

# MENOPAUSE and our Careers

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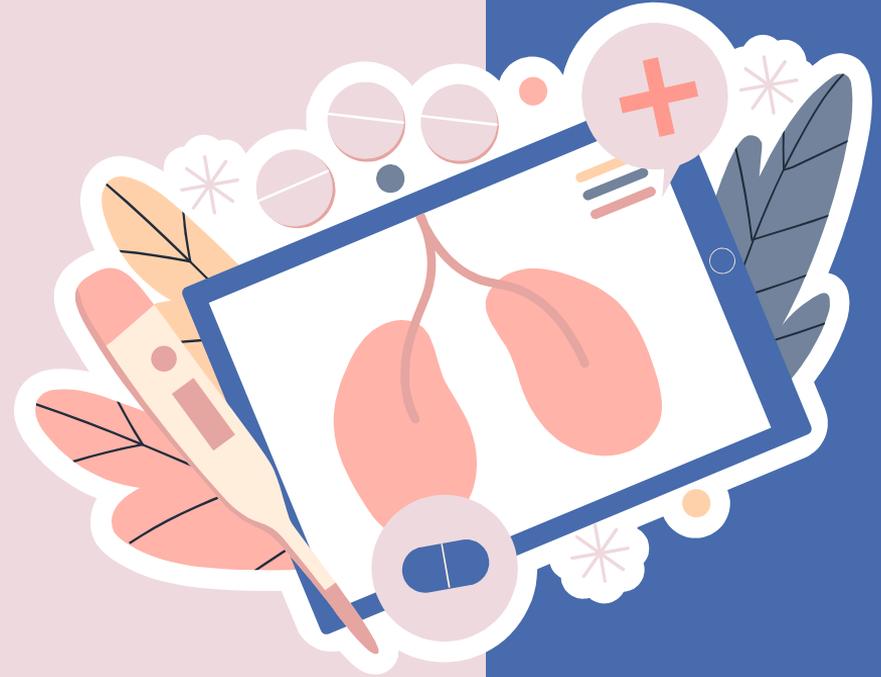
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# What is Perimenopause?

**Menopause** is defined as 12 consecutive months without a period.

**Perimenopause** is the transitional period before menopause.

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## Menopause

- A Natural event all women experience
- Results in lower levels of estrogen and other hormones
  - Average age is 51 (Between 45-55)
- There is Early Menopause (40-45) and Premature Menopause (Before 40)



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## Perimenopause

- Physical changes before the final menstrual period
- Lasts 7.4 years on average, lasts 10 years on average for Women of Color
- Begins with changes in cycle length
- Ends 1 year after the final period

# Common Symptoms of Menopause

**01**

**Hot  
Flushes**

**02**

**Night  
Sweats**

**03**

**Vaginal  
Dryness**

**04**

**Loss of Interest  
in Sex**

**05**

**Loss of  
Arousal/Orgasm**

**06**

**Painful  
Intercourse**

# Other Symptoms?

- Mood Swings
- Short Term Memory Loss
- Difficulty Thinking
- “Brain Fog”
- Skin and hair changes
- Joint Pain
- More Frequent UTIs
- Headaches
- Depression/  
Sadness
- Difficulty Sleeping
- **FATIGUE**



# Hormonal Changes & Timing

- ★ Most women adjust to their hormonal rhythm during reproductive years. Perimenopause disrupts this cycle, causing mood swings.
  - ★ This coincides with other stressors, such as
    - Relationship issues/Divorce/Widowhood
    - Struggles with Adolescents
    - Concerns about aging parents/Caregiving Responsibilities
    - Career Issues – Leadership in Career often coincides with our Midlife
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# ■ Menopause and Career

– 40 % of women surveyed said that their SYMPTOMS interfered with their WORK PERFORMANCE or PRODUCTIVITY on a WEEKLY basis

– Nearly 1 in 5 women said they already quit or considered quitting their jobs because of their SYMPTOMS

– U.S. Economy loses \$26.6 billion a year due to Lost Productivity and Health Expenses related to Menopause (Mayo Clinic report)

– YET... women often feel embarrassed or unable to disclose their Menopausal Status

– Fear of Stigma

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# In the News



October 10, 2024 | Kelsey Butler

**Millennial women are ready to quit jobs due to menopause, study shows**

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# Investing in Menopause Support PAYS OFF

## What can UW do?

- **Provide Coverage for Menopause Care**

(2024 study from JAMA found that for MOST women under 60, the benefits of Menopausal Hormone Therapy OUTWEIGH the risks)

- **Offer Health Practitioner Directories with info on Specialists**

who treat women going through Menopause

- 2019 survey of OB/Gyn MDs / Internal Med MDs / Family Med MDs found that **ONLY 7%** feel competent in treating a Menopausal Woman

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# What can UW do?

