Menopause and the Role of the Nurse Practitioner

Overview of the Burden of Menopause

Menopause is a person’s clinical status after their final menstrual period and is diagnosed retrospectively 12 months after the cessation of menses.

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<th>MENOPAUSE STAGE</th>
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| Premenopause        | As young as 30 years of age                    | • Prepare patients for common symptoms of the menopausal transition, including physiologic changes, vasomotor symptoms and genitourinary symptoms (GSM).  
                          |                                                | • Encourage patients to discuss menopausal symptoms with their health care provider.  
                          |                                                | • Take thorough sexual and psychological histories.                                         |
| Perimenopause and Menopause | From 40 years of age until at least seven years after the last period | • In addition to the above, assess for menopause-related symptoms (vasomotor, genitourinary and mental health) as well as their impact on a patient’s quality of life.  
                          |                                                | • Ask patients about their view of menopause and assess the patient’s quality-of-life goals.  
                          |                                                | • Provide individualized guidance regarding treatment, including lifestyle changes and over the counter and prescription medications.  
                          |                                                | • Tailor health evaluations to the patient’s medical, social and family history, as well as symptoms and quality-of-life goals. |
| Postmenopause       | Begins five to seven years after the last period | • Continue to assess for menopause-related symptoms (vasomotor, genitourinary and mental health), with a particular emphasis on genitourinary syndrome of menopause.  
                          |                                                | • Continue to assess the patient’s quality-of-life goals.                                    
                          |                                                | • Continue to evaluate the appropriateness of any lifestyle and pharmacologic interventions for menopausal symptoms. |

Menopause can have a substantial impact on quality of life:

- 75% experience vasomotor symptoms during perimenopause, which negatively affect sleep, mood and productivity.
- 70% experience genitourinary syndrome of menopause, including vaginal dryness, dyspareunia and urinary incontinence.

Nonetheless:

- 73% of people going through menopause choose to "tough it out" instead of receiving treatment for their symptoms.

One of the best ways that nurse practitioners (NPs) can help improve the quality of life for patients who will experience, are currently experiencing or have previously experienced menopause is to talk with all appropriate patients about menopausal symptoms, quality-of-life goals and treatment considerations.
Discussing Menopause With Patients: Starting the Conversation

Individualize your approach to menopause discussions, according to each patient's medical, social and family history.

Patients from different cultures and backgrounds may perceive the menopausal transition differently, with some viewing menopause as a natural phase of life and others considering it as a medical condition benefitting from treatment. Ask patients about their perceptions of menopause and frame your discussions accordingly.

Additionally, a patient’s culture, race or ethnicity, gender identity and sexual orientation can influence their comfort levels with discussing menopause and sexual health. Engage in all discussions using culturally sensitive and trauma-informed approaches.

Take thorough sexual histories to identify symptoms of genitourinary syndrome of menopause.

Sexual history is an important part of comprehensive medical care, but many patients may be sensitive about these topics. The Centers for Disease Control and Prevention (CDC) has provided examples of ways to start a dialogue with a patient, including:

• “May I ask you a few questions about your sexual health and practices? I know these questions are personal, but they are important for your health and will be kept confidential.”
• “At this point in the visit, I typically ask a few questions about your sexual health. Is that okay with you?”
• “I like to ask all of my patients about their sexual health. I ask these questions regardless of age, gender, sexuality or marital status. Do you have any questions for me before we get started?”
• “Do you have any questions or concerns about your sexual health or practices?”

More information about taking thorough sexual histories is available on the CDC website.

Use evidence-based counseling techniques with proven effectiveness.

An important part of effective counseling requires engaging patients in their own health care and facilitating shared decision-making conversations. As a part of effective menopause counseling, the North American Menopause Society (NAMS) recommends clinicians use the following techniques:

• Build relationships through communication and listening.
• Ensure patients have all information necessary for an informed decision, including the risks and benefits of any therapeutic intervention.
• Elicit and adapt recommendations to patient preferences.
• Evaluate the patient’s comprehension of — and ability to adhere to — any plans.
• Periodically assess treatment adherence and adjust treatments as needed.

More information about menopause evaluation and counseling is available from NAMS.