

Welcome to Project ECHO Population Health Network: Reproductive Health Series

Series 2: Session 4

“Women’s health in the midlife: Moods and hormones”



Supporting general practice, commissioning health services into gaps and driving service integration.

phn
WESTERN VICTORIA
An Australian Government Initiative

Acknowledgement of Countries



I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation. We support self determination for First Nations Peoples and organisations.



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?



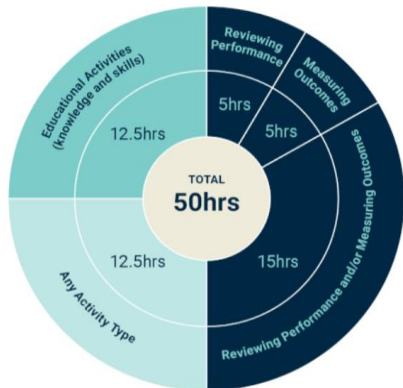
Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in "chat"
- Use chat to ask questions
- Please remain on 'mute' except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

Minimum requirements



WVPHN Your CPD Centre

ECHO is a Peer Group Learning Activity
 EA- Passive activity
 RP- Interactive activity
 MO- QI activity supported by ECHO

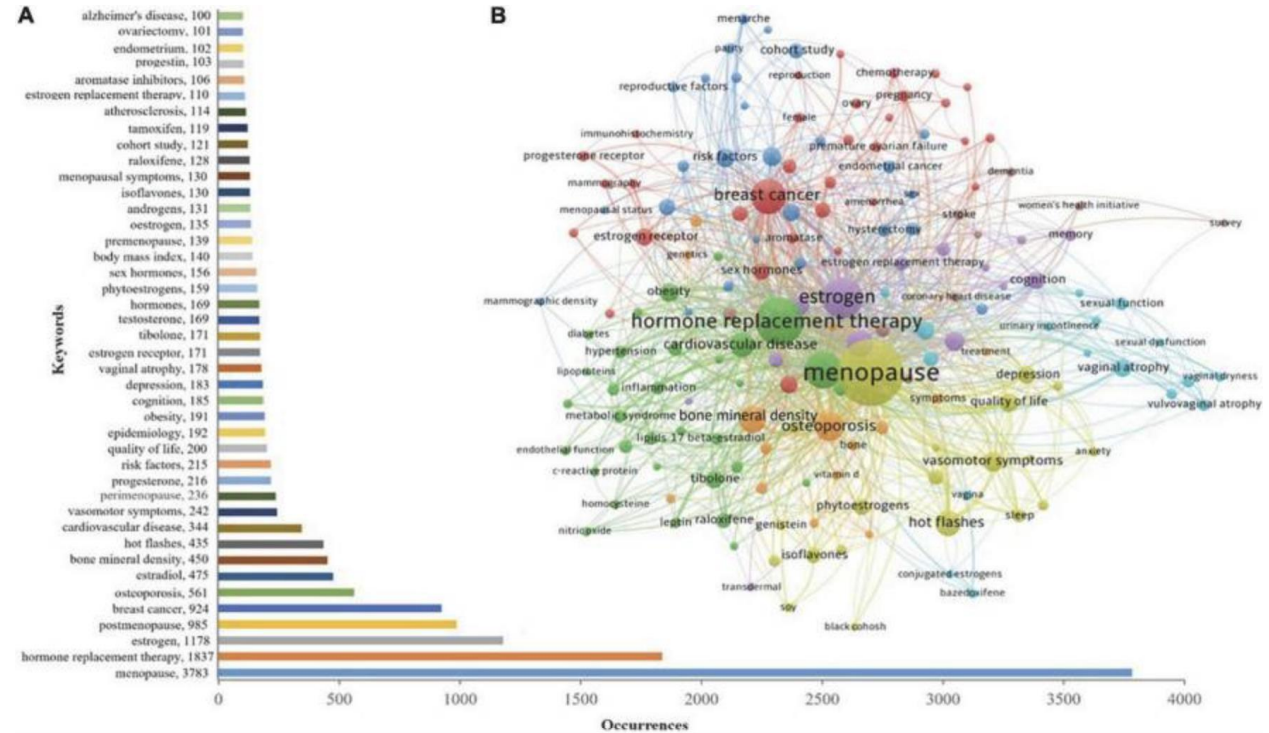


An Australian Government initiative

Learning outcomes

Session 4 Learning outcomes

- Recognise common symptoms such as brain fog, anxiety and depression that affect many women during the menopause transition
- Understand that mental health and cognitive symptoms may be present without vasomotor symptoms during the menopause transition
- Understand the impacts of hormones on the brain during the menopause transition
- Participate in a community of practice and peer learning



Don't forget to fill out our session evaluation at the end of the session.