- **Offer Telehealth or Virtual Care Options**

  - Making care affordable and EASY to access

Microsoft provides Menopause Support thru a Virtual Care provider MAVEN

- **Allow for Flexible Schedules**

  - Option to work from home if not feeling well

    - Mental Health day / ½ day

    - Paid Time off

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# What can UW do?

## – Provide Cooling Options

Ability to control temperature at work

One of the most common triggers for Hot Flushes are hot or unventilated places and  
FORMAL MEETINGS

Simple steps – using a cooling fan, opening a window, going outside for fresh air,  
dressing in layers

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# What can UW do?

## – Prioritize Menopause Education

**Normalize** the topic!

**Educate** yourself and your colleagues

**Share** information on website, faculty room, internal communications

Offer **Seminars** on healthy aging in the workplace, improving sleep, managing menopausal symptoms

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# What can YOU do?

– **Create a Culture** where women can discuss Menopause openly

Feel **empowered** to talk about Menopause and symptoms

Talking **openly** about Menopause at work helps to counteract the negative stereotypes about it

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# What can YOU do?

## Create a Peer Support Group

- How dose menopause affect you at work?
    - What are we doing already that helps?
  - What else would help you manage your menopause symptoms at work?
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**What else can YOU do?**

**GET TREATMENT!!!**

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# How do you know when/if to start HRT?

Menopause is a **CLINICAL** diagnosis. Symptoms are what we TREAT.

Get a hormone panel to look at baseline, as well as Thyroid, Pre Diabetes, underlying causes, Vit D deficiency, workup

Your hormones may be off, but lifestyle changes may cause these effects as well.

An FSH level greater than 30 suggests you no longer need contraception.

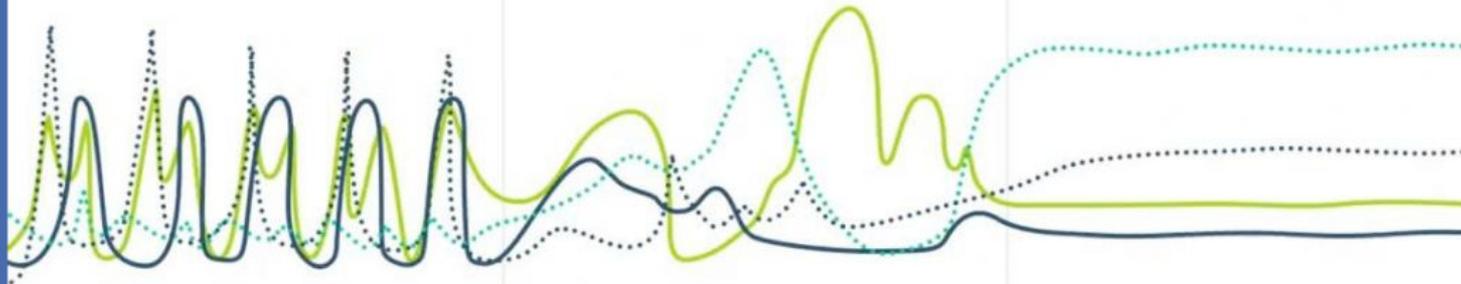
Higher levels of FSH mean decreased ovarian reserve, and closer to / or in Menopause



**Premenopause**

**Perimenopause**

**Postmenopause**



— Estrogen  
— Progesterone

..... Follicle-stimulating hormone  
..... Luteinizing Hormone



# Considerations for Starting HRT

- Do we need Birth Control (vasectomy? tubal?)
  - Abnormal bleeding (rule out other causes)
  - Personal health history (clotting disorder, cardiovascular risk factors)
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# Menopause & HRT



## Improves Symptoms

There is **nothing** better available to improve Menopausal symptoms.



## You don't have to wait

You don't have to wait until symptoms are severe or 12 months after last menstrual period.



