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# Menopause & Sexual Health

Dr. Rochelle Bernstein

Purely Menopause

September 6, 2023



# 01 Who Am I?

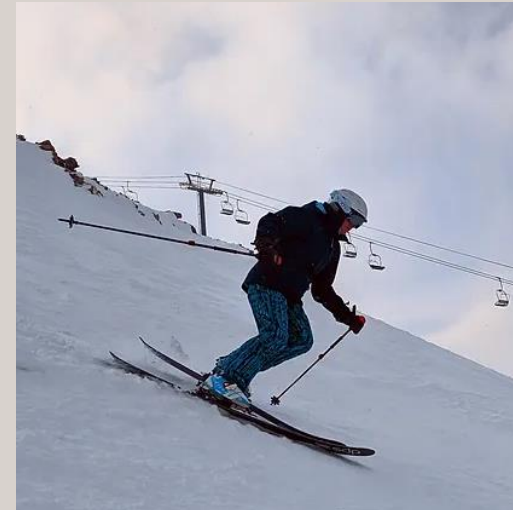
Grew up in Colorado

Breckenridge Ski Patrol

Mother of 2 Teens

Athlete

Menopausal Woman



# Rochelle Bernstein, MD

Medical School – Univ of Colorado

Residency – Univ of Connecticut

Medical Licenses – CO & WA

Board certified in OBGYN

Practiced 20+ years in Summit & Eagle Co

Started Purely Menopause in 2023

Conflict of Interest Disclosure -

Dr. Bernstein has an affiliate relationship with Astellas, MysteryVibe, and Intimate Rose.



American Board of Gynecology and Obstetrics (ABOG/FACOG)

The Menopause Society (TMS)

International Society for the Study of Women's Sexual Health (ISSWSH)

American Association for Gynecologic Laparoscopist (AAGL)

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# Agenda

02 What is menopause

03 Why do I have these symptoms

04 What can I do about it

05 Sex after 50

06 Closing

07 Questions

# 02 What is Menopause?



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# Definition



Menopause is the day that corresponds to 12 months after a woman's last period

OR

6 months without a period with elevated FSH (>28)

OR

Surgical menopause - 6 weeks after surgery



# Menopause Characteristics

- Typically, between ages 45-55
- Natural event – like puberty, pregnancy, and postpartum – it's not something to be "cured"
- 40% of our lifespan
- Changes in hormones that affects most body functions

# Stages of Reproductive Aging (STRAW-10)

	Menarche											FMP (0)	
Stage	-5	-4	-3b	-3a	-2	-1	+1 a	+1b	+1c	+2			
Terminology	REPRODUCTIVE				MENOPAUSAL TRANSITION			POSTMENOPAUSE					
	Early	Peak	Late		Early	Late	Early		Late				
					<i>Perimenopause</i>								
Duration	<i>variable</i>				<i>variable</i>	1-3 years	2 years (1+1)		3-6 years	<i>Remaining lifespan</i>			
<b>PRINCIPAL CRITERIA</b>													
Menstrual Cycle	Variable to regular	Regular	Regular	Subtle changes in Flow/Length	<i>Variable Length</i> Persistent ≥7- day difference in length of consecutive cycles	Interval of amenorrhea of ≥=60 days							
<b>SUPPORTIVE CRITERIA</b>													
Endocrine													
FSH			Low	Variable	↑ Variable	↑ >25 IU/L**	↑ Variable	Stabilizes					
AMH			Low	Low	Low	Low	Low	Very Low					
Inhibin B				Low	Low	Low	Low	Very Low					
Antral Follicle Count			Low	Low	Low	Low	Very Low	Very Low					
<b>DESCRIPTIVE CHARACTERISTICS</b>													
Symptoms							Vasomotor symptoms <i>Likely</i>	Vasomotor symptoms <i>Most Likely</i>			<i>Increasing symptoms of urogenital atrophy</i>		

