

12 MANAGEMENT OF MENOPAUSE

Date Issued: June 2007
Date Revised: October 2010
Review Date: October 2013
Authorised by: OGCCU
Review Team: OGCCU

12.3 Management of Menopausal Symptoms after Breast Cancer
Section C
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

12.3 MANAGEMENT OF MENOPAUSAL SYMPTOMS AFTER BREAST CANCER

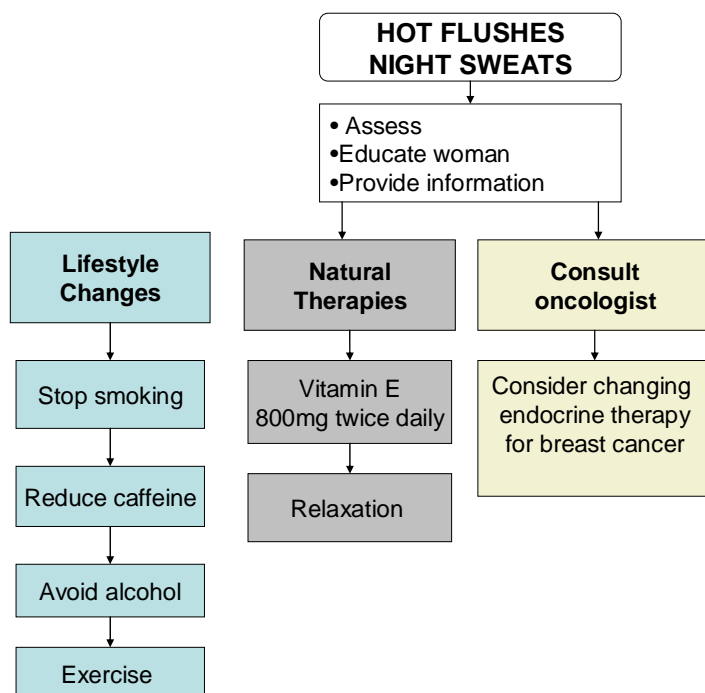
HOT FLUSHES

The pathophysiology of hot flushes is poorly understood but may be linked to the instability of the hypothalamic thermoregulatory centre induced by oestrogen withdrawal. Low circulating levels of oestrogen are not directly related to hot flushes but oestrogen may control thermoregulation via serotonin receptors.

LIFESTYLE CHANGES

Note: These are not evidence-based but are unlikely to do harm and may be effective.

- Wearing natural fibres
- Dress in layers
- Reduce alcohol and caffeine
- Stop smoking
- Encourage exercise
- Avoid hot spicy food
- Weight within [normal BMI](#)



