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Bringing Perimenopause Into the Light: Dispelling the mystery around women's midlife reproductive transition



Megan Torrey-Payne, LCSW AASECT Certified Sex Therapist

Laurie M. Wagner, PhD, MCHES Associate Professor, Health Education & Promotion +Laurie M. Wagner, PhD, MCHES +Associate Professor, +Health Education & Promotion +Pronouns: she/her +School of Health Sciences, Kent State University +Kent, Ohio 44242 @DrLaurieMWagner

+lyoo@kent.edu

+Megan Torrey-Payne, LCSW +Specializing in Relationships & Sexual Wellness +AASECT Certified Sex Therapist +Pronouns: she/her +30 N. Raymond, Suite 702, Pasadena, CA 91103 +818-259-8372

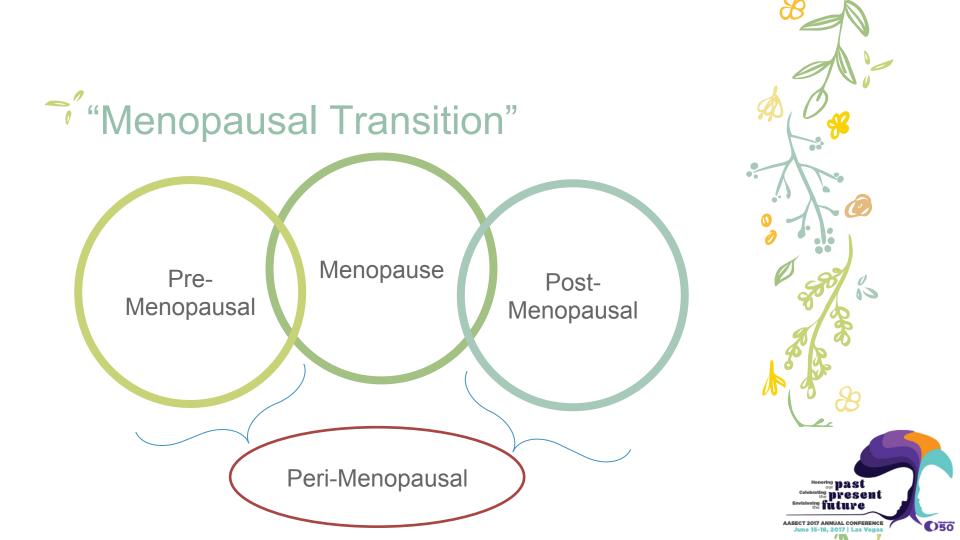
www.MeganTorreyPayne.com +www.Facebook.com/MeganTorreyPayneLCSW