Agenda– Reproductive Health Series 2: Session 4

“Women’s health in the midlife: Moods and hormones”

Facilitator: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

Jemma Missbach, Acting Senior Manager Regional Partnerships and Public Health, Grampians

- COVID-19 Update

Presenter: Dr Anne Stephenson, GP, Surfcoast Medical Centre

- Moods and Hormones

Case Discussion: Dr Catherine Condon, GP, Point Lonsdale Medical Group

Panel for discussion:

Dr Kate Graham, Clinical Editor HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network






COVID-19 Vaccine Update

On 20 November 2023, the Australian Technical Advisory Group on Immunisation (ATAGI) recommended the following XBB.1.5 COVID-19 vaccines to be included in the COVID-19 Vaccination program:

- **Moderna (XBB.1.5) 12 Years + (PFS) vaccine**
- **Pfizer (XBB.1.5) 12 years + (Grey) vaccine**
- **Pfizer (XBB.1.5) 5 -11 years (Light Blue) vaccine**

Omicron XBB.1.5 vaccines

<p>Pfizer (COMIRNATY) Omicron XBB.1.5</p> <p>10 mcg/0.3 mL suspension for injection single-dose vial</p> 	<p>Pfizer (COMIRNATY) Omicron XBB.1.5</p> <p>30 mcg/0.3 mL suspension for injection multi-dose vial</p> 	<p>Moderna (SPIKEVAX) Omicron XBB.1.5</p> <p>50 mcg/0.5 mL suspension for injection pre-filled syringe</p> 
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COVID-19 Vaccine update

ALL vaccinating clinics will be onboarded via 2 tranches, ALL clinics would have received notification of their tranche allocation

- Tranche 1 – commence vaccinating 11th Dec (or before if vaccines received earlier). Sites will need to order **before midnight 24th November 2023**
- Tranche 2- commence vaccinating 18th Dec (or before if vaccines received earlier). Sites will need to order **before midnight 1st December 2023**

Your clinic will have received updated information regarding these vaccines, including the provider bulletin on Monday.

- All currently available COVID-19 vaccines are anticipated to provide benefit to eligible people, however the **monovalent Omicron XBB.1.5 vaccines are preferred.**
- For those who have had the recommended 2023 dose/s of COVID-19 vaccine, ATAGI is **not** recommending further doses or re-vaccination with an XBB.1.5 vaccine at this time.
- **Please consider COVID-19 vaccinations as part of your usual care to residents in RACFs**

When Menopause Messes with Mood

Dr Anne Stephenson

Recent media has increased attention

Imogen Crump just normalised perimenopausal hot flushes on



When Imogen Crump, editor of University of Melbourne's Pursuit and Research news website, made her way to the *ABC News Breakfast* studio on Wednesday, she didn't expect to experience [severe perimenopausal hot flushes](#) live on air.

Perimenopause should be GPs' 'bread and butter' but more training needed, say women's health experts

Jo Caminiti spent years in pain and being so tired she could barely walk as doctors failed to link her symptoms to perimenopause. She says a simple treatment "transformed" her life overnight.

Wed at 7:54am / ABC NEWS ⌚ 4m read



Presentations

- Plummeting self esteem
- Paranoid ideation
- Aggressive rage
- Disconnection
- No libido
- Irritable/agitated
- Weight gain
- Poor sleep
- Memory issues
- Anxiety

Is the mood disorder due to hormones?

- Has/had premenstrual dysphoric disorder
- Post Natal Depression
- Hormones have affect mood in the past
- Often is in perimenopause rather than menopause
- Still having periods

Meno-D questionnaire

MENO- D

A rating scale to detect depression in menopause

Professor Jayashri KULKARNI
Monash Alfred Psychiatry
research centre Melbourne



Subject's name or code: Date:

The Meno- D can be completed as a self-report scale or completed by a clinician. The general reference point for each item is the individual's pre-menopausal level or state.