VAGINAL DRYNESS

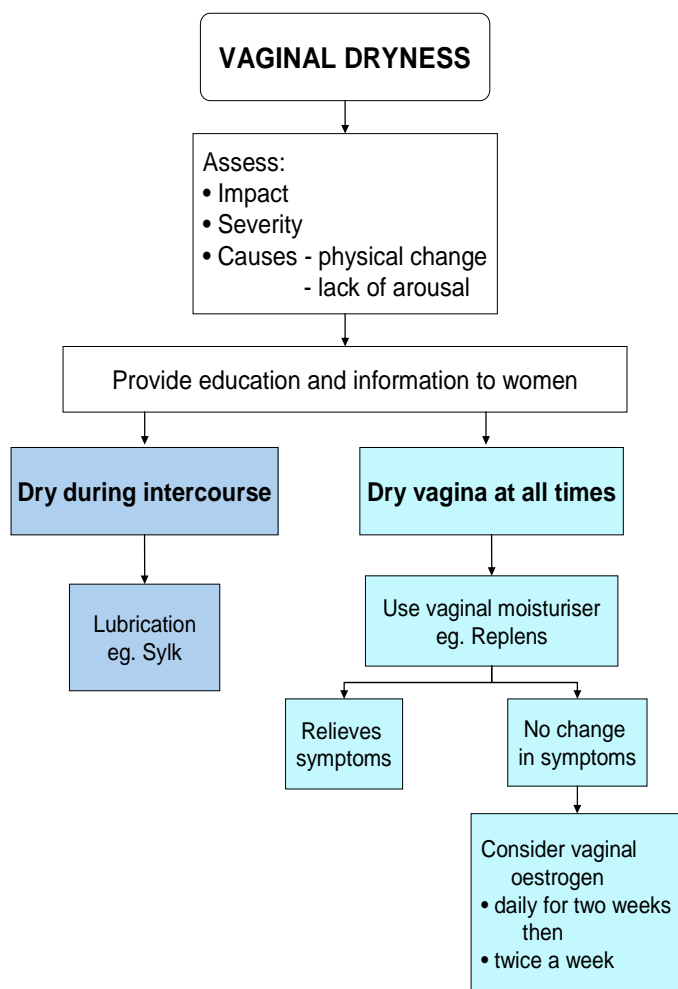
TOPICAL OESTROGEN

Evidence suggests that topical oestrogen effectively alleviates vagina dryness and reduces dyspareunia. As topical oestrogen does not appear to stimulate the endometrium, additional progestogens are not required.

Although short term use of topical oestrogen has not been shown to be associated with increased risk of breast cancer recurrence, recent data suggests that for women on aromatase inhibitors serum oestradiol rises. This effect reverses the oestrogen suppression achieved by aromatase inhibitors and may partially negate the benefit of aromatase inhibitors¹.

RECOMMENDATIONS FOR PRACTICE

Topical oestrogens can also be used following breast cancer however women using aromatase inhibitors should be advised that they may impact on the efficacy of their endocrine therapy¹.



VAGINAL MOISTURISERS

Vaginal moisturisers are developed to provide relief from the symptoms of vaginal atrophy such as dryness, itching and irritation and dyspareunia. Vaginal moisturisers can be hormone free or contain oestrogen.

Replens[®] is a long-lasting, hormone free vaginal moisturiser that is applied internally three times a week. It is available at pharmacies, without prescription, in packs of three or twelve. Vaginal moisturisers may also help for those women who do not wish to use any hormone-based treatments.

VAGINAL LUBRICANTS

Vaginal lubricants are designed for use during sexual intercourse. Examples of these include Sylk[®], Astroglide[®].

SEXUAL DYSFUNCTION

Sexual dysfunction is commonly associated with menopause and breast cancer.

After menopause, vaginal dryness, lack of arousal, dyspareunia and difficulty with orgasm are common. Women who have had treatment for breast cancer may have body image problems, health concerns and fatigue. These factors and others can affect libido and sexual satisfaction.

As part of the routine assessment obtain:

- Sexual history and any relevant issues
- all potential physical, psychological and social factors.

NON MEDICAL INTERVENTIONS

- More time for oral/manual stimulation
- Increased communication between partners
- Sensual massage/warm bath
- Change of sexual routine

RECOMMENDATIONS FOR PRACTICE

Consider referral to psychological medicine services, such as, State Breast Psychology Service or a Sex/Marriage Counsellor for further intervention.

Note: The use of testosterone/Viagra for sexual dysfunction is not supported by the evidence therefore in NOT recommended.

BONE LOSS

Obtain a baseline bone mineral density (BMD) for women on an aromatase inhibitor.