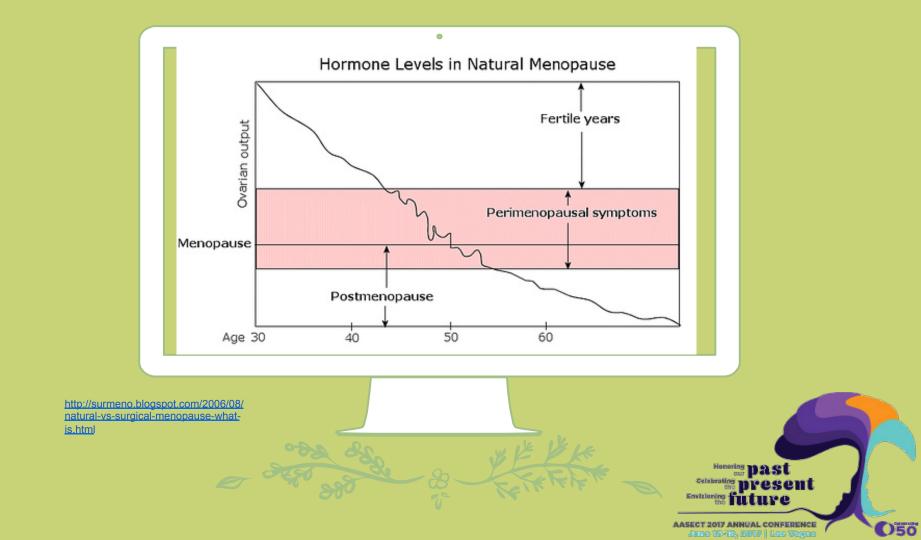


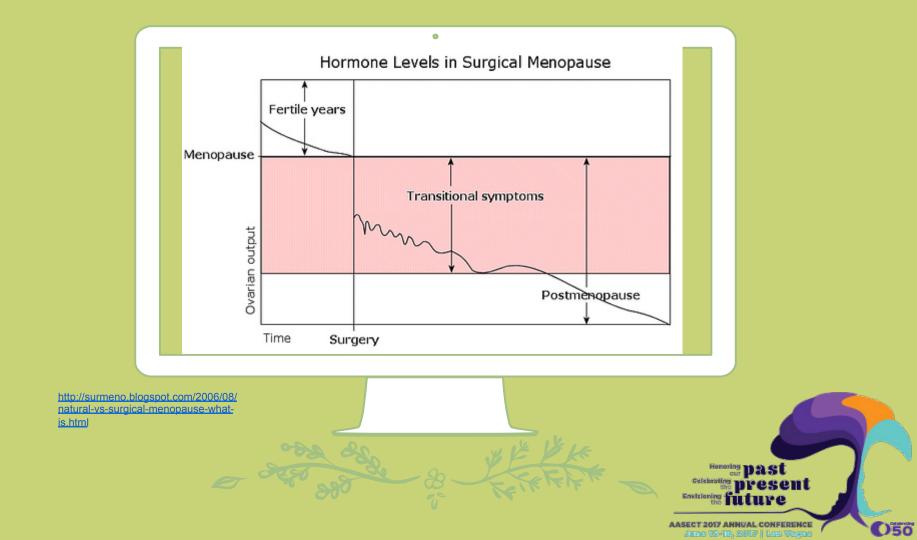
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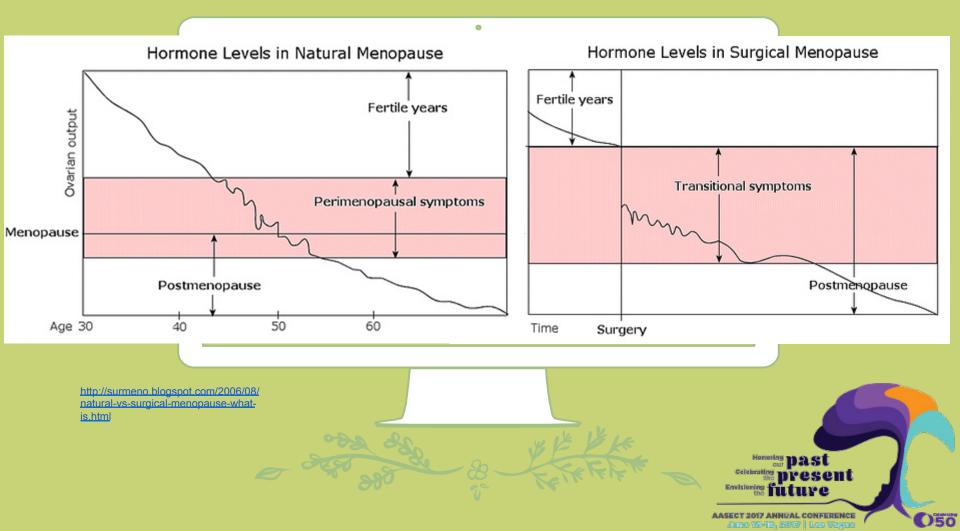
Let's get on the same page...

