

# PERIMENOPAUSE AND MENOPAUSE

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# OBJECTIVES

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- Identify 5 signs of perimenopause.
- Learn 4 ways structural racism negatively affects the perimenopause experiences of Black women
- List 2 ways implicit bias can impact the likelihood that Black women will be offered hormone therapy.
- List 2 ways clinical staff can listen for and validate perimenopausal symptoms that African American women are experiencing.
- List 3 ways perimenopausal symptoms may impact trans and non-binary persons.
- List 4 medications that are used to treat the symptoms of perimenopause
- Identify 4 self-care techniques that may bring relief for perimenopause symptoms

# OUTLINE

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- Introduction of Perimenopause
- How behaviors change
- Structural racism and Black women
- The healthcare encounter and Black women's interactions
- The possible risks of unaddressed perimenopause symptoms

# BACKGROUND:

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# RACISM REFRESHER:

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## **Interpersonal:**

- Occurs between individuals
- Public expressions of prejudice, hate, bias, and bigotry
- Burning a cross on someone's lawn, lynching, calling them a derogatory name

## **Systemic:**

- *“...the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice” (Krieger, 2017)*
- These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.

# RACISM REFRESHER 2

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- Black Codes
- Jim Crow
- Redlining - Discriminatory lending practices
- Loss of generational wealth available to most Americans (see more on the Social Security Act of 1935)
- GI Bill: denied mortgage and educational subsidies, restricted education access to 4-year colleges

# TAXONOMY OF MICROAGGRESSIONS

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- Microaggression:  
“brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color,”
- Microaggressions are considered small, common, and sometimes ambiguous, yet they are particularly stressful for those on the receiving end, given their ubiquity and deniability

# GLOSSARY

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- Microinsults: *“I like your hair better when it’s straight”*
- Microinvalidations: *“I don’t see color,” mistaking people of similar background, or “I’m not racist. I have Black people in my family. My mother married a Black guy.”*
- Macroaggression: severe acts of racism: e.g., lynchings, beatings, cross burnings, attacking someone for their ethnicity or gender expression or sexual identity



# TRAUMA AND MICROAGGRESSIONS

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- History
- Violence
- Vigilance
- Microaggressions can have a similar effect as being exposed to a hate crime.
- Hate crimes can be vicariously experienced and sensitize community members
- Microaggressions can be felt intensely because they symbolize hate crimes and their historical force.

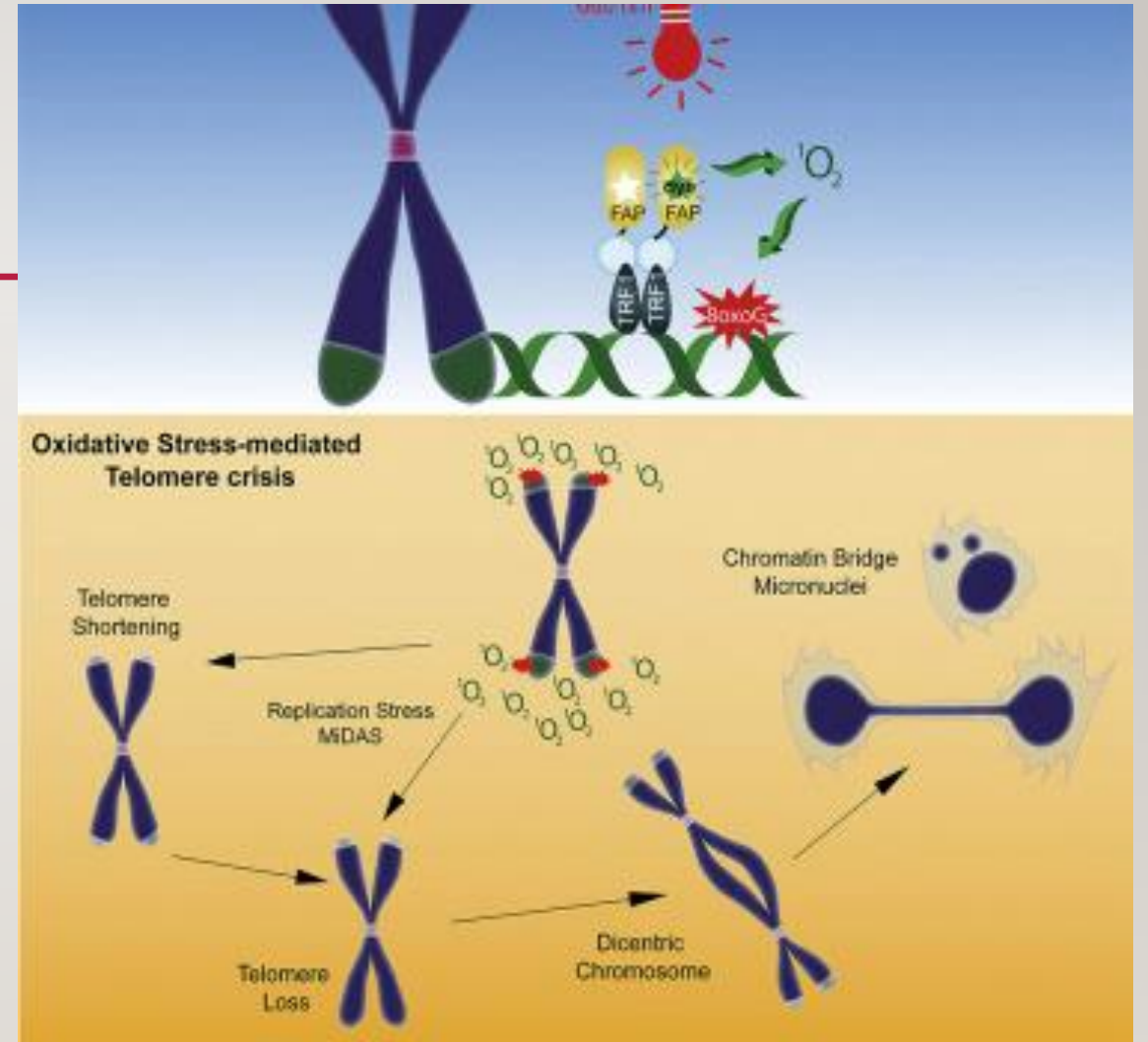
# EVERYDAY DISCRIMINATION SCALE

*Measure: In your day-to-day life, how often do **any** of the following things happen to you?*

1. You are treated with less courtesy than other people are.
2. You are treated with less respect than other people are.
3. You receive poorer service than other people at restaurants or stores.
4. People act as if they think you are not smart.
5. People act as if they are afraid of you.
6. People act as if they think you are dishonest.
7. People act as if they're better than you are.
8. You are called names or insulted.
9. You are threatened or harassed.

# HOW DO THE PAST AND PRESENT AFFECT THE BODY?

Weathering: the methylation of DNA as a result of repeated exposure to stress



# CHRONIC EXPOSURE TO STRESS: TELOMERES

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- Telomeres are repetitive sequences of DNA at the ends of chromosomes that protect against DNA degradation.
- Studies in human tissue, mice, and cell culture show that oxidative stress and chronic inflammation accelerate telomere shortening or dysfunction
- Leukocyte telomere length (LTL) is an indicator of general systemic aging, with shorter LTL being associated with **several chronic diseases of aging and earlier mortality.**

# THE MINORITY STRESS MODEL

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- Relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members (Meyer, 1995; Mirowsky & Ross, 1989; Pearlin, 1989)
- Sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic and anti-trans culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization (Marshal et al., 2008; Meyer, 2003) and may ultimately impact access to care.