- Perimenopause
  - Hot flashes/Night Sweats
  - Brain Fog
  - Mood Disorders
  - Menstrual Irregularity
  - Fluctuating Symptoms
- Early Menopause
  - Symptoms Persist
- Late Menopause
  - Genitourinary Syndrome of Menopause (sexual health)

\* Blood draw on cycle days 2-5 ↑ = elevated

\*\*Approximate expected level based on assays using current international pituitary standard<sup>67-69</sup>



# Menopause Isn't Just Hot Flashes

## Different Symptoms, Severity, Length

Hot Flashes (VMS) - 80% of women

Brain Fog

Mood Disorders – Depression, Anxiety

Irregular Periods

Hair Growth/Hair Loss

Skin/Eye/Nails Dryness

Sleep Disturbance

Acne

Breast Soreness

Body Shape Changes/Weight Gain

Decreased Libido/Pain With Sex

Loss of muscle strength

Vaginal Dryness, Itching, Pain (GSM)

## Not All Symptoms Are Obvious

Tingling in Extremities

Changes in Taste

Mouth Burning

Fatigue

Bloating

Gut Changes

Joint Pain

Muscle Stiffness

Headaches

Itchiness

Incontinence

Osteoporosis

Irregular Heartbeat

# 03 Why Do I Have These Symptoms?



# Female Sex Hormones

## Estrogen

Highest in 1<sup>st</sup> part of menstrual cycle – stimulates growth & release of egg

Has role in muscle growth, inflammation, blood sugar regulation, appetite, mood, body temperature, blood pressure & bone turnover.

Estradiol – most potent natural estrogen

Cycles unevenly during peri-menopause

Drops dramatically during menopause

## Progesterone

Highest in 2<sup>nd</sup> part of menstrual cycle – thickens uterine lining & balances estrogen

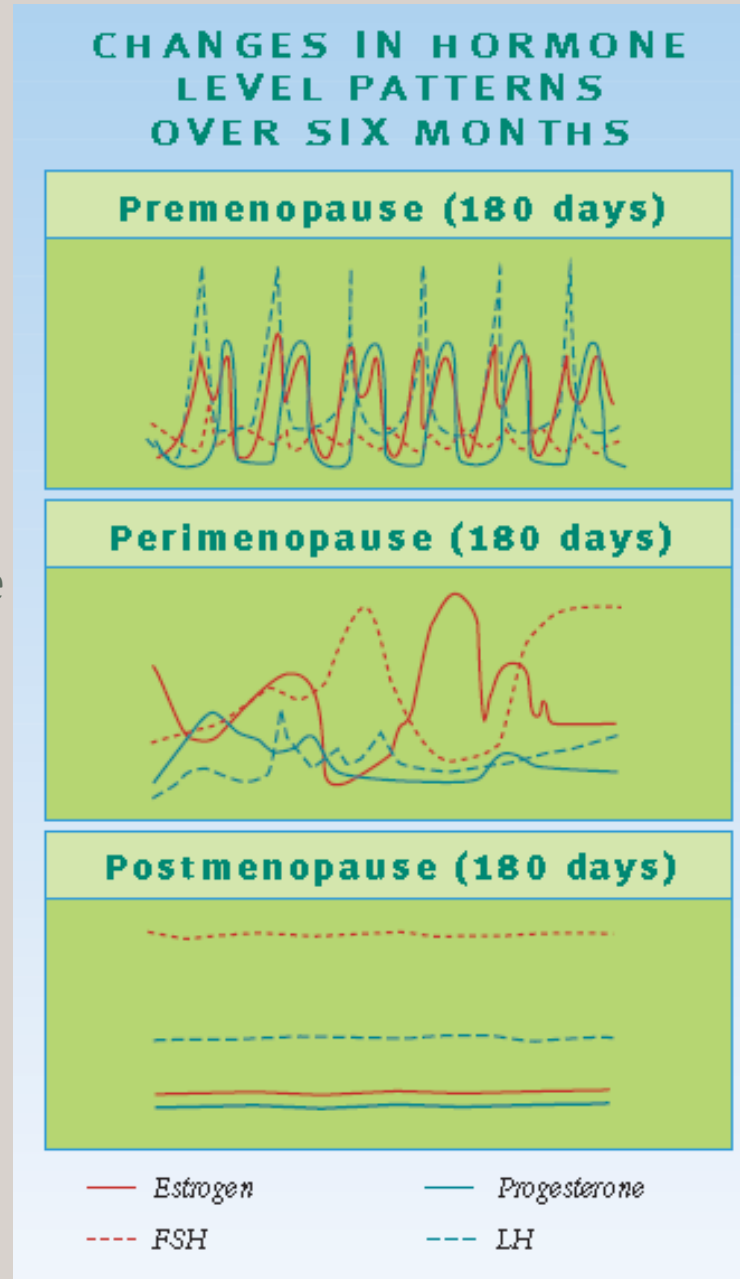
Chill hormone – causes release of BDNF for learning & memory – is anti-anxiety

