

Perimenopause

Progressive Case Conference: Perimenopausal Depression

Facilitator's Guide

Contributors

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Pre-assessment learning

Before you attend the classroom didactics on this module, please review some basic concepts around perimenopause by viewing the following resources:

- 1) Self study guide on epidemiology of mental illness in perimenopause by Margo Nathan.
- 2) Self study guide on Hormone Replacement Therapy by Milena Smith.
- 3) H. Joffe, C.N. Soares, L.S. Cohen. Assessment and treatment of hot flashes and menopausal mood disturbance; *Psychiatr. Clin. North Am.*, 26 (2003), pp. 563-580.

Overview

Perimenopause is a time of increased risk for psychiatric illness in women due to hormonal and social changes. This module focuses on teaching clinicians to identify risk factors specific to this time period, ask about relevant social stressors, use appropriate scales for evaluation of vasomotor symptoms, and make appropriate treatment recommendations for both psychiatric and physical symptoms.

Session

- Pre-assessment readings/learning (prior to didactic session)
- Group activity with videos: 45 minutes

Learning objectives

At the completion of this session, participants will be able to:

1. Ask the appropriate questions to identify whether a woman is experiencing perimenopause, perimenopause, or post-menopause and be able to counsel her on her risk of psychiatric illness during these times.
2. Counsel patients about additional risk factors for mental illness during perimenopause.
3. Identify vasomotor and other physical symptoms of perimenopause that may contribute to psychiatric illness.
4. Select appropriate scales to use in the perimenopausal population for hot flashes and cognitive changes.
5. Discuss treatment options for both depression and physical symptoms of perimenopause.
6. Be able to distinguish between “mood swings”/mood lability and bipolar illness and to counsel patients on the difference.



Case Presentation Part 1: Case Vignette

Ms. Jones is a 47 year-old woman referred by her OB/GYN for symptoms of anxiety and low mood.

She presents with 8 weeks of difficulty sleeping, low energy, increased anxiety about her family and work, higher irritability, feels more “moody,” is having trouble getting tasks done at home and at work, and feels she is failing at her many obligations. She told her OB/GYN during a routine pap smear that sometimes she has days where she wonders if she can go on with life anymore and was tearful, prompting this referral.

She has a history of anxiety starting her senior year of high school, treated successfully with therapy. She experienced an episode of postpartum depression at age 20, after the birth of her first child, which resolved without treatment after 6 months. During that episode she had insomnia, frequent crying spells, increased irritability, and felt overwhelmed. She has no past hospitalizations. She has a history of episodes of increased irritability and anxiety, often occurring the week prior to menses. Family history is notable for untreated anxiety in her mother, and a maternal grandmother with a history of postpartum depression. She does not smoke cigarettes, or use any drugs including marijuana which she only used a few times in college. She drinks 1-2 glasses of wine 4-5 nights a week.

She currently lives with her husband of 15 years and 2 sons, ages 15 and 18, and works as a nurse manager overseeing a team of 10-12 staff members at a local hospital.

Discussion Questions (Screening and Diagnosis)

Facilitator pauses for discussion:

1. Which questions can you ask to determine where she is in the transition to menopause and why is this relevant?

Elicit the following:

- It helps me understand what might be going on to know whether hormonal changes could be contributing. Are you still having periods, and if so, how frequent have they been in the last 6 months?
- Perimenopause is a time of increased risk of depression, mainly for women with a prior history of depression, with some studies also showing increased risk for those without a prior history.¹

Premenopausal = regular menstrual cycles during the last 3 months;
perimenopausal = 3–11 months of irregular menses or amenorrhea

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.



postmenopausal=12 or more months of amenorrhea²³

2. If you determine that she is in perimenopause, what are some of the physical symptoms/changes that may overlap with and complicate mood and anxiety disorders that you may want to ask about?

Elicit the following:

- Hot flashes affecting sleep
- Weight gain
- Sexual dysfunction or decreased sexual drive
- Muscle and joint aches
- Urinary problems
- Cognitive changes⁴

3. What are some rating scales you could use if you wanted to track or measure some of these symptoms?

Elicit the following:

- Menopause Rating Scale
- Greene Climacteric Scale
- Hot Flash daily Interference Scale
- Pittsburgh Sleep Quality Index
- Montreal Cognitive Assessment

Case Presentation Part 2: Patient Interview

Video 1

Script:

Doctor: Hi Ms. Jones, let's continue our discussion. You were telling me that you haven't felt like yourself for the last 2 months, and that you've been frustrated by waking up in the middle of the night, can you tell me more about that?