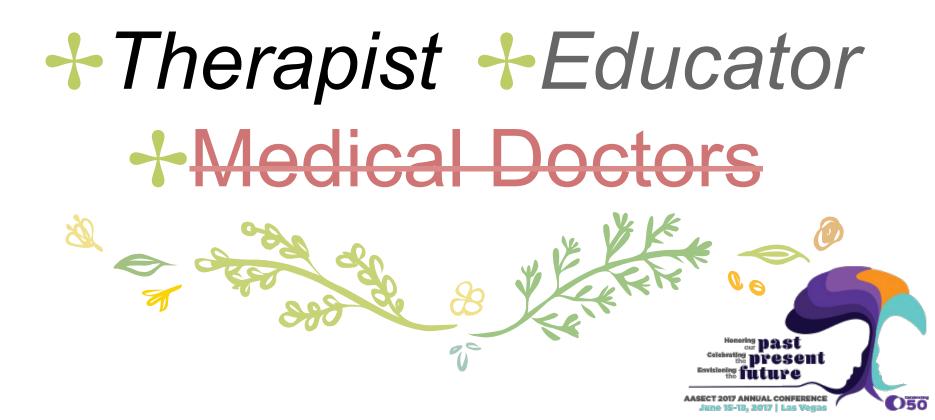












2. Menopausal Transition

What exactly are we talking about?



* "Medical, academic, and popular discourses on menopause all have their inception in the first half of the 20th century"



Three "Waves" of Hormone Replacement Therapy (HRT)

+Late 1938---- First Synthetic

"hormone deficiency disease"
+ 1962-1975----Estrogen Replacement
Therapy (ERT) → endometrial cancer
+1980s---HRT → serious health risks (90s)

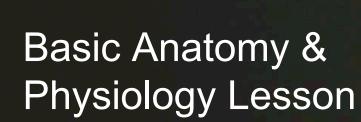


+ "HRT treatments have framed the medicalized" understanding of menopause over the last 80 years, shaping not only the available medical options, but influencing the everyday understanding and sense of control over menopause for millions of women"



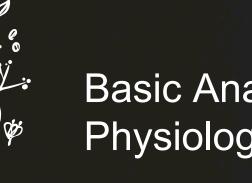
* "Each generation has experienced menopause differently depending on the status of these treatments during relevant stages of life course."





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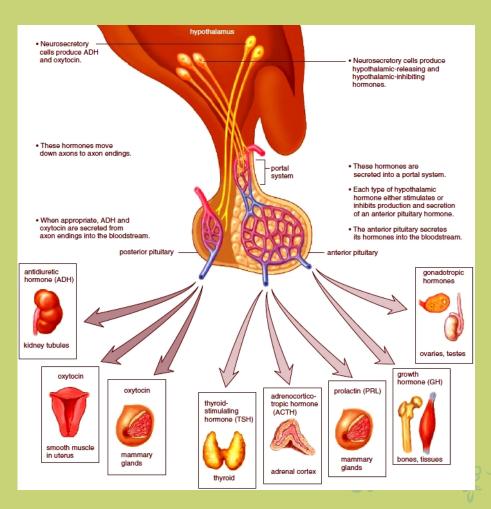
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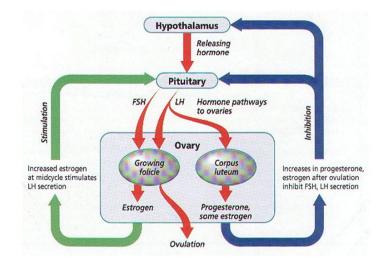
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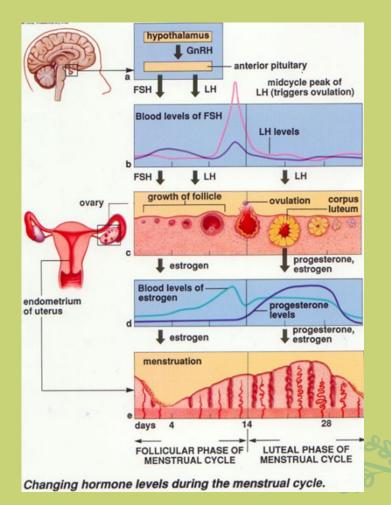
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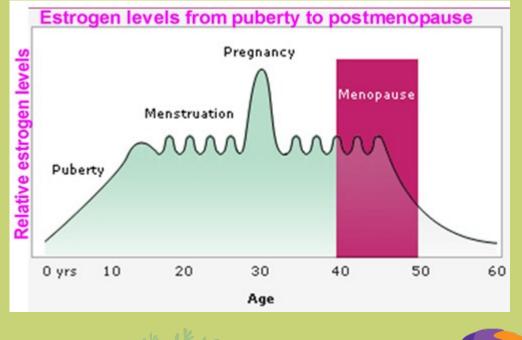


