females-United States, 2015

<https://www.cdc.gov/women/lcod/index.htm>