A – LOW ENERGY

Over the last 2 weeks have you noticed reduced energy levels.

Prompt questions: Did you feel more tired after activity than normal? Did your activity decrease because you were tired? Did you feel tired most of the time despite decreasing your activity? Did you continually feel tired so that even small tasks like brushing your hair felt draining?

0	No change in energy, feel active all day
1	More tired after activity than previously
2	Decreased activity because of tiredness
3	Feel tired most of the time despite resting, decreased activity
4	Continually feeling exhausted, even small tasks such as brushing hair feel draining "Bone weary, mind weary"

B – PARANOID THINKING

Over the last 2 weeks have you experienced increased paranoid thinking?

Prompt questions: Have you been feeling guilty? Have you been worried that others think badly of you? Have you been suspicious that others think badly of you? Have you been convinced that others have a low opinion of you or are trying to replace you?

0	No paranoid thinking
1	Increasing worry that others think badly of you
2	Suspicious that people at work or home think badly of you
3	Convinced that others have a low opinion of you and are trying to replace you

C – IRRITABILITY

Over the last 2 weeks have you felt more irritable?

Prompt questions: Have you felt more irritable than usual? Have you snapped at anyone or been short with anyone over small incidents? Have you felt real rage and had major outbursts about minor incidents?

0	No irritability
1	Mild irritability
2	Increased irritable response to minor incidents
3	Anger expressed by "snapping", verbal outbursts over minor incidents
4	Rage, major verbal outbursts over minor incidents

D – SELF ESTEEM

Over the last 2 weeks has your self-esteem been lowered.

Prompt questions: Have you felt worse about yourself than usual? Have you felt really bad about yourself? Have you felt worthless and made negative comments about yourself? Have you believed that the world would be better off without you? Have you harmed yourself in any way? Have you experienced suicidal thoughts? Have you attempted suicide?

0	Good self-esteem or no change in self- esteem
1	Slight decrease in self-esteem
2	Poor self-esteem with no reality base
3	Very poor self-esteem in all life domains, with marked self-denigratory comments
4	No self-worth at all to the point of believing that the world would be better off without you. (NB – this rating must then lead to further questions about suicide planning, actions and deliberate self-harm)

Consult & communicate – it can be overwhelming!

- Normalise
 - “Many women feel like this at this time”
 - (or “No, you are not going crazy!”)
- Pick up on the emotional cues
 - “Sounds like a really overwhelming time for you”
- Validate
- Active listening



Management

Hormonal treatments

- Start with OCP (norgestrel and estradiol) in early perimenopause
- Tibolone can be used for cycling women > warn about BTB
- E2 patch with progestin (prometrium is best if they can afford it)
- SERMs raloxifene and bazedoxifene

Antidepressants

- May need anti-depressant + hormones, but try hormones first.
- Anxiety, depression, sleep, hot flushes
- SSRIs
- Fluoxetine side-effects:
 - Agitation , anorgasmia, emotional numbing, weight gain.
- SRNI > warn about discontinuity anxiety.
- Can use on/off agomelatine and vortioxetine > both are expensive.
 - Helpful for sleep and less issues with sexual dysfunction.

Mood and menopause - take home messages

- Recognise the condition – normalise and validate.
- Don't be afraid to try hormones.
- Do a physical health overview – lifestyle is important.
- Discuss the need to say NO.
- Exercise is crucial.
- Discuss wine consumption (many women are drinking too much).
- Don't be afraid to discuss natural medicines.

Case Study: 61 yo Female recently moved to the area

Ax & Rx started but incomplete symptom control – difficulty for specialist also.

Emotional time re divorce, new partner, moving town, insomnia, lethargy, tearfulness, depression, chronic suicidal thoughts but no active plans – motivated and optimistic/cheerful at times, insight seems good.