Hypothalamus Pituitary Ovary Axis

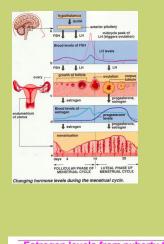


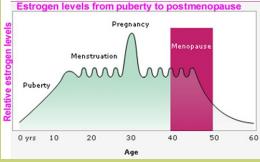
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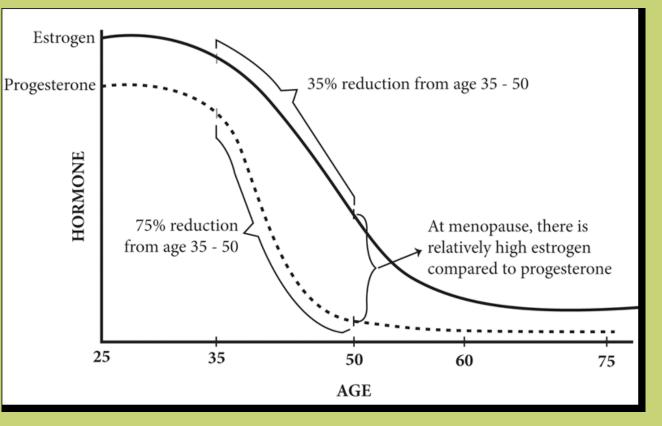