# CONCEPTS GAINING TRACTION IN MEDICINE:

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- ***Allostatic load*** = the cumulative wear and tear on the body's systems owing to repeated adaptation to stressors
- ***Weathering*** = Evidence of early health deterioration among Blacks - racial differences in health are evident at all socioeconomic levels. (Geronimus, Am J Public Health. May 2006)

# HOW DOES THIS SPECIFICALLY AFFECT THE BLACK BODY?

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- Chronic exposure to stress:
  - Hypothalamic-Pituitary Adrenal Axis
  - Weight
  - Hypertension
  - Respiratory Health
  - Glucose Metabolism
  - Maternal Health

# (MORE) DOWNSTREAM EFFECTS OF SYSTEMIC RACISM/DISCRIMINATION

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Coronary  
artery  
calcification

C-reactive  
protein

Blood  
pressure

Lower birth  
weight

Cognitive  
impairment

Poor sleep

Mortality

Visceral fat



# GLOSSARY OF TERMS

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- Menarche: onset of first menstrual cycle
- Menopause: one year after the last period
- Perimenopause: the period leading up to that last menses
- Post-Menopause: at least one year since the last period
- MT: Menopause Transition, transition from reproductive to non-reproductive status
- VMS: Vasomotor Symptoms (hot flashes, night sweats)

**BREAKING THE SILENCE.**

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**Tabitha Brown:  
How Perimenopause  
Feels!**



## Gabrielle Union Discusses Her Perimenopause Journey

The actor says some of her symptoms include hair loss, hot flashes and mood swings.

### LIFESTYLE

By Falen Hardge

November 17, 2023

3:56 PM



Photo by Matt Winkelmeyer

### ADVERTISEMENT

#### Trending Now



'MARRIED TO  
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HOME • LIFESTYLE

## **I Can Feel My Body's Ability To Make A Child Draining Out Of Me': Tracee Ellis Ross Gets Real About Perimenopause**

ELLIS ROSS SHARES HOW PERIMENOPAUSE IS CAUSING HER TO RETHINK AND REDEFINE HER WOMANHOOD AS IT RELATES TO RELATIONSHIPS AND KIDS.

AND:

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# OBJECTIVES

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- **Identify 5 signs of perimenopause.**
- Identify 4 self-care techniques that may bring relief for perimenopause symptoms
- List 2 ways implicit bias can impact the likelihood that black women will be offered hormone replacement therapy.
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# WHAT IS PERIMENOPAUSE?

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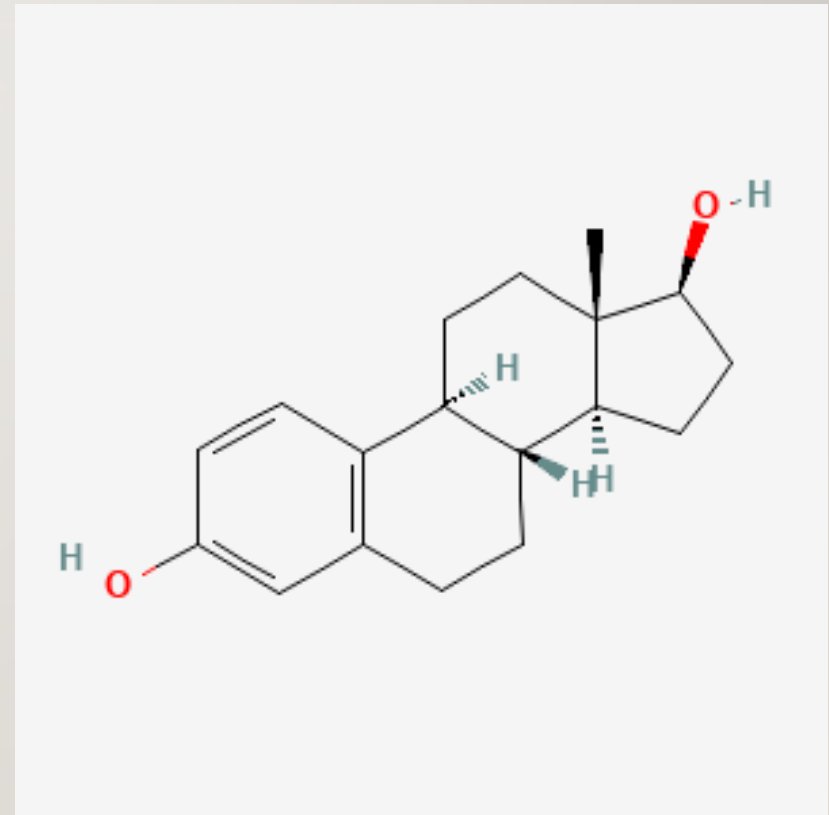
- Perimenopause is the transitional time around menopause.
- Perimenopause is when a woman's periods stop. It's marked by changes in the menstrual cycle, along with other physical and emotional symptoms. This time can last 2 to 10 years.
- During this time, uterus and ovary owners:
  - Release eggs less regularly
  - Produce less estrogen and other hormones
  - Becomes less fertile
  - Have shorter and more irregular menstrual cycles



# HORMONES 101:

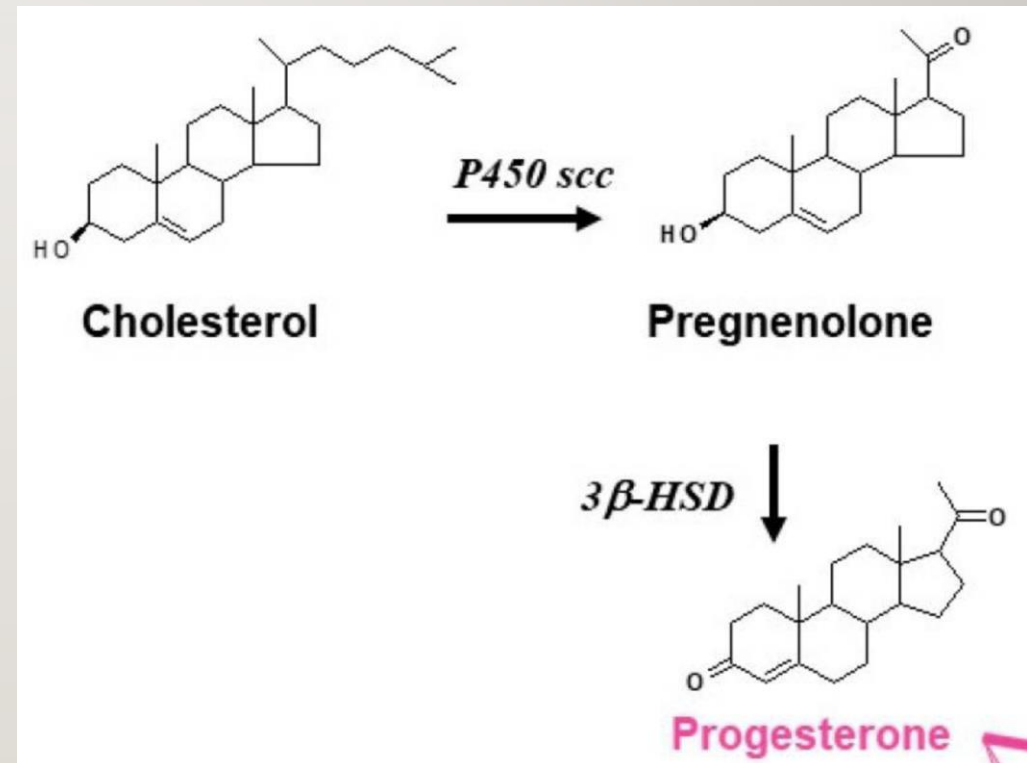
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- Estrogens:
  - Come from cholesterol
  - support cognition
  - maintain high cognitive functioning under chronic stress.
  - act as antioxidants
  - increase neuroplasticity
  - facilitate neurotransmission.