Stabilizes tendons and ligaments.

Also protects bone health

Drops unevenly during peri-menopause

Drops dramatically during menopause



# 04 What can I do about my symptoms?





The  
**Menopause  
Society**<sup>™</sup>

# Hormone Therapy (MHT)

*Hormone therapy remains the most effective treatment for vasomotor symptoms (VMS) and the genitourinary syndrome of menopause (GSM) and has been shown to prevent bone loss and fracture.*

- 2022 Menopause Society Position Statement

Endorsed by the American Association of Clinical Endocrinologists; the American Association of Nurse Practitioners; the American Medical Women's Association; the American Society for Reproductive Medicine; the Asociacion Argentina para el Estudio del Climacterio; the Asociacion Mexicana para el Estudio del Climaterio; the Australasian Menopause Society; the Canadian Menopause Society; the Chilean Climacteric Society; the Chinese Menopause Society; the Colombian Association of Menopause; the Czech Menopause and Andropause Society; the Dutch Menopause Society; the European Menopause and Andropause Society; the German Menopause Society; HealthyWomen; the Indian Menopause Society; the International Osteoporosis Foundation; the International Society for the Study of Women's Sexual Health; the Japan Society of Menopause and Women's Health; the Korean Society of Menopause; the Mexican College of Specialists in Gynecology and Obstetrics; the National Association of Nurse Practitioners in Women's Health; the Philippine Society of Climacteric Medicine; the Society of Obstetricians and Gynaecologists of Canada; the Spanish Menopause Society; the Taiwanese Menopause Society; and the Thai Menopause Society.



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# MHT



## What MHT is

- Estrogen & progesterone
- Gold standard for VMS (85% effective)
- Also for GSM & osteoporosis prevention
- Multiple preparations – not just one thing
- Options may be available for those post cancer

## What MHT is Not

- Not the same dose/chemical formulation as BCP (17 $\beta$ -estradiol vs. ethinyl estradiol; micronized progesterone vs. assorted progestogens)
- Testosterone is not MHT
- Not the fountain of youth
- Does not prevent heart disease, dementia
- Has little to no effect on many menopausal symptoms (skin, brain fog, weight gain, sarcopenia, hair loss)



# Safe & Effective

- Consensus of all major medical societies
- Women <60 and <10 years of menopause onset
- Treatment should be individualized to maximize benefits and minimize risks, with periodic reevaluation
- Benefit-Risk ratio for most women is favorable for treatment of VMS, GSM & prevention of bone loss, fracture
- Therapy after age 60 can be considered
- SHARED DECISION-MAKING

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# MHT Safety Studies - WHI

Largest RCT – 1990s-2005

Oral only (CEE & MPA)

Most patients >60 and >10 years since onset of menopause



Relative Risk: “Doubling the risk” = 0.2% to 0.4% - not helpful

Absolute Risk: <10/10,000/yr DVT, breast cancer, stroke (EPT)

For comparison, a drug side effect is considered “rare” if <10/10,0000/yr

## It's Safe for Most Women

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# Non-Hormone Options for VMS