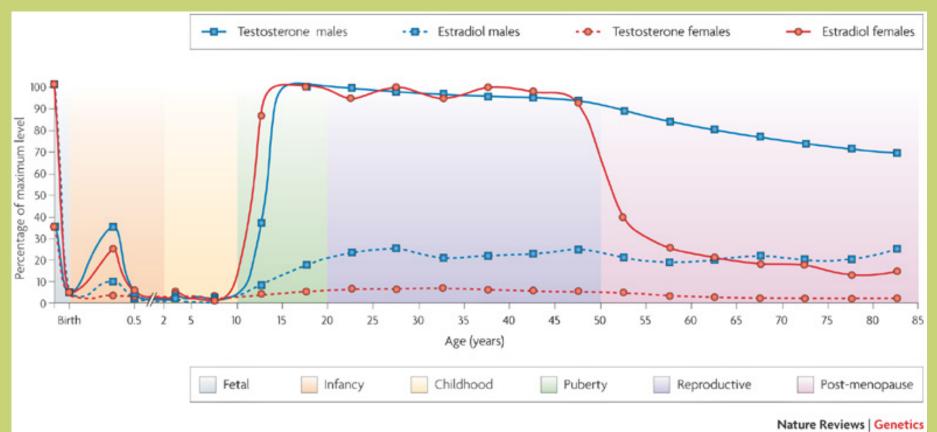




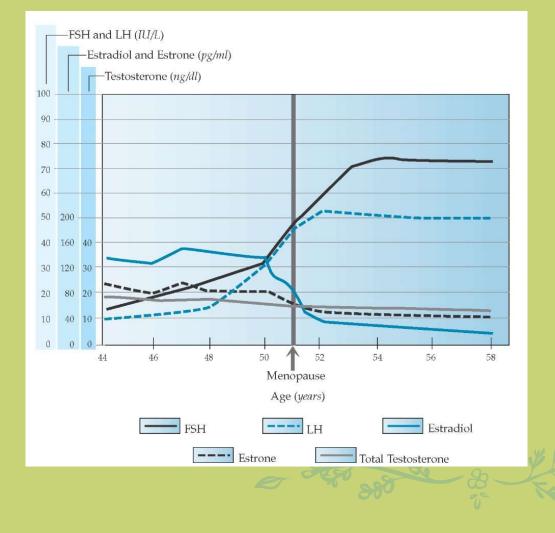












CHANGES IN HORMONE LEVEL PATTERNS OVER SIX MONTHS Premenopause (180 days) Perimenopause (180 days) Postmenopause (180 days) - Estrogen Progesterone ---- FSH --- LH Excerpted from the September 1999 issue of the Harvard Women's Health Watch, 1999, President and Fellows, Harvard College.

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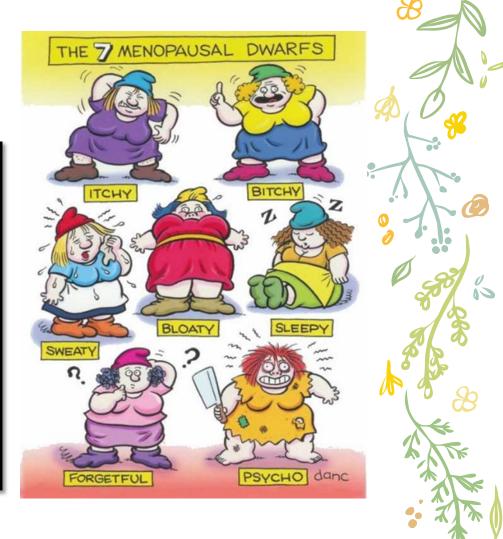
Honoring past our past Celebrating Envisioning future

Definitions:

men-o-pause

/mena-pôz/

Derived from the Latin root for WTF is happening to me...the time of life where a woman doesn't know if she is coming or going, on fire or freezing, happy or sad, wants to diet or eat everything in sight. Common phrases used during this time include: "muffin top", "hot flash", "mood swing", "brain fog". Women in menopause may self medicate with: wine, chocolate, vodka, ice cream, carbs, new shoes, online purchases, Netflix, or by looking at pictures of Sam Elliot.



⁷Definitions:

- Premenopause: Birth- FMP
- Perimenopause: About 4 years before FMP
- Menopause: technically FMP (45-50)
- Post-menopause: 12 months after FMP (U.S. mean=51)
- Menopausal transition: (40-54)
- + Climacteric: 7-10 years; peri-stable post

Newhart (2013)



Physical

Changes in hormones can cause varying physical symptoms.



Physical Indications *

Irregular Cycle
 Cycle differences
 Skipped
 Flow irregularity

Joint pain &/or stiffness
 Vaginal

 Dryness
 Atrophy

Hot flushes/flashes
Night Sweats
Heart Palpitations
Facial hair growth

Headaches
Breast Tenderness
Insomnia

*Physical activity moderates





Psychological

Changes in hormones can cause varying physical symptoms.



Psychological Indications

Anxiety
Panic
Depression
Mood Instability
Irritability

ForgetfulnessInsomnia





Sexual

Physical and Psychological changes can indirectly, or directly affect Sexuality.



Sexual Indications

⊹Vaginal dryness/atrophy → >pain with penetration
⊹Combined with partner age, health status
*Diminished desire
*Hot flash frequency (Daily/Weekly)
*Desire, arousal, and/or orgasm difficulty
*Partner status
*Mental health

Depression, fatigue (more likely she owned),
 irritability, & self-reported feeling of health status

Smith, R.L., Gallicchio, L., and Flaws, J.A. (2017). Factors affecting sexual activity in midlife women: Results from the Midlife Health Survey



Relational

Disruptions in usual relationship dynamics.



Relational Indicators

Natural family dynamic changes

 Aging
 Parenthood
 Aging parents
 New roles and responsibilities
 Mood changes → relationship stress





Existential

Raises larger questions about meaning and purpose.



[•]Existential Indicators

What does it mean to be "old"?
Now that I am no longer fertile...feelings?
What role(s) do I play in society?
What role(s) do I play in my family?
Am I still sexy?