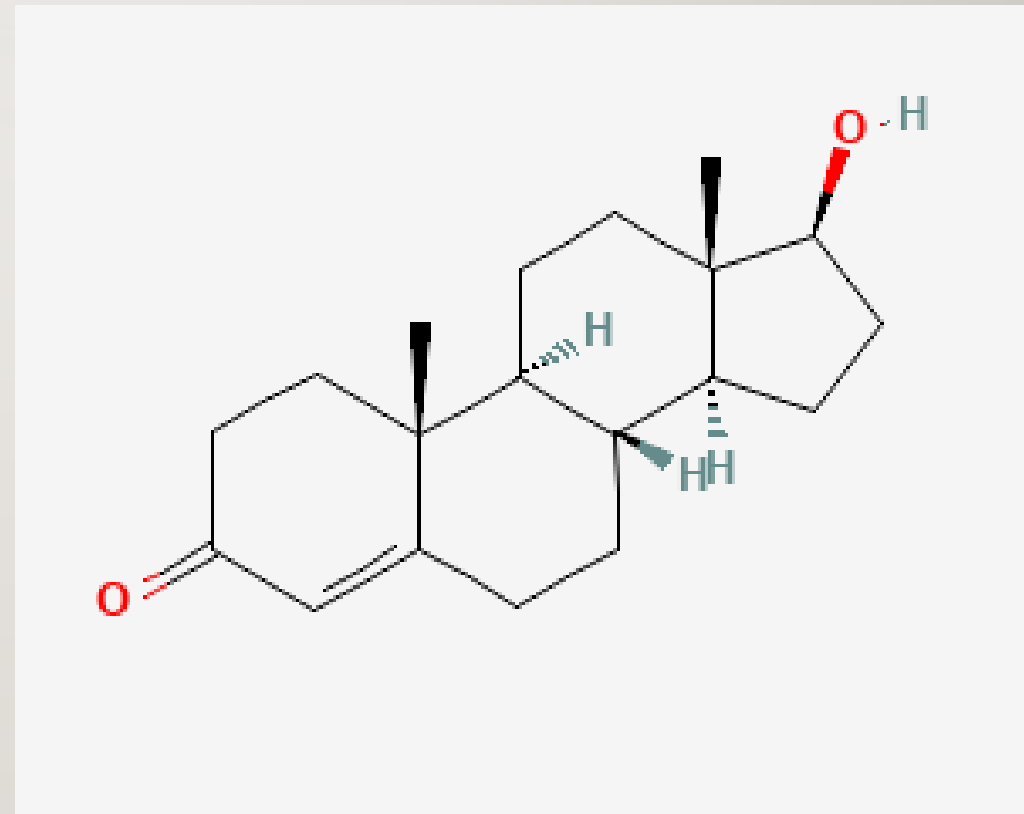
# PROGESTERONE

- Comes from cholesterol
- supports pregnancy and regulates menstruation
- Produced by the ovaries and the adrenal glands
- Supports the nervous system: mood, recovery from brain injury
- Part of sexual behavior



# TESTOSTERONE

- Although known as the “male” hormone, testosterone is also important to women’s sexual health
- Plays a key role in women’s estrogen production
- Contributes to libido
- May help maintain bone and muscle mass



# MORE ON TESTOSTERONE

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- Falls in perimenopause
- Testosterone may have anti-anxiety and antidepressant effects
- Lower levels have been found among women with depression
- Levels peak in a woman's 20s and decline slowly thereafter. By menopause, level is at half of its peak.
- Ovaries continue to make testosterone even after estrogen production stops
- Testosterone production from adrenal glands also declines with aging but continues after menopause

# PERIMENOPAUSE + THE BRAIN

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- The menopausal transition may alter the activity of ventral limbic regions, including the medial temporal lobe, which may influence consolidation of negative emotional information, possibly because of the presence of estrogen receptors in these regions



# THE SWAN STUDY

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- One of the hallmark US studies of menopause
- A multi-site, multi-racial/ethnic cohort of women who were enrolled in 1996 at the age of 42 to 52 years and followed for over 25 years, as participants transitioned from pre-menopause through menopause and into early old age
- Most Black women in SWAN were born in the United States and grew up during the Jim Crow era when racism was legally sanctioned.



# STRUCTURAL RACISM AND MENOPAUSE

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- Black women's VMS burden exceeded that of White women
- Black women were 50% more likely than White women to have VMS
- Black women experienced VMS on average **10 years** compared to **6.5 years** for White women
- Lower educational attainment and greater perceived stress, more common in Black women, were related to longer duration of VMS.
- Despite their greater symptom burden, Black women were about half as likely as White women to use HT (hormone therapy).



# How Menopause Affects Women of Color

Symptoms can be more severe than they are for white women and last longer. Doctors don't always realize this.