## Physician Input

Review benefits and risks with your Physician to decide on best treatment for you individually

# Hormone Therapy: Estrogen

- ★ Can be oral, patch, or gel
  - ★ Estrogen is titrated up to effect where you are feeling yourself again (not having hot flashes, better sleep, etc.)
  - ★ The increase in Estrogen Level systemically is what relieves your symptoms
  - ★ Estrogen prevents Osteoporosis and decreases Colon Cancer risk
  - ★ For most women, Estrogen improves memory and decreases risk of Alzheimer's Disease, and likely decreases Heart Disease risk long term
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# Hormone Therapy: Vaginal Estrogen

- ★ Not systemic (does not raise your blood levels)
  - ★ Safe for EVERY WOMAN (no limitations, safe for breast cancer patients)
  - ★ Improves symptoms of:
    - vaginal dryness
    - preserving the vaginal epithelium
    - frequent UTIs
    - painful IC
    - recurrent yeast infections
  - ★ Every Vagina LOVES Estrogen
  - ★ Can be used in combination with Systemic Therapy (oral / patch / gel)
- 





# Hormone Therapy: Progesterone

Progesterone is needed to prevent uterine cancer / endometrial overgrowth.

It can be taken **orally** at night (it helps you sleep), with a Mirena **IUD** (this controls bleeding and protects endometrium), or **vaginally** (if there is oral intolerance to Progesterone)

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# Hormone Therapy: Testosterone

Works as a treatment for low sexual desire and low Testosterone levels.

There are no definitive studies on Testosterone use in Menopausal Women yet for Energy, Brain Fog, Sleep.

Ongoing studies – Australia – Muscle / Bone strength, Brain function





## Initiating

- Most benefit starting HRT when symptoms are bothersome to you
- Starting HRT is a personalized decision, taking your needs into account
- Ideally initiated less than 10 years from the start of Menopause



## Time Span

- No fixed limit, and no hard rule to stop at age 65
- Review with your Physician yearly, most women will need HRT for 2 - 5 years, can be longer
- Best to continue as long as benefits outweigh risks
- Do not need to wait the full year without a period before starting HRT

# Hormone Therapy: Timing

# Starting HRT Can Help With:



- Vasomotor symptoms
- Skin and hair conditions
- Joint pain
- Contraception  
(Consider: do you still need it?)
- Irregular bleeding
- Lethargy / Fatigue
- Low mood
- Sleep deprivation
- This is often the **BUSIEST** times of our lives, this can relieve unneeded stressors

# HRT & Breast Cancer

Most studies find either decreased or no increase risk in breast cancer from HRT

- This includes women with **relatives** with BrCa
  - Includes women with BrCa **themselves**
  - Some studies show that women with BrCa have overall **lower mortality** if they take HRT after treatment for breast cancer
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# Seeing an OBGYN Specialist in Menopause



## Educate Yourself

Learn about Perimenopause, Menopause, and HRT.



## Appointment

Schedule a specific appointment for this, separate from annual check up



## Symptom Journal

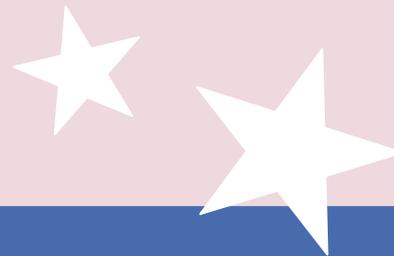
Keep a symptom diary/journal to discuss with your doctor



## Timing

Schedule the appointment for early morning, if possible, so it is less rushed.

# BLOOD WORK



Standard tests	<i>CBC, CMP, Lipid Panel</i>
Thyroid	<i>Thyroid Panel</i>
Pre-Diabetes Screen	<i>HgbA1c</i>
Nutritional Deficiencies	<i>Vit D, Zinc, Magnesium</i>
Anemia Panel	<i>Iron Studies, Ferritin, Folate, B12</i>

***And any others your doctor recommends!***

# WEIGHT LOSS IN PERIMENOPAUSE

Make sure to eat protein and fiber, so as to not lose muscle mass in perimenopause.

## Protein

Consume adequate protein intake (1 - 1.5 g of protein per Kg of ideal body weight per day)

Example: 165 lb woman is 75 kg, so 75 to 110 g protein each day

## Fiber

Consume at least 25g of fiber each day.

Eat apples, prunes, raspberries, bran, lentils, etc.

**Limit Sugars**  
& **Limit simple carbohydrates.**



# What else?

Try to move every day and build strength, resistance, and muscle (weight training).



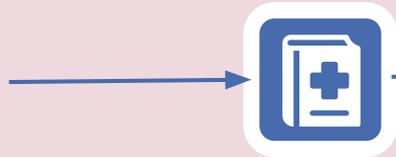
**Exercise**



**Sleep  
(hygiene/apnea)**



**Stress  
Reduction**



**Intermittent  
Fasting/Protei**



**Insulin  
Resistance**

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# Get Help!



## You deserve to feel better!

Perimenopausal symptoms can affect our lives. You deserve to feel better!



## See your doctor!

A lot of treatments are available to improve your quality of life!

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# THANK YOU!

Feel free to ask any questions!

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