CBT

Clinical hypnosis

Weight loss

Acupuncture

Mindfulness

SSRI/SNRI

Gabapentin

Oxybutynin

Fezolinetant

## What Doesn't Work?

Soy Products

Supplements

Cannabinoids

Chiropractic  
Interventions

Specific Diets

Avoiding Triggers

Cooling Techniques

Magic Cure on the Internet

# NEW RESEARCH ON VMS

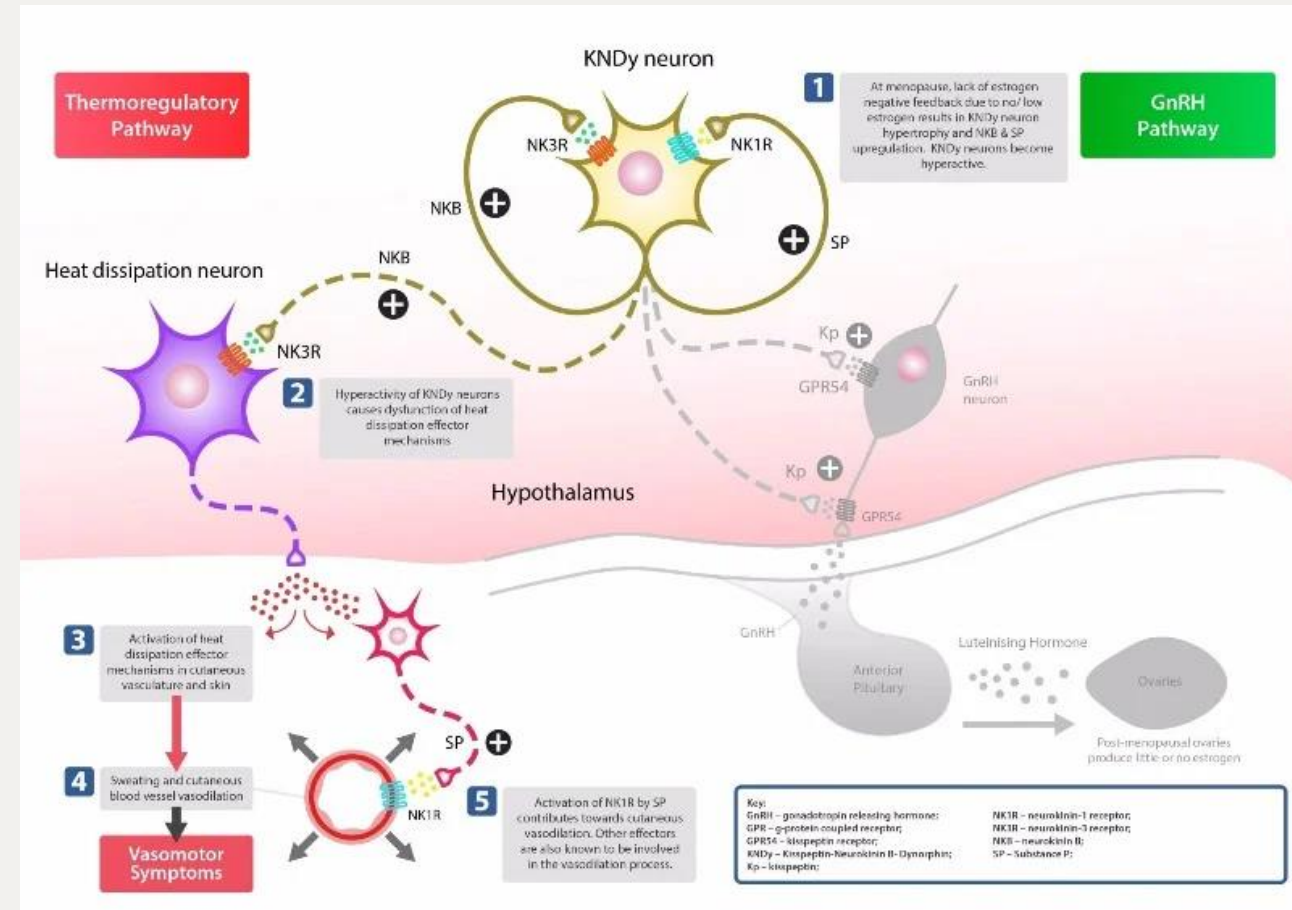
- *It's "all in your head"*

- KNDY Neurons in Hypothalamus – have role in temperature regulation (and much more, appetite)