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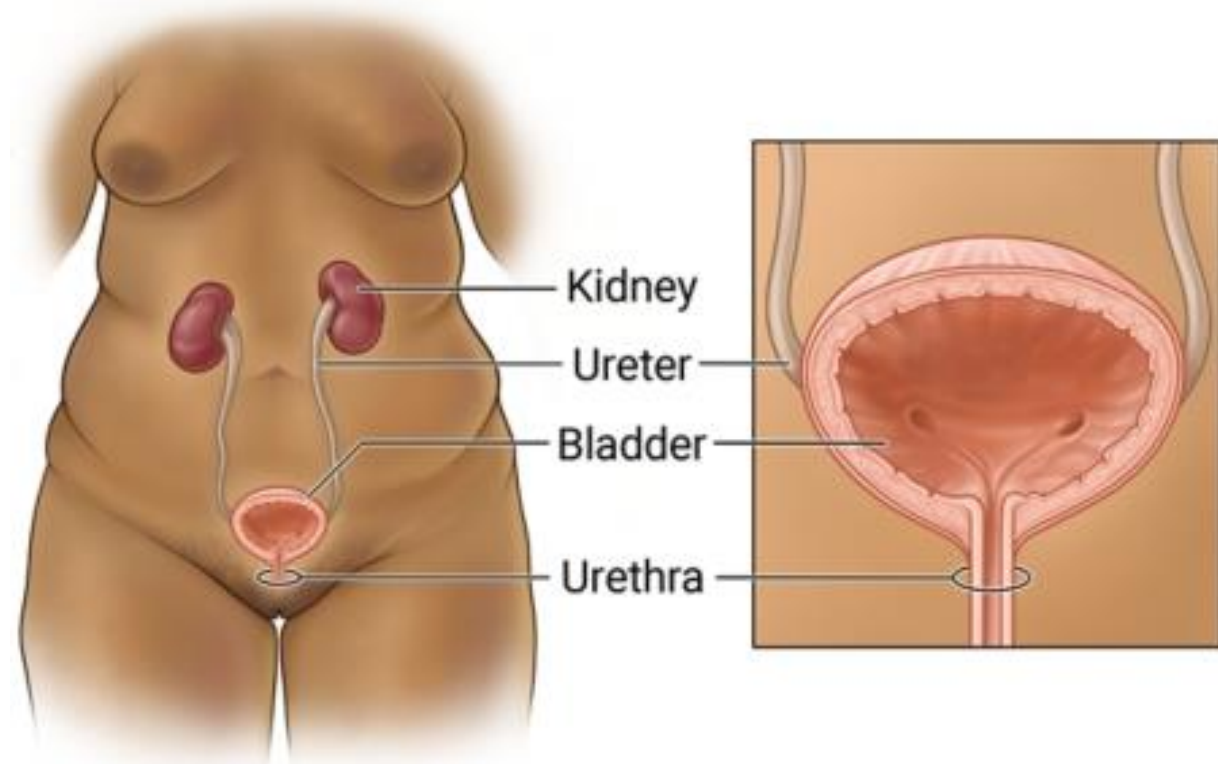
“IT’S TYPICAL FOR WOMEN TO DEVELOP BLADDER CONDITIONS WITH BOTH MENOPAUSE AND AGE, BUT IT’S NOT NORMAL. WOMEN ARE CONSTANTLY EXPECTED TO TOLERATE THE CONSEQUENCES OF THEIR BIOLOGY, AND IT’S UNACCEPTABLE.”

-JEN GUNTER, MD

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# SYMPTOMS (GSM): GENITO-URINARY SYMPTOMS OF MENOPAUSE

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© 2023 Healthwise

# SYMPTOMS (GSM): GENITO-URINARY SYMPTOMS OF MENOPAUSE

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- Urinary: Urinary Tract Infections, incontinence (the involuntary leakage of urine)
- Sexual
  - vaginal dryness
  - decreased sensation
  - decreased desire
  - difficulty with arousal
  - irregular periods --> Unpredictable and Heavy Bleeding

# TOPICS TO CONSIDER

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- Side effects of psychotropic meds
- Female sexuality post-menopause
  - approximately 50% of postmenopausal women experience vaginal dryness, painful penetration
  - Age-related decrease in genital blood flow and diminished genital sensation, along with decreased pelvic floor tone may contribute to a delayed or a less intense orgasm.
  - Decreasing levels of **estrogen** and **androgens** may also contribute to low desire, difficulty with arousal, and impaired orgasm.



ASK WELL

# Is Menopause Changing My Hair?

Shifting hormones can make hair go haywire. Experts say there are ways to manage it.



# SYMPTOMS

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- Derm: less collagen, more wrinkles, hair loss, brittle, weak nails
- Fatigue: related to insomnia, low testosterone
- GI: flatulence, belching
- Musculoskeletal
  - Joint aches
  - Takes longer to recover from exercise

## What Are Hot Flashes?

They're typically associated with hormonal changes, sugar insulin imbalance, and stress.



verywell

Women may experience one hot flash a day, lasting 2-4 minutes.



Treatment options include drinking cold water, dressing in layers, and deep breathing.



# THE HYPOTHALAMUS AND HOT FLASHES

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- Find yours!
- The hypothalamus helps manage your body temperature, hunger and thirst, mood, sex drive, blood pressure and sleep.
- Hot flashes are most intense in the upper torso (head, neck, and upper chest)
- A breakdown in thermoregulatory control
- Governed by estrogen, serotonin, norepinephrine, and about 4 other neurotransmitters



# HOT FLASHES

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- “About 70% of women going through the menopause experience hot flashes and 10-20% describe them as “near intolerable”, severely affecting daily life, exercise and sleep, and it is the symptom that most often prompts women to seek treatment.
- It can feel as though a wave of heat has washed over the upper body, leaving the face, neck and chest flushed and sweaty. Some people feel light-headed or have a racing heart.”

# HOT FLASHES

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- ~15% may have persistent hot flashes for up to 30 years. (Morrow, 2011)
- Greater prevalence of hot flashes in women who develop acute estrogen withdrawal after bilateral oophorectomy than in those who experience gradual ovarian failure related to natural menopause

# A NOTE ABOUT HOT FLASHES (VMS)

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- For women experiencing them, they represent not only a bothersome symptom, but are linked to increased risk of cardiovascular disease (the leading cause of death for women), poor sleep and decreased verbal memory — remembering what you hear or read.

# SYMPTOMS OF PERIMENOPAUSE: SLEEP

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- Sleep: self-reported difficulty falling asleep and staying asleep increased with advancing MT stage
- Black women less likely to self-report sleep problems but more likely to have objectively measured poor sleep quality.
- average sleep duration was a half hour shorter in Black women
- twice as many Black women slept < 6 h (40% vs. 19%)
- Black women had more interrupted sleep

# SLEEP IN PERIMENOPAUSE AND MENOPAUSE

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- Black women had worse sleep efficiency (a ratio of time asleep divided by time in bed)
- took longer to fall asleep
- spent more time awake after sleep onset.
- Slow-wave sleep, the deepest wave of NREM sleep, was lower while cortical arousal was higher in Black women.
- In adjusted analyses, both race and financial strain were associated with less sleep efficiency. In additional adjusted analyses, everyday discrimination was associated with lower self-reported sleep quality and with increased polysomnography-assessed wake after sleep onset, a measure of sleep continuity

# SLEEP IN PERIMENOPAUSE AND MENOPAUSE

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- Sleep disordered breathing was associated with worse inflammatory profiles – greater levels of C-reactive protein (CRP), fibrinogen, and plasminogen activator inhibitor I (PAI-I).
- In Black women **only**, shorter sleep duration was associated with higher CRP levels and lower sleep efficiency and greater numbers of awakenings after sleep onset were associated with higher fibrinogen levels

# VIGNETTE I

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- A 48 y/o Black woman is caring for her aging father, working a full-time job, commuting one hour each way to work, has chronic migraines, yet somehow manages to work out, keep her hair done, and start a side business as an event planner.
- She comes to you for therapy, which helped her significantly when she was in graduate school, back when she had terrible test-taking anxiety.
- Today, she reports she's had difficulty with sleep, has put on weight, keeps ruminating about mistakes she's made in the past (relationships that didn't work out), and she doesn't think her life has amounted to much.

# VIGNETTE, CONTINUED

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- What kinds of questions do you need to ask to better help this person?
- What are the risks of leaving her symptoms unaddressed?
- Which symptoms do you prioritize?
- How do you address her self-esteem?