Patient: Well, I think I might be having hot flashes, I'm fine when I go to bed but then by the middle of the night I'm sweating, and it wakes me up. I have a hard time going back to sleep, and this happens 2-3 times a night. I feel like I've only been getting about 4 hours of sleep most nights.

Doctor: Those do sound like hot flashes, which can happen around the transition to menopause. Can you tell me where you are with that - how frequently are you having periods these days?

² Carpenter, Janet S. "The Hot Flash Related Daily Interference Scale." *Journal of Pain and Symptom Management*, vol. 22, no. 6, Dec. 2001, pp. 979–89.

³ Bromberger JT, Matthews KA, Schott LL, et al. Depressive symptoms during the menopausal transition: the Study of Women's Health Across the Nation (SWAN). *J Affect Disord* 2007;103:267–272.

⁴ Greendale, G. A., Derby, C. A., & Maki, P. M. (2011). "Perimenopause and cognition." *Obstetrics and gynecology clinics of North America*, 38(3), 519-35.



Patient: Well, my periods used to be regular, every 28 days, but for the last 6 months, it seems like I've been skipping a month and getting them around every 50 days, or every other month, and they last a few days longer and are heavier. The irritability seems to be worse before they come and then gets better for a few days, but these days I'm more often irritable than not.

Doctor: It sounds like with these less frequent periods, you've started perimenopause, or the time of transition towards menopause, which can be a time of increased risk for depression. There are also some other symptoms that can go along with perimenopause, can I ask you about those?

Patient: sure.

Doctor: Take a look at this list on the Menopause Rating Scale. Some people notice more aches and pains, bladder problems, weight gain, changes in sexual function, and cognitive changes. Have you noticed any of these things?

Patient: Well, I do feel more achy and my right knee has been bothering me more, so I've stopped going to the gym. I don't have bladder problems, except when I cough, and sometimes I lose a little urine, but that's been ever since my second pregnancy. I've definitely gained about 7 pounds in the last 6 months, and it's getting me down, my clothes are starting to not fit. Sex is not appealing, the last time it was painful, and I just don't like the way I look right now. So it looks like I do have some of these symptoms. What do you mean by cognitive changes?

Doctor: Sometimes people describe fogginess or difficulty remembering things, word finding difficulty, poor concentration or problems functioning at work.

Patient: I've been forgetting things, like my keys and my phone, which has never been that much of a problem for me before. Also I feel like I can't remember names I should know, it's a little embarrassing sometimes, like if I see a neighbor I haven't seen in a while. Also, sometimes I can't remember whether I've done something already or not, like whether I've already made an appointment or moved the laundry from the washer to the dryer. I'm actually starting to wonder if something is wrong with me. What if I'm developing early dementia and I am not able to do my job properly?

Doctor: Let me address these worries by talking a little bit about the changes that can be caused by perimenopause. It's not uncommon to have some weight gain with the change in hormones that occur during this time, as well as body aches or other physical symptoms, so figuring out an exercise regimen that works for you and making some dietary changes might be helpful. Sometimes pain during sex can be related to vaginal dryness or atrophy which can happen during this transition and can be treated with water-based lubricants, communication with your partner, and vaginal estrogen or moisturizers. As for the possible memory problems, we can do a simple test today that can screen for any major problems, but if they are changes related to perimenopause, they are usually subtle and can often be addressed with organizational strategies. Finally, all of these symptoms can be related to depression and anxiety as well as stressors or medical problems, so let's talk more about these and whether anxiety or depression, which we can treat, might be contributing.



Facilitator pauses for discussion:

Guided Case Questions

4. What are some social stressors common to this age group that you might screen for?

Elicit the following:

- Caregiving for aging parents
- Relationships with adolescent or adult children
- Job demands
- Stress with partners
- Reduced time for self
- Changes in exercise, eating, socialization

5. What are important medical issues to rule out, investigate, or consider in this population, basic labs to get?

Elicit the following:

- Thyroid problems
- Diabetes
- High blood pressure
- Untreated cardiovascular risk factors such as high blood pressure or smoking
- If having hot flashes, other possible causes of these symptoms such as infection, carcinoid, or malignancies.
- Inquire whether patients are getting routine mammograms and colonoscopies and encourage them to see their primary care doctor if not.
- CBC, CMP, and TSH/FT4 are a good place to start.

