MANAGEMENT OF MENOPAUSAL SYMPTOMS AFTER BREAST CANCER

Keywords: Menopause symptoms, hot flushes, bone loss, menopause after cancer.

AIM

- To guide menopausal symptom management after breast cancer, including hot flushes, vaginal dryness, sexual dysfunction and bone loss.

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

### HOT FLUSHES

- Assess
- Educate woman
- Provide information

### NIGHT SWEATS

- Consult oncologist
  - Consider changing endocrine therapy for breast cancer
- Vitamin E 800mg twice daily
  - Relaxation
- Lifestyle Changes
  - Stop smoking
  - Reduce caffeine
  - Avoid alcohol
  - Exercise
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 inhibitors 1.

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 therapy 1.

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 ©.

VAGINAL DRYNESS

Assess:
• Impact
• Severity
• Causes - physical change
  - lack of arousal

Provide education and information to women

Dry during intercourse
Use vaginal moisturiser eg. Replens
Relieves symptoms
Consider vaginal oestrogen
  • daily for two weeks
  then
  • twice a week

Dry vagina at all times
Use vaginal moisturiser eg. Replens
No change in symptoms

Vaginal DRYNESS
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.
BONE MANAGEMENT AFTER BREAST CANCER

Baseline BMD for all new patients without a recent BMD

Educate re lifestyle measures

- Reduce alcohol intake
- Stop smoking
- Weight bearing exercises
- Adequate vitamin D

- Calcium:
  - optimise intake
  - ↑ dietary calcium
  - supplements if necessary
  - encourage up to 1.2gm per day

5yr fracture risk <5%
- BMD every year
- Emphasis lifestyle

5yr fracture risk 5% to 10%
- Do fasting metabolic bone (FMB) study and TFT
- Normal bone resorption
  - Monitor BMD annually
- High bone resorption
  - Start antiresorptive treatment

5yr fracture risk >10%
- FMB study
- TFT
- Start antiresorptive treatment
- Refer to endocrinologist

Management of Menopausal Symptoms after Breast Cancer
Clinical Guideline Gynaecology
King Edward Memorial Hospital
Perth Western Australia

DPMS Ref: 8572
All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual
REFERENCES (STANDARDS)


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<td>KEMH Clinical Guidelines Section <a href="#">Management of Menopause</a></td>
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RESPONSIBILITY

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