

Navigating Mental Health During the Menopausal Transition:

A Conversation Guide



This guide is designed to help you **engage in conversations about the menopausal transition** with patients like Michelle, a 45-year-old woman who has come in for her annual physical examination. She is a new patient who was referred to you by her friend. Overall, she is in good health. Michelle works full time, is married to her college sweetheart, has two aging parents she helps care for, and has two teenaged children. When asked about her periods, she mentions she is still having them but has noticed that they are getting further apart. She also notes that she has been feeling “moodier than usual.”

► Introduction

The stages of menopause—perimenopause, menopause, and postmenopause—can be particularly vulnerable times for women to develop depressive symptoms or experience major depressive episodes (MDE).¹ Women who have a history of depression, especially a history of MDE, have an increased risk of depressive symptoms during the menopausal transition.² Other factors that increase women’s risk of depressive symptoms include the following^{1,3,4}:

- Demographics (eg, minority status, low socioeconomic status)
- Sleep problems
- Health issues (eg, history of premenstrual dysphoric disorder, smoking, chronic medical conditions, physical limitations)
- Psychosocial factors (eg, stressful life events, aging parents, change in marital status, low social support)
- Hormonal changes

Additionally, menopausal symptoms, such as vasomotor symptoms (hot flashes and night sweats) or changes in sleep, energy levels, cognition, and sexual function or desire, can overlap and compound depressive symptoms, making diagnosis more difficult.¹ The accurate diagnosis and management of depressive

symptoms require consideration of the menopausal stage, psychosocial factors, and medical and psychiatric history, as well as the use of validated screening tools to assess depressive symptoms.¹ Because of the changes occurring during the menopausal transition and the complexity of mental health, using patient-centered communication about menopause is critical, especially when discussing mental health concerns during menopause.

► Explain Mood Changes During Menopause

Michelle thinks her increased moodiness is because of stress at work and home. She explains that she does not track her periods, but she thinks they are becoming irregular.

“I don’t know what’s happening to me. I mean, things are busy and stressful at work and home, but no more than normal.”

STRATEGIES TO TRY

Explain to Michelle that she is likely experiencing perimenopause. Provide more information for her about the signs and symptoms of perimenopause and the average age when they begin.

“Some women begin to notice signs of menopause **years** before their final menstrual period. For many, the first or only signs they notice are changes in their menstrual periods, such as their periods getting further apart or becoming much heavier or lighter than usual. Other early signs of menopause include hot flashes, mood swings, sleep disturbances, and vaginal dryness.⁵ These signs mark the beginning of perimenopause, which is a transitional stage before menopause. For most women, it lasts 4 to 8 years, but some women notice signs up to a decade before the onset of menopause.”

Explain that perimenopause is a vulnerable time for women to experience depression.

“It’s common for women to come in with new concerns of mood changes or depressive symptoms during perimenopause, especially women with a history of depression, premenstrual syndrome, or postpartum depression.^{1,6} Many changes are happening inside the body that we may not recognize immediately. Many life changes are also happening, like helping aging parents or caring for growing children. The menopausal transition can feel like a lot.”

“Some signs of menopause, including hot flashes and changes in sleep, energy levels, and sexual function or desire, can overlap or be confused with depressive symptoms.¹ We will work together to determine whether your mood changes are due to menopause or something else; then, we can find a solution that works best for you.”

► Screen for Depression

You administer the Patient Health Questionnaire (PHQ)-2; the results show that Michelle has been feeling down and has had little interest in doing things more than one-half of the days over the last 2 weeks.⁷

“I’ve been feeling down lately for no reason. I just don’t like doing anything right now.”

STRATEGIES TO TRY

For patients whose PHQ-2 score is 3 or greater, like Michelle, explore more with the PHQ-9, a reliable, validated tool that can be used to diagnose depression during the menopausal transition.^{1,8}

Racial/Ethnic Differences in Depression and Vasomotor Symptoms

Race alone is not a risk factor for perimenopausal depression or vasomotor symptoms. However, structural racism in the United States exacerbates issues including financial strain, poorer physical health, smoking, anxiety, and stress, which contribute to the earlier onset of perimenopause and worsen menopausal symptoms.⁹ For example, women report experiencing vasomotor symptoms (in median years) for the following durations¹⁰:

- **Japanese women:** 4.8 years
- **Chinese women:** 5.4 years
- **White (non-Hispanic) women:** 6.5 years
- **Hispanic women:** 8.9 years
- **African American women:** 10 years

► Ask About Other Menopausal Symptoms

Michelle is mentioning these concerns today, so it’s likely that the symptoms of menopause are already negatively affecting her life.

“The symptoms of menopause are real and can be quite bothersome. Have you been experiencing other issues like night sweats, hot flashes, or trouble sleeping?”

“I’m having a hard time sleeping and wake up a sweaty mess most nights.”

On a scale of 0 (no symptoms) to 4 (very severe), you walk through the Menopause Rating Scale (MRS) with Michelle. This validated scale assesses the presence and severity of symptoms during the patient’s menopausal transition.¹¹ It provides valuable insight as to what symptoms Michelle is experiencing and what is most bothersome to her.