PHx
<ul style="list-style-type: none">• Hysterectomy• 10 years Major depression with prominent anxiety features – 2 inpatient admissions to private clinic – good interval recovery

Meds:
<ul style="list-style-type: none">• Gabapentin -100mg mane and nocte – 200mg midday• Sandrena gel 1mg/g 1 application• Oestradiol implant• Sertraline 200mg

Social and Family History:
<ul style="list-style-type: none">• SHx 5 years ago amicable divorce after 20+ years of marriage, adult children supportive• New partner long term both moved to new area from their small town for a “new life” 5 y ago. <p>FHx – Breast CA – mother,</p>

Screening:
<ul style="list-style-type: none">• Mammograms• Lipids, HbA1c, BP• DEXA – Osteopaenia, dietary CA low

Assessment:

1. Perimenopause and depression management to date, onset 10 years ago

- Diagnosed with major depression and prominent anxiety features, 2 inpatient stay since 2015, treated with Sertraline 200mg – increased or Seroquel added during exacerbations. Trial of Fluoxetine in past
- 2. Menopause management (by endocrinologist)- Presented to her with breast fullness, anxiety, highly emotional, severe sweats, insomnia, lethargy.
- Initially on oestradiol patches 150mcg – severe symptoms so changed to oestradiol implant.
- Persistent symptoms – added oestradiol patch as too early for another implant. 2019 – Oestradiol implant re-inserted as sweats returning.
- 2020 – pelvic US – corpus luteum consistent with ovulation - Changed to local Endocrinologist – currently on Sandrena gel 1mg/g daily

Questions for the group

- We are currently wondering about the role of menopause on her psychiatric symptoms, despite poor response to standard treatments.
- Corpus Luteum on USS- ?has she been ovulating. 58yo at this stage
- What would you consider next?

HealthPathways

PROJECT ECHO Women's Health

WHAT IS HEALTHPATHWAYS?

A web-based information portal providing locally agreed, evidence-based clinical guidelines and referral pathways designed to support primary health care providers, in particular General Practitioners, in the assessment, management and referral of patients.

Provides information on:

- How to assess and manage a range of conditions
- How to refer patients to local specialists and services in the timeliest manner
- Reference materials
- Educational resources
- Patient resources

A dynamic website with new pathways constantly under development and existing pathways regularly reviewed by local GPs and specialists to ensure they remain aligned with best practice, relevant to the local context.

CLINICAL

[Menopause](#)

[Urinary Incontinence in Women](#)

[Pelvic Organ Prolapse](#)

[Persistent Pelvic Pain](#)

Referral

[Continence Specialist Services](#)

[Non-acute Gynaecology Assessment \(> 24 hours\)](#)

[Acute Gynaecology Assessment \(Same day\)](#)

CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.

Western Victoria PHN – Needs Assessment



We are listening!



- Western Victoria PHN want to understand the needs of the communities that we serve. The 2024 Needs Assessment consultation process is underway.
- Please follow the link and tell us what health issues are most important to you and your community.
- <https://www.meetingplacewestvicphn.au/needs-assessment>

Celebrate the end of the year with Western Victorian Primary Health Network

Western Victoria Primary Health Network invites primary care professionals in our region to attend a professional networking social evening.

Please join us for a relaxed night of socialising, networking and connecting with colleagues in your region. Bring your team along for an opportunity to mix with your fellow GPs, primary care professionals, and health services representatives. Finger food served.



Hamilton – Tuesday 28th
November 6.00pm – 8.00pm

*Hamilton Golf Club, 170 Rippon Road,
Hamilton*

Geelong – Wednesday 29th
November 6.00pm – 8.00pm

Co Sponsored by Lake Imaging
*The Myers Bar at Centra, 131 Yarra
Street, Geelong*

Scan QR code to register now

For Ballarat and Horsham events please RSVP by **31 October 2023**.
For Portland, Warrnambool, Hamilton and Geelong events please RSVP by **6 November 2023**.



- There is still time to register and come along and celebrate the end of the year with Western Victoria Primary Health Network
- Please join us for a relaxed night of socialising, networking and connecting with colleagues in your region.
- Bring your whole team and make the most of this opportunity to mix with your fellow GPs, primary care professionals, and health services representatives.

Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat

Upcoming Sessions

- Weekly from **2 November** until **30 November**



If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email projectechocovid19@westvicphn.com.au
- Use the comment box in the evaluation form



Would your general practice like the support of a paediatrician?

Strengthening Care for Rural Children trial (SC4RC) Commencing 2024

- Fortnightly access to a paediatrician via video telehealth for 11 months
- Phone and email support
- Specialised Project ECHO

Register your interest today!



\$3000 QI grant per practice

Up to 54 hours of RACGP and ACRRM
CPD hours accredited

Funded by Grampians Health Ballarat
and Barwon Health