Normal balance between neuropeptides (neurokinin, kisspeptin, dynorphin) and estrogen

Imbalance with low estrogen responsible for VM symptoms

- Fezolinetant is NK3 receptor antagonist
- Some VMS symptoms are not relieved with estrogen or fezolinetant so other mechanisms must be in play
- New research will expand knowledge and therapies



<https://www.labiotech.eu/trends-news/kandy-therapeutics-menopause-nerre/>



# 05 Sex After 50: Yes, Please!

## Barriers:

Body Image

Low Libido

GSM



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# The Culprits



## Body Image Issues

- Cultural information regarding “ideal” woman
- We look exactly like we are supposed to
- No one suggested growing breast in puberty was wrong
- We are at the pinnacle of our lives – successful careers, grown children, comfortable relationships
- Reframe to view yourself as you are intended to be (not per the patriarchy)

## Low Libido

- Sometimes just body image
- Could be relationship issues as you transition to post-kids
- Could be mood disorders caused or made worse by menopause
- HSDD – medical therapies available

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# Genitourinary Syndrome of Menopause (GSM)

- We all experience it if we live long enough – common condition but no one talks about it (more patriarchy)
- Progressive, chronic condition of the vulva, vagina, & lower urinary tract – no cure, only treatment
- Vaginal dryness, itching, burning, and painful sex with intercourse
- Decreased libido, difficulty with orgasm, & decreased lubrication when aroused
- Painful urination, incontinence, urgency, UTIs



## Therapies

- Vaginal estrogen
- Systemic estrogen
- Vaginal DHEA
- Vaginal moisturizers
- Lubrication during sex
- Vaginal laser
- Ospemiphene (SERMs)

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# More Therapy Options

- Dilators
- Pelvic Floor
  - Kegel weights
  - Physical therapy
- Vibrators
- START EARLY!



MysteryVibe Poco



Intimate Rose

Items may be purchased from the companies via their websites or contact me for a discount.

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# Summary

## Menopause is natural

Our bodies were designed for this. It's not a disease or a condition.

## Fluctuating hormones cause most of the symptoms

We can recreate a balance.

## MHT can help with VMS, GSM, & bone health.

It's safe and effective for most women, including some who have had cancer.

## MHT is not the fountain of youth.

Only some symptoms are alleviated by MHT. It won't help with your brain fog or your weight gain.

## GSM affects all women

Treatments are available. In a very real way, if you don't use it, you'll lose it.

## Sex is important. You don't have to give it up just because you're older.

Studies are clear that a good sex life significantly improves quality of life.



# Closing

Women deserve information about their bodies, particularly during menopause.

Celebrate the new you! After +400 periods and decades of concern about accidental pregnancy, it's over!

We did it! We raised our kids, have an incredible career, and was a fantastic partner, sister, daughter, friend. Now it's ME time!

The social constraints on talking about women's health are lifting but far too slowly. Talk to your daughters (and friends & family) about puberty & pregnancy & postpartum & menopause. Share your experiences!

Don't suffer in silence. It's not "just what we have to deal with." Find a doctor who will work with you & your symptoms.



# 07 What are your questions?

Find a menopause specialist at [www.menopause.org](http://www.menopause.org)

Find sexual health resources at <https://www.prosayla.com/>

Contact me at [info@purelymenopause.com](mailto:info@purelymenopause.com)

Check out my website at [www.purelymenopause.com](http://www.purelymenopause.com)

Follow me on social media @purelymenopause

Books – Menopause Manifesto, Jen Gunter & Next Level, Stacy Sims

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