NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Perimenopause

Putting it All Together

Frequently Asked Questions

What order should I do the modules in?

We suggest this order:

1) The Epidemiology of Psychiatric Illness During Midlife or Perimenopause
2) Symptoms of Perimenopause and Menopausal Hormone Therapy
3) Progressive Case Conference: Perimenopausal Depression
4) Non-Hormonal Management of Vasomotor Symptoms – Evidence for Complementary or Alternative Treatments of Vasomotor Symptoms
5) Media Conference: Exploring the interface between media and reproductive psychiatry around the topic of "Bioidentical" Hormones

I've completed all the modules. What's the takeaway point? How does menopause or perimenopause affect treatment decisions in psychiatric illness?

Perimenopause can exacerbate current or trigger new psychiatric illness, or mimic some of the symptoms of psychiatric illness. Or it can cause ongoing symptoms such as cognitive changes, sleep disturbance, and impaired sexual function that remain even after psychiatric illness has been adequately treated. It is important to know how to identify if your patient is in perimenopause, which symptoms could be a result of perimenopause, and how to distinguish between mental illness and perimenopausal symptoms. There are also some antidepressants that have evidence of effectiveness for perimenopausal symptoms and you should know about these.

Which antidepressants should I be focusing on for treating depression in perimenopause?

Typical first choices with some evidence for also treating vasomotor symptoms are venlafaxine, desvenlafaxine, fluoxetine, paroxetine, citalopram, and escitalopram. To choose among these, you will need to think about the side effect profile of each and the Individual characteristics of your patient, their medical comorbidities and other medications, their habits in taking medications, and their prior history of response to any of these medications or others.

Should I recommend Hormone Therapy (HT) to treat depression?

There is some evidence that hormone therapy (HT) improves depression symptoms in perimenopausal women and good evidence that it treats perimenopausal vasomotor symptoms. There is also evidence from some trials that estrogen may improve the response of postmenopausal women to antidepressants.[1]

[1] Maki, Pauline M., et al. "Guidelines for the Evaluation and Treatment of Perimenopausal Depression: Summary and Recommendations." *Journal of Women's Health*, Sept. 2018.

However, there have not been head to head comparisons between antidepressants versus hormone therapy for depression and the best course for psychiatrists and other psychiatric providers is to treat moderate to severe depression and anxiety with antidepressants first. You should know about the benefits as well as the risks of HRT in order to advise patients about when to consult an OB/GYN to discuss this as an option.

For patients with mild to moderate depressive symptoms as well as vasomotor symptoms, OB/GYN providers may want to use HRT first and then reevaluate for remaining depressive symptoms.

What can mental health clinicians do to investigate or address changes in cognition, sleep and sexual function?

	Cognition	Sleep	Sexual Function
Characterize: Describe and quantify the problem if possible using an interview and scales	• MoCA For More Subtle Impairments • Mini Mental for More Severe Impairments	• Pittsburgh Sleep Quality Index (PSQI) • National Sleep Foundation Sleep Diary Or Other Sleep Diaries	• Menopause Rating Scale
Rule Out: Consider serious and treatable causes	• Neurologic Disease (Neuro Exam If Indicated) • Polypharmacy • OTC Or Illicit Substances • Dementia or Neurocognitive Disease • Infectious, Metabolic or Endocrine Factors (CBC, CMP, TSH)	• Evening Caffeine or Other Stimulants • Poor Sleep Hygiene • OTC Or Illicit Substances • RLS Or OSA, Other Sleep Disorders	• Vaginal Atrophy, Dryness, Or Irritation • Dyspareunia • Urinary Problems • History of Trauma • Intimate Partner Violence • Relationship Stressors • Sexual Side Effects of Antidepressants
Educate: Share your thoughts and and refer to sources of further information	• National Institute on Aging Information on Cognitive Health	• Sleep Hygiene and Menopause from National Institute on Aging	• North American Menopause Society Sexual Health • National Institute On Aging - OTC Treatments For Dyspareunia

<u>Refer:</u> Recommend seeing an expert if indicated	**Neurologist**	**Sleep Study Center**	**OB/GYN Provider, Pelvic PT, Couples Therapy, Trauma Therapy**

Can you break down the steps I should follow when treating perimenopausal depression?