# MOODS + BELIEFS

(NOT MUCH HAS BEEN STUDIED ABOUT BEHAVIORS YET)

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- Beliefs:
  - “Hallelujah!” No longer experiencing the PMS, fibroids, and/or heavy periods of previous years
  - Grief over decreased fertility
  - Menopause symptoms are for white women
  - Complaining about menopause symptoms is for white women
- Mood changes
  - Low mood
  - Hopelessness
  - Worthlessness
  - Mood swings



# BLACK WOMEN AND DEPRESSION (SWAN STUDY)

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- In race-stratified analyses, poorer role functioning and higher levels of depressive symptoms at baseline were associated with increased risk for persistent depression in Black women
- Black, compared to White, women in SWAN Study were much less likely to have been treated for depression
- Reported treatment for emotional problems was 43% vs. 65%,
- Treatment with psychotherapy was 20% vs. 36%
- Use of psychotherapeutic medications was 25% vs 36%, respectively.

# MIND-BODY HEALTH AND PERIMENOPAUSE

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- Depression was associated with a 2.5-fold increase in the odds of incident diabetes in Black women (95% CI=1.27–5.15) but not in White women, suggesting that Black women may be differentially vulnerable to the impacts of depression on metabolic disease.
- In SWAN, Black women entering the midlife were more likely to report life contexts that increase the risk for having earlier menopause, more vasomotor symptoms, and greater chronic disease burden compared to White women.

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- “Predictors of a first episode of major depression were a lifetime history of an anxiety disorder, role limitations due to physical health, and a very stressful event.”



# PERIMENOPAUSE + MAJOR DEPRESSIVE DISORDER

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- An association has been established among women with a previous history of major depressive disorder or bipolar disorder and **relapse during the menopausal transition**
- The odds of experiencing a major depressive episode (MDE) during the menopausal transition have been found to be three times more likely among women with a history of major depressive disorder
- Mood episodes have been reported to be exacerbated by perimenopause and stressful life events
- Transition to menopause has been associated with new onset of depressive symptoms and actual diagnosed depression among women with no history of the disorder

# PERIMENOPAUSE + MDD

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- Those experiencing perimenopausal symptoms across a longer period (e.g., 27 months) may have increased risk for depression
- Independent of personal history of mood disorders, components of perimenopausal physiology contribute to a disturbance in mood

# BIPOLAR DISORDER + PERIMENOPAUSE

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- Mood episodes in bipolar disorder have also been reported to be exacerbated by perimenopause and stressful life events
- A study of perimenopausal women with bipolar disorder showed that 68% of the women experienced at least one MDE during the study, and 27 of the women reported increased frequency of depression during perimenopause compared with the reproductive years.

# OPIOID USE AND MENOPAUSE

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- Withdrawal symptoms from opioids include hot flashes, sweats, joint aches
- Perimenopausal symptoms include the following
  - Hot flashes
  - Sweats
  - Joint aches



# SUBSTANCE USE AND PERIMENOPAUSE

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- Cocaine has greater impact when estrogen levels are high. What about when estrogen decreases significantly, like in perimenopause?
- For people over 40 y/o, substance use (cocaine and heroin) can be associated with earlier onset of menopause
- We need to keep our eyes and ears open for perimenopause symptoms in all of our populations

# SMOKING CIGARETTES DURING PERIMENOPAUSE

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- Nearly 14% of psychiatric patients smoke cigarettes
- Smoking tobacco can lower menopause age ~2 years!
- Current and former smokers tend to have a longer duration of hot flashes
- Smoking is associated with an additional bone density loss that worsens every year after menopause
- Often associated with risk of cardiovascular disease, dementia, especially in menopause

# COVID AND PERIMENOPAUSE

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- Long COVID symptoms and menopause symptoms can also be very hard to tell apart
- Low energy, fatigue, irregular period
- Long COVID can cause disruptions to a woman's menstrual cycle, ovaries, fertility, and menopause itself.

# BEST PRACTICES FOR EVALUATING SYMPTOMS?

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- Insomnia:
  - What keeps you from sleeping?
  - What wakes you up?
  - What do you do when you have difficulty sleeping?
  - Keeping a sleep journal
  - Review sleep hygiene
  - Give them a mindfulness exercise or some kind of tool!



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# DISPARITIES IN CARE

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- Incarcerated women: critical gaps in access to menopause related resources and medical care: not enough treatment for symptoms, no air conditioning, no access to supplies for heavy bleeding
- Silence as a form of survival: don't ask for help, avoiding disappointment, racism, oppression (Williams, 2022)
- “Resilience amidst the chaos”
- “Socialization for self-preservation and empowerment”
- “Reshaping and reclaiming womanhood”
- We have to listen for the moments when our clients and patients are dismissing their own discomfort

# DISPARITIES IN CARE

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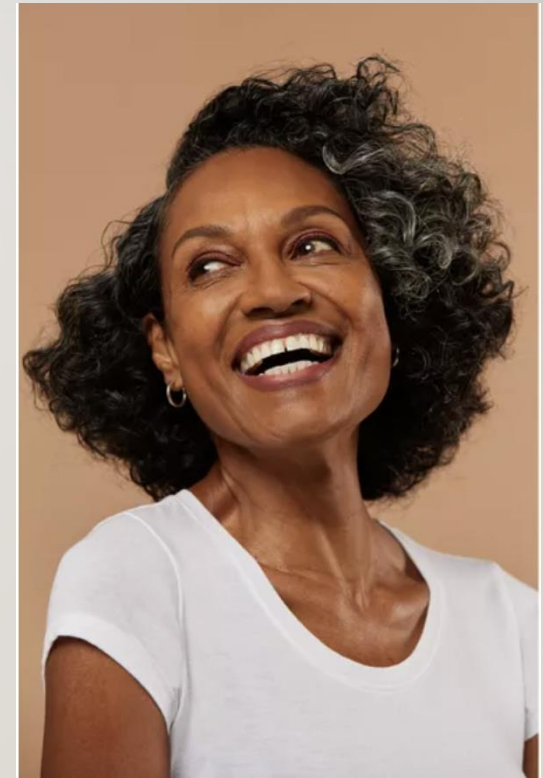
- This may have to do with the common but erroneous belief that Black people have a higher pain tolerance, suggest some experts. “Women of color often go to the doctor and the doctor says, ‘Oh, no, you’re too young [for menopause],’” ...or “they want you to ‘grind it out,’ and women walk away with nothing.
- Or they assume patients can’t afford hormone replacement therapy or other solutions.”



# CLINICAL ENCOUNTERS:

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- Normalize talking about menopause
- Give the pt permission to discuss
- They may not be aware of the impact symptoms are having on their life
- Patients with very complex sexual health issues may need a multidisciplinary approach including psychotherapy or sex therapy.



# The Menopause-specific Quality of Life (MENQOL) Questionnaire.

Reprinted from Hilditch et al<sup>3</sup> © 1996, with permission from Elsevier.

## The Menopause-Specific Quality of Life Questionnaire

For each of the following items, indicate whether you have experienced the problem in the PAST MONTH. If you have, rate how much you have been *bothered* by the problem.