Michelle’s Results: 11 Common Symptoms of Menopause Included in the MRS

Hot flushes, sweating	Moderate (2)
Heart discomfort	None (0)
Sleep problems	Severe (3)
Depressive mood	Severe (3)
Irritability	Mild (1)
Anxiety	Mild (1)
Physical and mental exhaustion	Severe (3)
Sexual problems	Mild (1)
Bladder problems	None (0)
Vaginal dryness	Mild (1)
Joint and muscular discomfort	None (0)

► Review Treatment Options

“What symptoms are bothering you most?”

“I’m tired every day. Sometimes it’s hard to do my job and drive my kids to their activities. I’m also worried about feeling depressed because I’ve never been depressed before. Is there anything I can do, or is this just part of menopause that I need to deal with?”

STRATEGIES TO TRY

Explain that treatment options are available.

“Fortunately, we have treatment options to help women manage their depressed mood and other menopausal symptoms, like hot flashes, night sweats, and sleep issues. Treating your night sweats can also help improve your sleep and subsequently your mood.¹ Some treatment options include antidepressants, psychotherapy, and hormone therapy.”

Explain nonhormonal options to consider.

“We can explore nonhormonal treatment options like antidepressants or special forms of therapy. Some antidepressants can work ‘double duty’ and help with mood and hot flashes, night sweats, sleep issues, anxiety, or pain. Other nonhormonal treatments help with vasomotor symptoms and sleep disturbances, which subsequently improves mood.”

Antidepressants and proven psychotherapies like cognitive-behavioral therapy, interpersonal therapy, and mindfulness-based cognitive therapy are the primary treatment recommendations for MDE and recurrent depressive episodes in both peri- and postmenopausal women.^{1,12} Treatments like selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) for major depressive disorder in peri- and postmenopausal women can also help address issues related to vasomotor symptoms, sleep, anxiety, and pain.¹ Other nonhormonal treatments that can improve vasomotor symptoms and sleep disturbances include low-dose paroxetine, gabapentin, and pregabalin.¹³

Explain the evidence of estrogen therapy.

“In your situation, estrogen therapy may also be a good option as it can help relieve your hot flashes, night sweats, sleep disturbances, and depressive symptoms during the perimenopausal stage.^{1,12} Hormonal contraceptives are often recommended for women approaching menopause because they help regulate hormonal fluctuations and thereby may help improve mood and depressive symptoms.¹ Pregnancy is also still possible because you are having periods, so that may be another reason to consider that option.”

“We screen all women before starting any hormonal medication because it is not appropriate for everybody.”

Women may need to avoid estrogen therapy if they have heart or liver disease, some types of cancer, blood clotting disease, or unexplained vaginal bleeding.¹⁴

Some side effects of hormone therapy include bloating, breast tenderness or enlargement, mood changes, headaches, and nausea.¹⁵ These should be discussed with patients so they can make an informed decision.

KEEP IN MIND...

Treatment considerations for perimenopausal women include^{1,12,13}:

- Consider prescribing a previously effective antidepressant for women with a history of depression who present with depression during perimenopause
- Focus on the symptoms that the patient wants to address
- Note that:
 - Estrogen is not FDA approved for the treatment of mood disturbances
 - SSRIs (with the exception of paroxetine mesylate), SNRIs, gabapentin, and pregabalin are not FDA approved for the treatment of vasomotor symptoms

Considerations for hormone treatment for depression in postmenopausal women include^{1,12}:

- Although hormone treatment may improve depressive symptoms in perimenopausal women, it is not effective in treating depressive symptoms in postmenopausal women; therefore, it is not recommended for this purpose
- Hormone treatment may be considered to manage vasomotor symptoms, such as hot flashes, night sweats, and subsequent sleep disturbances; addressing these symptoms may also improve mood and mild depression
- If hormone therapy is used, it must be initiated in women who are younger than 60 years or within 10 years of menopause; once hormone therapy is started, however, there is no recommended stop date if the benefits outweigh the risks, even in women older than 60 years
- Postmenopausal women who are receiving hormone therapy and experience improvement in their vasomotor symptoms and sleep, but not in their mood, may consider antidepressants and/or psychotherapy; estrogen therapy may enhance the response to antidepressants in midlife and older women

► Resources for Patients

- The North American Menopause Society provides online resources for women and contact information for healthcare providers specializing in menopause (<https://www.menopause.org>)
- Social-media based education for patients:
 - Dispelling Myths and Misperceptions Surrounding Menopause and Mental Health Concerns (<https://www.facebook.com/MedIQCME/videos/6250539748310728>)
 - Individualized Impact of Menopause and Its Symptoms on Quality of Life and Mental Health: Not All Women Are the Same (<https://www.facebook.com/MedIQCME/videos/724083619300469>)
 - Women in Menopause Transition With Depressive Symptoms: Help and Treatments Are Available (<https://www.facebook.com/MedIQCME/videos/717185963259988>)
 - Engaging Your Provider in Menopause and Mental Health Discussions (<https://www.facebook.com/MedIQCME/videos/1230970511166355>)

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