1) Characterize symptoms and their severity and frequency by adding scales or other checklists to your standard interview questions.

2) Investigate changes that could have other causes to rule out treatable problems or need for referral:

   a) cognitive impairments due to drugs or medicines, acute or chronic disease;

   b) poor sleep due to disorders such as OSA or restless leg, or due to behavioral or environmental factors;

   c) general changes like weight gain or cold intolerance that could be due to thyroid problems;

   d) vaginal pain or impaired sexual functioning that could be due to irritation or inflammation, atrophy, muscle spasms, or relationship problems or trauma.

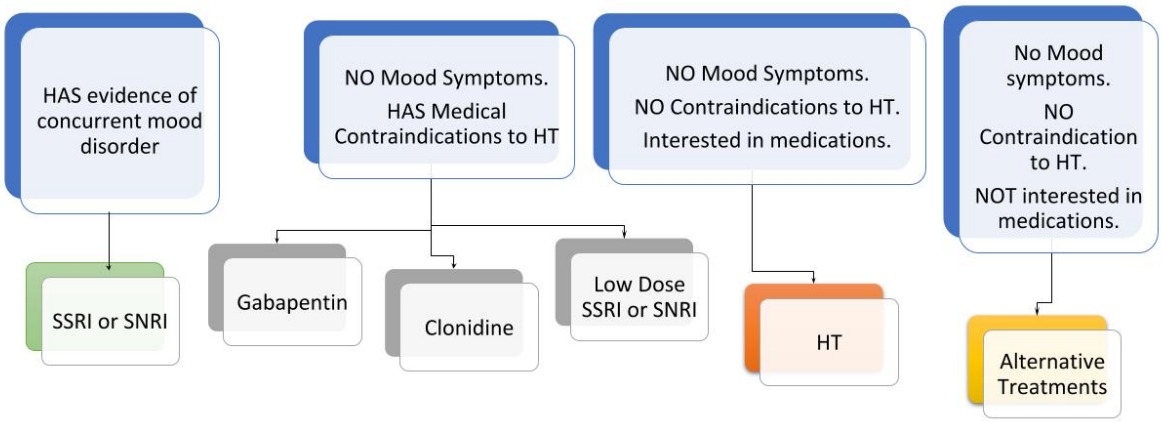
3) Evaluate whether an anxiety or mood disorder is present and if so treat, giving special consideration to agents that may also be able to treat vasomotor symptoms if present

4) If treatment has shown partial efficacy for the mood disorder but vasomotor symptoms remain, refer to an OB provider in appropriate cases to discuss the possible benefits of HT.

How should I think through which treatments to use for vasomotor symptoms in different scenarios?

(See table on next page)

Perimenopausal Woman Presents with Vasomotor Symptoms affecting Sleep and Daily Life and….



Is there any evidence that alternative therapies work for vasomotor symptoms?

Summary of Recommended Non-Hormonal Interventions for Management of Vasomotor Symptoms by evidence-based level (*adopted from NAMS 2015 Position Statement)

HIGH LEVEL OF EVIDENCE	MODERATE EVIDENCE	MINIMAL EVIDENCE
Cognitive Behavioral Therapy	Weight loss	Cooling Techniques
Hypnosis	Mindfulness	Avoiding Triggers
SSRIs/SNRIs*	S-equol/Soy derivatives	Exercise
Gabapentin*	Stellate ganglion Block	Yoga
Pregabalin*		Paced Breathing
Clonidine*		Relaxation
		Herbal Supplements

		Acupuncture
		Neural Oscillation Calibration
		Chiropractic work

***See Self Study entitled, "Symptoms of Perimenopause and Hormone Therapy (HT)" for further information.**