				Not at all	—————						Extremely	
				bothered	0	1	2	3	4	5	6	bothered
1.	HOT FLUSHES OR FLASHES	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
2.	NIGHT SWEATS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
3.	SWEATING	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
4.	BEING DISSATISFIED WITH MY PERSONAL LIFE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
5.	FEELING ANXIOUS OR NERVOUS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
6.	EXPERIENCING POOR MEMORY	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
7.	ACCOMPLISHING LESS THAN I USED TO	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
8.	FEELING DEPRESSED, DOWN OR BLUE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	
9.	BEING IMPATIENT WITH OTHER PEOPLE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6	

# MENQOL

10.	FEELINGS OF WANTING TO BE ALONE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
11.	FLATULENCE (WIND) OR GAS PAINS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
12.	ACHING IN MUSCLES AND JOINTS	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
13.	FEELING TIRED OR WORN OUT	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
14.	DIFFICULTY SLEEPING	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
15.	ACHES IN BACK OF NECK OR HEAD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
16.	DECREASE IN PHYSICAL STRENGTH	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
17.	DECREASE IN STAMINA	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6

# MENQOL

18.	FEELING A LACK OF ENERGY	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
19.	DRYING SKIN	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
20.	WEIGHT GAIN	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
21.	INCREASED FACIAL HAIR	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
22.	CHANGES IN APPEARANCE, TEXTURE, OR TONE OF YOUR SKIN	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
23.	FEELING BLOATED	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
24.	LOW BACKACHE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6

# MENQOL

24.	LOW BACKACHE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
25.	FREQUENT URINATION	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
26.	INVOLUNTARY URINATION WHEN LAUGHING OR COUGHING	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
27.	CHANGE IN YOUR SEXUAL DESIRE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
28.	VAGINAL DRYNESS DURING INTERCOURSE	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6
29.	AVOIDING INTIMACY	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	0	1	2	3	4	5	6

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# TREATMENTS: HORMONAL AND NON-HORMONAL

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# MENOPAUSE HORMONE THERAPY

- Estrogen: contraindicated in those with hx of breast cancer, active clot, history of uterine cancer
- Caution in the following cases: over age 60, more than 10 years since last period, migraine with aura
- Vaginal Estrogen is different and can change a life!
- Progesterone: given with estrogen (b/c unopposed estrogen is linked to uterine cancer, helps with sleep regulation)
- Testosterone: for energy, boost libido



# DIET AND PERIMENOPAUSE

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- Consider brain health
- Consider cardiovascular health
- Consider mood
- Consider sleep
- Consider the hot flashes and night sweats

# FIBER

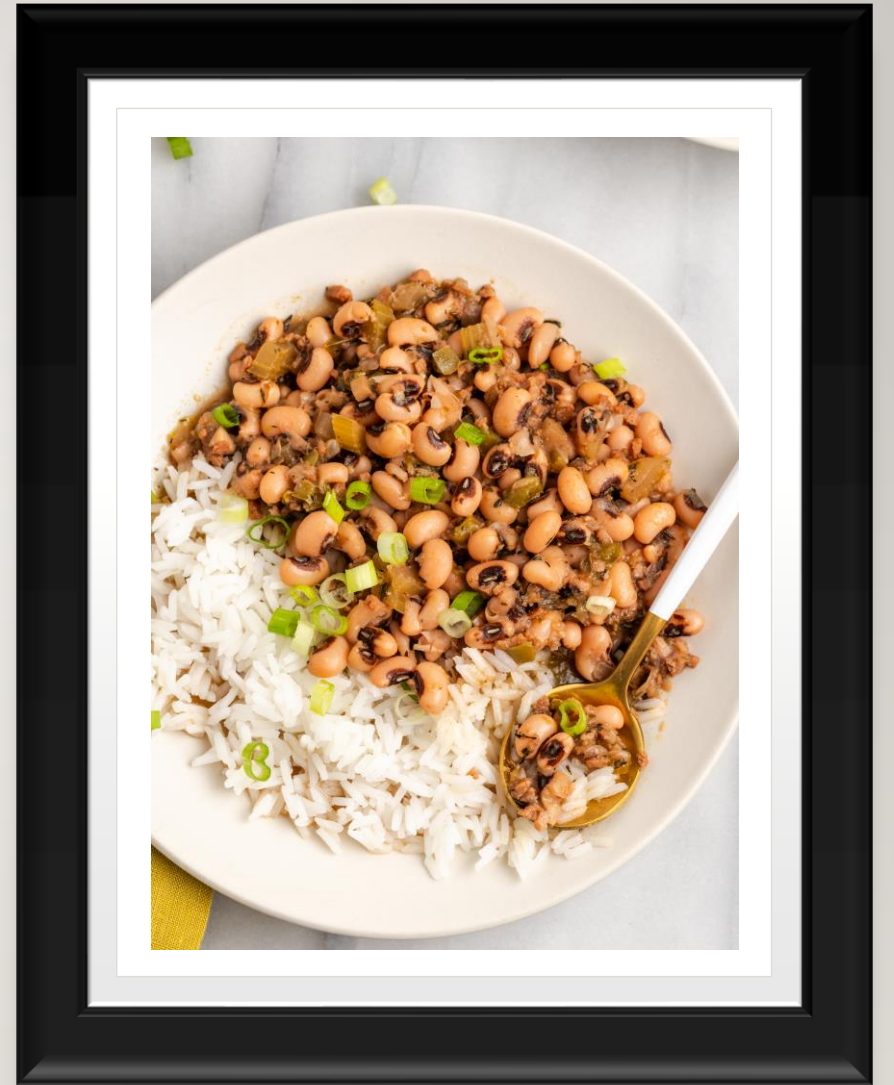
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- Raw veggies
- Beans and Peas
- High Fiber cereal



WHAT'S THIS DISH  
CALLED?

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# FIBER

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- 25 grams recommended for women **DAILY**
- Helps with bloating
- Swirl into yogurt



# FAT (THE GOOD ONES)

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- Omega 6 Fatty Acids (corn, safflower, and flax seeds)
- Omega 3 Fatty Acids
- Fish like salmon, halibut, cod
- Fish oil capsules

# DECREASE (THE BAD) FAT!

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- Trans fatty acids are linked to proinflammatory processes and gut dysbiosis, which is thought to negatively affect mental health
- Avoid creamers with partially hydrogenated soy or canola oil.
- Avoid margarine
- Avoid microwave popcorn
- Avoid fried foods, including french fries, doughnuts and fried chicken

# MORE FOODS TO AVOID

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- Avoid alcohol: it makes hot flashes much worse, can disrupt sleep
- Avoid caffeine: again, hot flashes
- Avoid sugary drinks and food - affects metabolism significantly, increases “meno”belly
- For our patients on 2<sup>nd</sup> Gen antipsychotics, this is particularly important.

# OBJECTIVES

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- Identify 5 signs of perimenopause.
- **Identify 4 self-care techniques that may bring relief for perimenopause symptoms**
- List 2 ways implicit bias can impact the likelihood that black women will be offered hormone replacement therapy.
- List 2 ways clinical staff can listen for and validate perimenopausal symptoms that African American women are experiencing.
- List 3 ways perimenopausal symptoms may impact trans and non-binary persons.
- List 4 medications that are used to treat the symptoms of perimenopause
- Learn 4 ways structural racism negatively affects the perimenopause experiences of Black women



# SUPPLEMENTS

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- Herbs: Black Cohosh (not much proof of effectiveness), one study showed of 35 different brands of Black Cohosh, one quarter contained ZERO Black Cohosh.
- Flower pollen extract: brand names include Relizen, Femal, Serelys, and Femalen. Decreases frequency and severity of hot flashes. No long-term studies on safety beyond 12 weeks.
- Magnesium glycinate for sleep (and for staying regular)
- Vitamin D, esp for folks in non-sunny climates, for our hijabis, too!