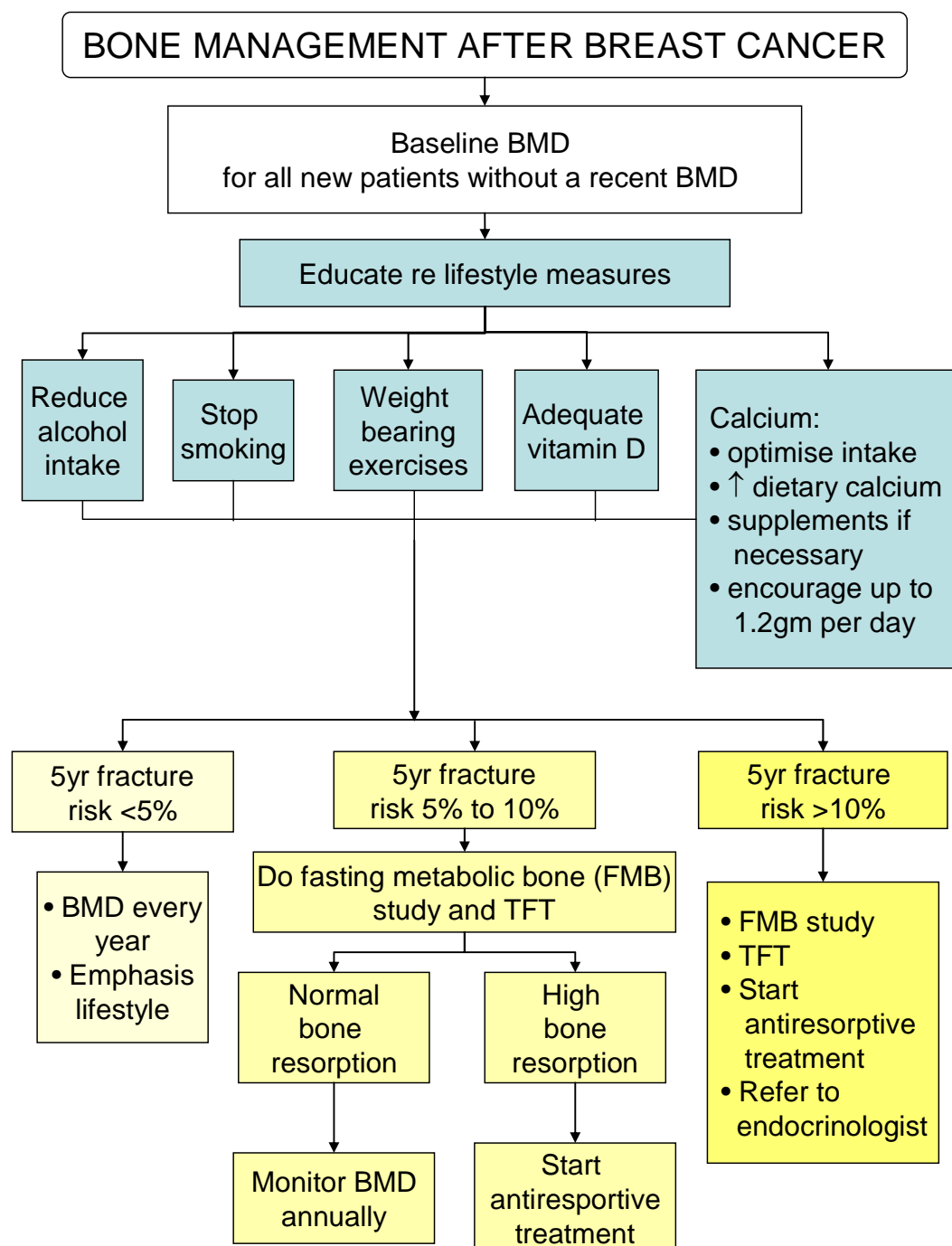
RECOMMENDATIONS FOR PRACTICE

Consider bone densitometry in women:

- over 40 years of age
- with a personal or family history of osteoporosis
- with other risk factors for osteoporosis, such as, low BMI, smokers, malabsorption syndromes, corticosteroids, aromatase inhibitors.

Provide the woman with information regarding:

- calcium intake
 - recommended daily intake of 1,000mg / day
 - may require supplements if unable to have adequate oral intake of calcium
- adequate Vitamin D
 - ensure adequate sunlight
 - may require supplement
- weight bearing exercises
 - regular walking
 - resistance weights
- avoid exposure to bone toxins, such as, smoking and excessive alcohol.



REFERENCE

1. Kendall A, Dowsett M, Fothergill E, et al. Caution: Vaginal estradiol appears to be contraindicated in postmenopausal women on adjuvant aromatase inhibitors. **European Society for Medical Oncology.** 2006;17:584- 607.