6. What differentiates mood swings or mood lability from symptoms of bipolar disorder?

7. What role could alcohol use be playing in this case?

Elicit the following:

- Bipolar disorder is marked by sustained periods of increased energy lasting longer than 2 days with concomitant high or irritable mood and changes in behavior.
- Mood lability or emotionality alone does not indicate bipolar illness.
- Frequent alcohol use can disturb sleep architecture and exacerbate mood and anxiety disorders. It could also be contributing to somatic symptoms including weight gain via extra calories and unhealthy eating. There is some evidence that alcohol is not associated with worse hot flashes,



although this is equivocal across different studies. Cigarettes, which people often smoke while drinking alcohol are consistently associated with more frequent and severe hot flashes.⁵

- If someone is alcohol dependent, withdrawal symptoms can present with anxiety and irritability, as well as increased heart rate and autonomic instability.
- Alcohol use also increases the risk that people will act impulsively on suicidal thoughts.

Case Presentation Part 3: Patient Interview continued

Video 2

Script:

Doctor: So you completed the Montreal Cognitive Assessment which did not find any significant cognitive problems. You also completed the Menopause Rating Scale which reflected the problems we talked about before.

This scale also showed that you've been having more anxiety, irritability, and lower mood. Can you tell me more about those feelings?

Patient: For the last 2 months, I have felt extremely irritable and moody. I will feel better for a few hours, but then all of a sudden I'm irritable again. I find myself feeling impatient and overwhelmed, and I just want to escape from all of it. Sometimes my family looks at me with raised eyebrows, and I can tell they are surprised by my tone of voice. Weekends aren't any better than during the week, I just have so much to do and I don't want to do any of it. I think to myself, "How did I get into this mess?" I'm not enjoying anything and I'm not looking forward to things, I just want everyone to leave me alone.

Doctor: There can be a lot of stressors at this time of life. Tell me about the things you worry about, and the list of things you have to do on the weekends.

Patient: Well, my parents, for one, there is a lot to do for them. They are in their early 80s and need meals cooked now, and help getting to their doctor's appointments. My father doesn't walk well anymore, so I worry about him falling again. My brother lives near them, but he seems so stressed out with his divorce and job that I haven't asked him to do anything yet, but I'm not sure how much longer I can juggle it all. Then there's my daughter who just started college nearby and is having a lot of stress in her first semester. She wants to come home every weekend and entertain her new friends or study and get her laundry done, which is easy since she lives nearby, but it's a lot of work, hosting people or letting her vent, although I like to see her. My younger son is applying to colleges right now, so I'm helping him stay organized and reading all of his essays for his applications, and that whole process is stressful. Then at work, I've been moved to a leadership position which I like, but there's been a lot to do and we have two nurses out on

⁵ Gallicchio, L., Miller, S. R., Kiefer, J., Greene, T., Zacur, H. A., & Flaws, J. A. (2015). Risk factors for hot flashes among women undergoing the menopausal transition: baseline results from the Midlife Women's Health Study. *Menopause (New York, N.Y.)*, 22(10), 1098-107.



leave right now, so I've been trying to help fill in with the day to day work that needs to be done on the floor.

Doctor: That does sounds like a lot. How are you doing with taking time for yourself, and taking care of your other medical needs? Have you been seeing a primary care doctor?

Patient: I haven't been as good about that. I know I'm overdue for my mammogram and I should go back and make sure the levothyroxine that I started 6 months ago is at the right dose. It doesn't seem like there is any space for me-time. I was feeling better when I was going to the gym regularly, but my knee has been hurting and I haven't run in two months.

Doctor: I like that you're thinking about these things. If your hypothyroidism isn't fully treated, that could be contributing. And it sounds like exercise has been helpful for you in the past in improving mood. We know that things like obesity and smoking can be risk factors for hot flashes, so it's important to maintain our overall physical health during this time. We can get some basic blood work done today to make sure there is nothing we are missing.

Does it feel like you are coping differently with problems than you have in the past? How similar does this feel to the post-partum depression you had in your 20s?

Patient: It does feel like I'm not handling things as well. I feel guilty about that, like I'm failing everyone. I'm not as severely sleep deprived now as when I was part-partum, but the irritability feels similar.

Doctor: I understand you are sleeping about 4 hours, due to waking up early. Are you having any reduction in your sleep because you feel too wired or have too much energy? Have you had any symptoms such as increased energy with talking faster, overspending, increased interest in sex, doing more, taking any impulsive risks, feeling much more confident than usual, getting in arguments, with these states lasting for at least 2 days?

Patient: No, nothing like that. I'm exhausted all the time. If anything, I've been doing less and taking fewer risks, I feel like I want to hibernate.

Doctor: Let me pause for a moment to ask about your alcohol use to see whether that might be playing a role. You said you have been drinking 1-2 glasses of wine 4-5 nights out of the week. How long has that been the pattern for you?