# PSYCHOTROPICS FOR PERIMENOPAUSE VMS

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- Venlafaxine (Effexor): benefit seen at 75mg daily
- Citalopram (Celexa): benefit seen at 10-20mg daily
- Paroxetine (Paxil): benefit reported at 10-20mg qhs
- Gabapentin (pain and sleep med): wide dose range, can help at low doses, one study showed benefit 600-900mg nightly
- Clonidine (hypertension): benefit reported at 0.1mg, also used for anxiety, eases opioid withdrawal

# NEW, NON-HORMONAL MEDICATION FOR VMS!

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- **Fezolinetant** (aka Veozah): Helpful for hot flashes and night sweats
- Not a psychiatric medication
- Need liver tests before starting and at the 3-month mark
- **Contraindicated** in people taking Reyataz, estrogen, fluvoxamine
- Efficacy: reduce the frequency of hot flashes by about 60% in women with moderate or severe symptoms



- Mindful  
Awareness  
Exercise





# MINDFULNESS

---

- Sleep: Research shows it can be very effective (CBT-I for insomnia)
- Sex: less focus on the sex of younger times, more focus on current sensations
- Hot Flashes: Training the mind to focus on bodily sensations and observe thoughts and witnessing thoughts with kindness. Trusting that thoughts are temporary and passing, like clouds or of no more importance than any other thoughts.

# RELAXATION TECHNIQUES FOR HOT FLASHES

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- Slow-breathing techniques: may reduce small overall sympathetic tone, reducing the frequency of hot flashes 35% more than muscle relaxation alone.
- Another trial compared the use of applied relaxation with estradiol therapy; although estrogen therapy reduced hot flashes more quickly, climacteric symptoms improved in both groups over time.
- A review of 14 studies, involving 475 patients who had received psychoeducational interventions, including relaxation, demonstrated an overall improvement in vasomotor symptoms.



# TREATMENT FOR INSOMNIA RELATED TO PERIMENOPAUSE: CBT-i

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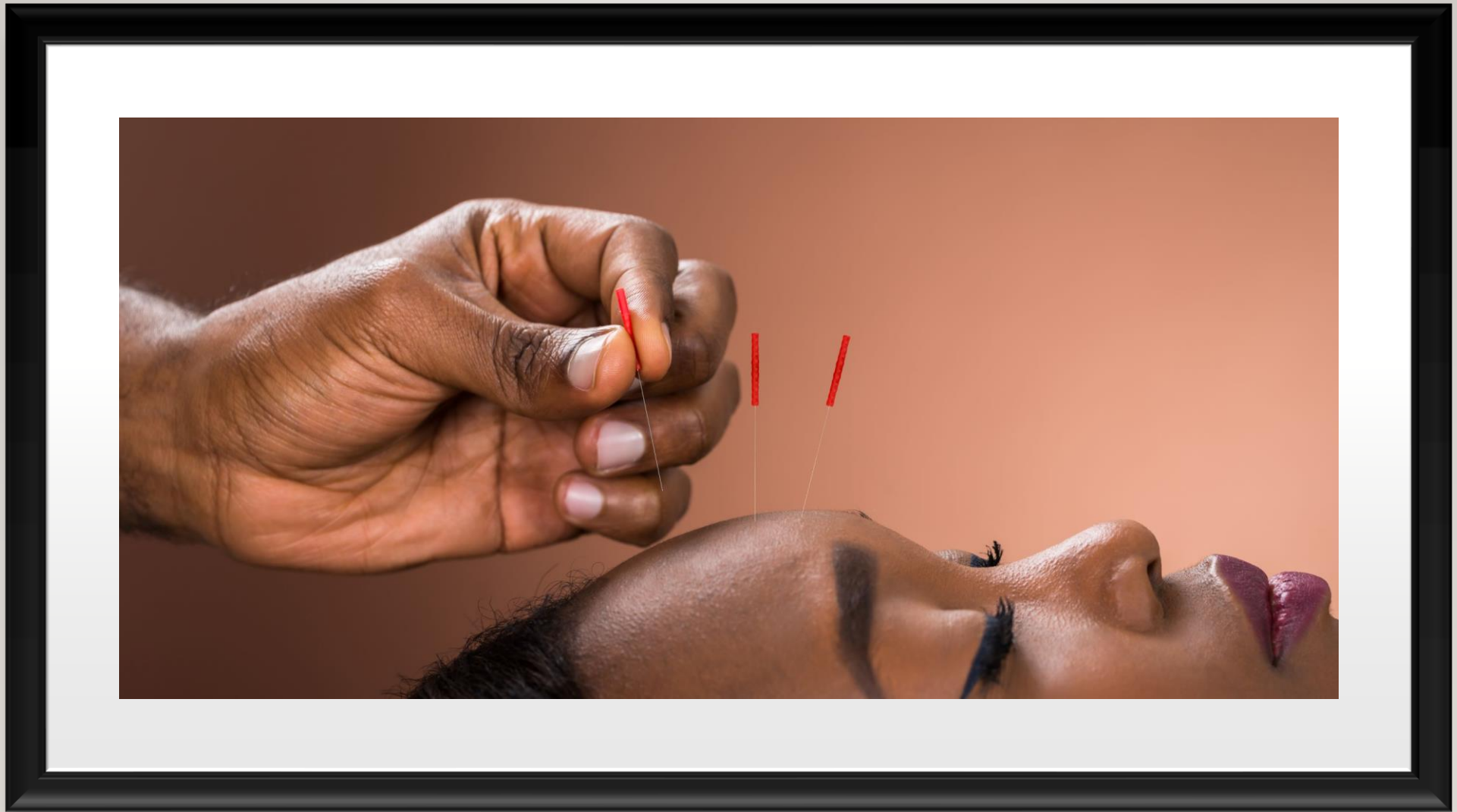
The five key components of CBT-i:

1. sleep consolidation
2. stimulus control
3. cognitive restructuring
4. sleep hygiene
5. relaxation techniques

# PERIMENOPAUSE INSOMNIA

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- Hot flashes: As hormone levels fluctuate → sudden increases and drops in body temperature.
- It's actually a rise in the adrenaline level caused by the rapid decrease of hormones.
- The body may have a hard time recovering from this sudden burst of energy, making it difficult to fall back asleep.



