

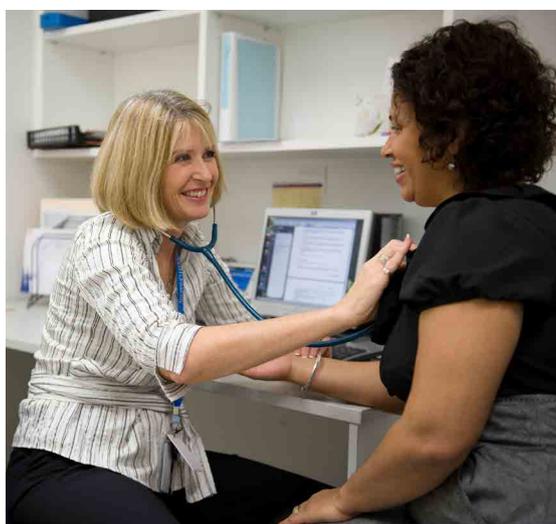
The Women's Health Research Program

Health Bulletin
July 2014

A Practitioner's Toolkit for Managing the Menopause

The leading international menopause societies and endocrine societies have developed consensus statements and reviews of hormone therapy and the menopause. These provide evidence-based information and are essential reference documents but they are not designed to be used in patient consultations. Therefore we felt there was a need to develop a simple assessment and decision-making tool for use by primary health care practitioners and other doctors evaluating women at menopause. Our intention was to start at the point a woman aged 40 years or more walked in the door.

We reviewed all the major published consensus statements and the published research and distilled the information into a series of flow charts to aid the assessment and



management of women at menopause. These flow charts work through the reasons why a woman might present, how to decide if she is menopausal, benefits and potential risks of hormone therapy, hormonal and non hormonal treatment options and then how to

treat. The included therapies are comprehensive to ensure that the toolkit is useful globally. The toolkit has now been endorsed by the International Menopause Society, the Australasian Menopause Society and the Jean Hailes Foundation. It was published on line by the journal Climacteric this month and the journal has generously made it freely available to doctors across the world. The flow charts are also available to be downloaded on our website:

www.med.monash.edu/sphpm/womenshealth/info-4-health-practitioners/toolkit-management-of-the-menopause.html

We hope that this toolkit will enable women to access evidence-based quality menopausal care.

Research progress

Mr Rakib Islam, a PhD student within the Women's Health Research Program has returned to Australia after nearly 6 months of data collection in Bangladesh. The aim of his research is to understand women's knowledge of breast and cervical cancer and the

barriers to the uptake of screening for these conditions. Additional aims are to document how commonly women are affected by urinary and fecal incontinence, menopausal symptoms and sexual concerns.

During his time in Bangladesh Rakib

successfully completed comprehensive health surveys of 1590 women, aged 30 to 59 years, randomly recruited across the 7 major population Divisions in Bangladesh, including urban and remote rural regions.

He used a structured questionnaire, ▶



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developed in English and translated into Bengali to collect information about socio-demographic and household characteristics, knowledge of breast and cervical cancer and screening for these conditions as well as screening uptake (ever having been screened and if not why not), menopausal symptoms, urinary and fecal incontinence, and sexual function. The questionnaire was administered by 4 female research assistants who travelled with Rakib across Bangladesh.

This has not been a simple undertaking. An example of the kind of challenges in undertaking this important research was that many of the women were unable to provide

their age, so their age had to be estimated by a series of questions. The time of onset of menstruation was used as a starting point. Taking 13 years as the average, women were then asked about the onset of menstruation in relation to the year of their marriage, birth of their first child and the current age of their first child. For instance, if a woman married two years after her first period, gave birth to her first child 1 year later and the current age of the first child is 22 years, then the researchers added all years (13 years for age of first period plus 2 years to marriage plus 1 year to first childbirth plus 22 years that child's age) to estimate the age of the woman (38

years). Women also lacked basic health literacy, so often the researchers needed to show women pictures of a breast and a cervix in order to ask about breast and cervical cancer. Clearly these interviews also required privacy, and that too was often a challenge.

Rakib and his team had to deal with precarious transport, particularly in remote areas, and this was made even more unreliable by political unrest during their data collection period.

Rakib is now preparing to analyse his research findings.

Get involved in Research

Does anti-androgen therapy impair cognitive function in women with polycystic ovarian syndrome?

There is evidence that testosterone is important for normal brain function in women. If this is the case then blocking testosterone action might impair normal brain function. Women with a condition called polycystic ovarian syndrome (PCOS) tend to have elevated testosterone levels and are commonly treated with a medication (spironolactone) to lower their testosterone and block testosterone action.

The aim of this study is to determine whether spironolactone treatment of women with PCOS results in any change on the brain function assessed by sensitive tests of verbal and spatial learning and memory. The findings will not only inform us about the safety of this treatment in women with PCOS but also add to our understanding of the role of testosterone in brain function in women.

Our approach: PCOS is the most common hormonal disorder in women, affecting around 15% of women of reproductive age. Affected women commonly experience excessive facial and body hair and acne. The standard treatment for this is "anti-androgen" therapy (spironolactone) which blocks testosterone production and action.

We will recruit to this study 2 groups of women with PCOS:

Group 1 will be 25 premenopausal women with PCOS who have been taking the anti-androgen, spironolactone, 100mg daily for at least 3 months. Group 2 will be 25 premenopausal women with PCOS who are to commence spironolactone 100mg daily for excess hair growth/ acne. We will exclude women taking other medications that might confound the study outcome.

We will assess learning and memory using a highly sensitive computer based testing system called CogState that was developed in Australia to assess the cognitive function of healthy people. We have used this in several published studies.

The CogState battery assesses a range of brain functions including word learning and memory, visual attention, psychomotor function, visual learning and executive brain function. The primary study outcome will be the change in the word learning and memory score in group 2, compared to group 1, over 12 weeks. Other outcomes will be the change in the other CogState task score and in testosterone levels.

Anti-androgen therapy is used extensively in women with PCOS. We suspect that this therapy adversely affects verbal learning and memory – to date this has not been studied. This study will enable us to test our hypothesis. If we find that use of the anti-androgen impairs learning and memory, this study will provide information about the size of the effect for us to design a larger double blind, placebo-controlled randomised controlled trial to investigate this further.

If you are interested in receiving more information regarding this study please contact the Women's Health Research Program.

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