Patient: Probably for the past 6 months. A glass of wine helps me relax after work, and I've been adding that to my regular routine since work has become more stressful. Before that, I think I was drinking about 1-2 drinks per week.

Doctor: Any withdrawal symptoms if you don't drink? Any shakiness or nausea? Any history of withdrawal seizures ever?

Patient: No, nothing like that.



Doctor: That's good. So it sounds like the increased alcohol use started a few months before some of these symptoms. I'm worried that it could be contributing in several ways. Longterm, alcohol can worsen depression or anxiety. It can also disturb our sleeping patterns so that the sleep we get isn't as restful. Finally, it could be contributing to some of the weight gain, though there are also other factors as well that could be contributing such as decreased exercise and perimenopause as we discussed.

Patient: Does alcohol make hot flashes worse?

Doctor: We have some studies that have looked at that but so far we don't have any consistent evidence that alcohol increases hot flashes and people are continuing to study this topic. Cigarettes do seem to make hot flashes worse, so it's good you don't smoke. However, I don't think alcohol is helping overall in your case. How hard do you think it would be to cut down for a time, while we work to improve your sleep and mood?

Patient: I don't think it would be that hard, my husband has also been trying to drink less to lose weight so we could probably do it together.

Doctor: That's a great idea. Ok, I have a few more questions, to make sure I understand what's going on, and then I'll share some more ideas to make things better. Let me summarize: For the last 2 months, you've had poor sleep, due to frequent awakenings, often with hot flashes, some weight gain, you've stopped exercising, have been feeling guilty, are not coping as well, forgetting things and feeling distracted, not enjoying things and wanting to be left alone.

Any experiences of hearing negative voices saying mean things about you? Have you been having any thoughts that you'd be better off dead? Or found yourself thinking of ways to hurt or kill yourself?

Patient: I've never heard voices, but I do have thoughts like, "what's the point of all this?" I would never not want to live, but sometimes I wonder if it would be easier if I never woke up.

Guided Case Questions

Facilitator pauses for discussion:

8. Based on what you've heard so far, what diagnoses are on your differential?

Elicit the following:

- Major depression, recurrent, moderate to severe with premenstrual exacerbation
- Adjustment disorder with perimenopausal symptoms
- Substance induced mood disorder
- Normal symptoms of perimenopause



9. What are some pharmacologic treatment options you could recommend? What published summaries are helpful for understanding the evidence for these recommendations?

Elicit the following:

- Antidepressants - typical first choices with some evidence for also treating vasomotor symptoms
 - Venlafaxine
 - Desvenlafaxine
 - Fluoxetine
 - Paroxetine
 - Citalopram
 - EscitalopramSee Joffe 2003 pre-reading.
- Hormone Therapy

10. What are the contraindications for Hormone Therapy?

Elicit the following:

- Contraindications to Oral Contraceptive/Hormone Therapy use—include:
 - a history of myocardial infarction (MI)
 - thromboembolism
 - stroke
 - breast cancer
 - serious liver disease
 - smoking cigarettes
 - being in menopause (age 55 typically a proxy).

11. Which types of psychotherapy would likely to be helpful for this patient, and which topics might she benefit from exploring?

Elicit the following:

- Boundary setting
- Interpersonal Therapy (IPT)
- Cognitive Behavioral Therapy
- Family therapy with focus on asserting and communicating needs

Case Presentation Part 4: Patient Interview

[Video 3](#)



Doctor: It sounds like there are several things going on. First, you have a lot of social stressors, like your parents' needs, your kids' needs, and the demands of your job. Then there is the perimenopausal transition, which is a time of increased risk for depression for all women as I mentioned and the vasomotor symptoms such as hot flashes, sleep disruption, aches, fatigue, irritability, lower sex drive, memory and attention problems. Also a return of depressive symptoms like you had in your 20s, which overlap with the vasomotor symptoms but include: feeling guilty, overwhelmed, not enjoying anything, not wanting to be around people, and feeling like there's no point.

I would recommend considering an antidepressant, which could treat both the lower mood and the vasomotor symptoms, such as venlafaxine, desvenlafaxine, or paroxetine. And then, depending on how well you respond to that, you could talk to an OB/GYN or primary care provider about adding hormonal therapy for any remaining symptoms.

Finally, I do think therapy could be helpful at this time. You've had trouble balancing all the demands coming your way, and therapy could help you think about whether you would be willing to ask for some help, from your brother, for instance, or find some ways to assert boundaries at work or with your family, such as time to exercise or take care of yourself.

What do you think about these ideas?