# ACUPUNCTURE

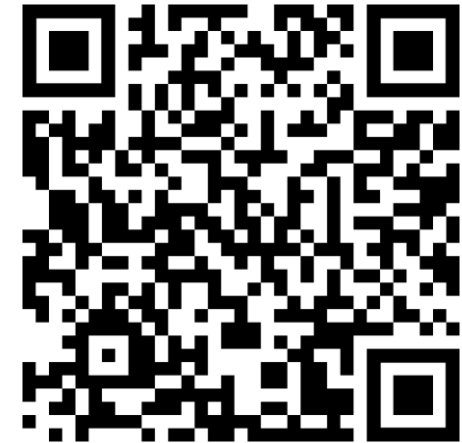
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- Although several trials have evaluated the use of acupuncture for this symptom, a meta-analysis of 11 studies (including five placebo-controlled trials) failed to confirm the benefit of acupuncture in the treatment of hot flashes.
- However, a subsequent trial comparing acupuncture with venlafaxine demonstrated that, although both groups had improvements in symptoms, the acupuncture group exhibited a sustained improvement at 2 weeks post-treatment, whereas the venlafaxine group developed more hot flashes post-treatment

# RESOURCES FOR SEXUAL HEALTH

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- Better Sex through Mindfulness by Lori Brotto, Ph.D.
- Menopause Manifesto by Jen Gunter
- Podcasts: Come As You Are, Black Girls Guide To Menopause
- Social Media Influencer:  
@sexologistshamyra @askgoody,  
@menopausewhilstblack,  
@blackgirlsguidetomenopause



# ONLINE RESOURCES

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- North American Menopause Society
- Omisade Burney Scott, Founder of Black Girls Guide to Surviving Menopause
- Menopause Whilst Black





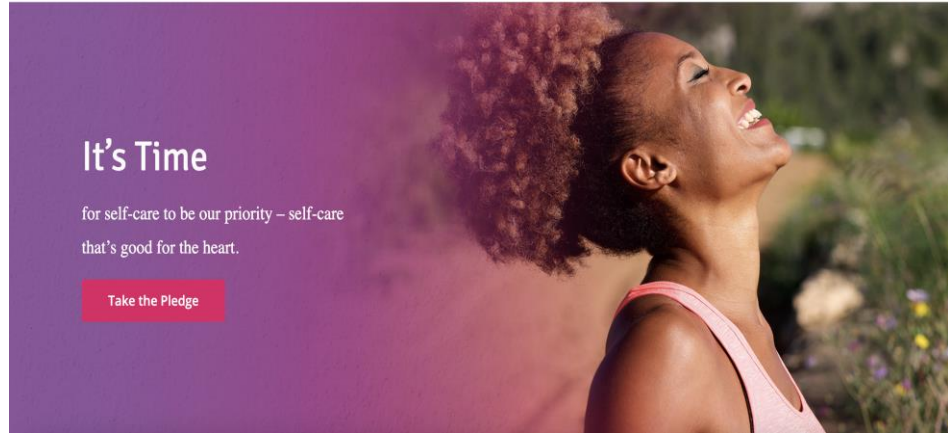
- [About the Issue](#)
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[TAKE THE PLEDGE](#) 

## It's Time

for self-care to be our priority – self-care  
that's good for the heart.

[Take the Pledge](#)



# EXERCISE FOR YOUR HEALTH... BUT THOSE HOT FLASHES THO!

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- Weight training
- Cardio
- Yoga
- Pilates
- Dance



# EXERCISE FOR HEALTH

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- several randomized trials compared the effect of exercise with other modalities (stretching, estrogen, or observation) and failed to demonstrate a significant benefit.
- exercise has been associated with an **increase** in the severity of hot flashes in postmenopausal, overweight women,
- exercise increases the core body temperature → resulting in hot flashes in patients with a narrow thermoneutral\* zone.

# EXERCISE

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- Strength training can boost testosterone and protect against bone density loss.
- Research also shows there are psychological benefits to exercise including improved mood (see more at endorphins, endogenous opioids),
- Helps body image
- Boosts libido

# OBJECTIVES

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# TRANS MEN AND MENOPAUSE

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- Menopause can happen:
  - when people go through testosterone therapy
  - after the ovaries are surgically removed
  - over time with aging
- If using testosterone (aka, T), some folks on lower doses may have lighter menstrual cycles.
- Testosterone at higher doses tends to stop menstrual cycles (leading to a testosterone-induced perimenopause in some cases).
- This is reversible.

# TRANS MEN AND MENOPAUSE

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- Not a monolith
- Some go through menopause at a younger age if they've had their ovaries removed (surgical menopause) for their transition.
- Some keep their uterus and ovaries in order to have a pregnancy
- Get to know the stories of those brave enough to share and don't make assumptions



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Adrian Black  
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Thank you for sharing your journey! 🌱🌱 2

9-8 Reply



King 🏳️ Max - Creator  
Thank you and you're welcome 0

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Hide



Blair

# SELF CARE FOR PERIMENOPAUSE

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- Fire up your high-speed internet because you are going to be online looking for information constantly (either for yourself, your loved ones and/or your patients who lack high speed internet access)
- Get a fan. Get TWO FANS. Or THREE: ceiling, window, and personal.
- Practice mindfulness: for the breathing, for the focus, for the sexual pleasure
- Exercise: it helps prevent injury, protects bone density, gives a testosterone boost, can decrease depression and anxiety symptom severity
- Talk with your healthcare provider and if they don't know anything about what we've discussed today, **go find someone else.**

GET TO KNOW  
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INSPO

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@JESSICASHEPHERDMD  
FOR FITNESS INSPO



# STRUCTURAL RACISM AND YOUR STEP COUNT

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# STRUCTURAL RACISM AND STEP COUNTS

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- Increased dementia risk and sedentary lifestyle
- Where can women walk safely?
- Daily step count
- What's the walking like where you live or work?

# VIGNETTE 2

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- Lisa is a 40 y/o mother of two. She's been married 20 years and comes in for her monthly check-in and you notice she's kind of irritable. It seems like everyone is getting on her nerves and she feels exhausted. Her last period was three months ago and then today of all days, her period soaked through her clothes, her boss said she seemed "emotional" and Lisa saw that her family's home was appraised at roughly 30% less than her white neighbors. She mentions that her hair might be falling out and she wants something for stress because she can't take it anymore. She has started smoking again after 2 years of abstinence because alcohol makes her feel hot and sweaty.

# WHERE DO YOU BEGIN?

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- How do we keep track of her symptoms?
- What impact is structural or institutional racism having on her symptoms?
- How do we engage her about various aspects of her life and stressors?
- What are three recommendations we can integrate into whatever plan we collaborate on?

# SUMMARY

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- Black women have longer VMS than others
- Black women's symptom severity are likely related to SDOH and structural racism
- Black women may not bring up their symptoms, even as they suffer more than others

“...GREATER PROBABILITY OF HOT FLASHES BUT LESS PROBABILITY OF TREATMENT FOR HOT FLASHES, GREATER RISK OF HYPERTENSION BUT LESS TREATMENT FOR HYPERTENSION, GREATER RISK OF DEPRESSION BUT LESS TREATMENT FOR DEPRESSION.”

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-SIOBHAN HARLOW, 2022

# REFERENCES

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- Harlow, et al. 2022
- Williams, et al, 2022
- Kuhle, et al. Misconceptions about Sexual Health in Older Women. Mayo Clinic Proceedings. Vol 96, Issue 4 (866-869), 2021.
- Schaaf, Black women's health problems during menopause haven't been a focus of medicine. Experts and activists want to change that. The Washington Post, 03/06/2021
- Bromberger, et al "Predictors of first lifetime episodes of major depression in midlife women Psychol Med. 2009 Jan; 39(1): 55–64.
- Goldman, L. "For Women of Color, Menopause Is Different," Oprah Daily. April 18, 2022
- Johnson, A. "Complimentary and Alternative Medicine for Menopause" Journal of Evidence-Based Integrative Medicine, 2019.