Culturally Specific

Various sub-cultures may experience additional or increased



*"For women who have had to cope with racism and sexism, menopause may represent one more sociocultural hurdle that threatens their well-being."



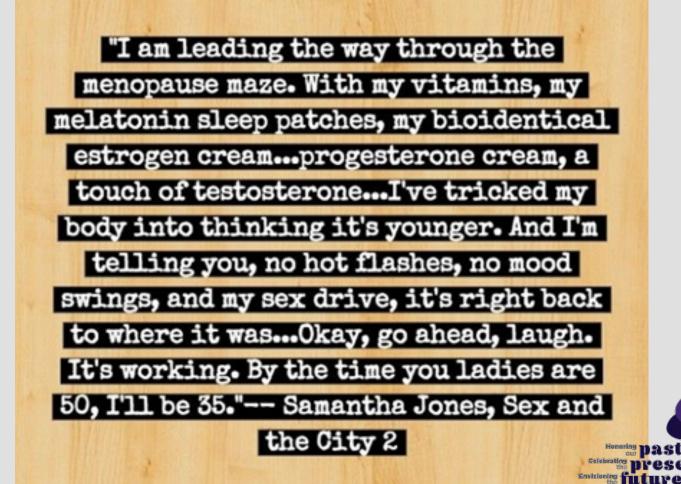
Each individual will experience the menopause transition differently... throw out everything you "know" and explore the lived experience of the individual specifically.)50 Navigating the Menopausal Transition

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Medical Model "Treatment"

Prescription Hormone treatments
Bioidentical Hormones
Nonhormone Prescription drugs



North American Menopause Society, 2015

Alternative Therapies

Nonprescription Treatments Clinical hypnosis (Menopause Position statement, 2015) Acupuncture

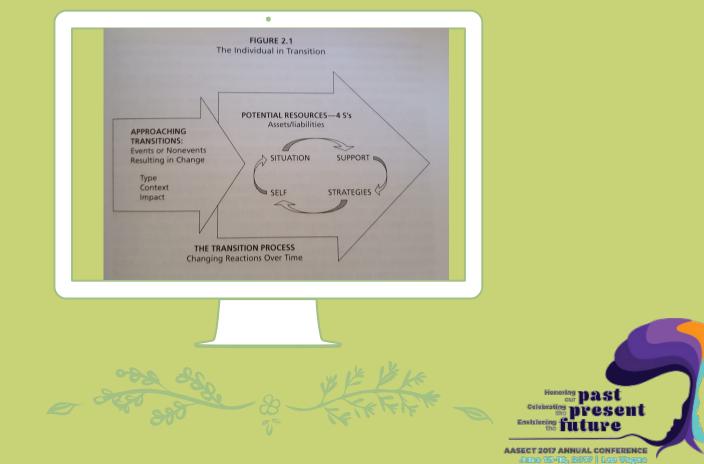


Integrative Approaches to Menopausal Transition

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Let's explore a few psychological management/treatment options

Transition Theory (Schlossberg, 2012)



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"Importance of "non-events"

Lost childbearing opportunities?
Old relationships?
Other perceived lost opportunities due to aging?

- GrievingRefocusing
- Reshaping





Strategies

Modify the situation • What can she/they control?

- Manage stress
- Healthful habits
 - Balanced diet
 - Physical activity & exercise
 - ✓ Sleep
 - Modify drinking behaviors



Strategies

Modify the situation • Specific sexuality suggestions

- Communication with partner
- Education (responsive desire)
- Regular sex/masturbation
- Lube, lube, lube
- Vaginal care (daily moisturizing)
- Fantasy





Attitudes towards menopausal transition may effect stress, anxiety, and depression, and vice versa which can effect the perceived severity of symptoms.



+By educating and helping to process the normal transition that their bodies and lives are going through, we can help change the attitudes and perceptions of the menopausal transition generally and the symptoms specifically.

Resources

Anderson, M., Goodman, J., & Schlossberg, N. (2012). Counseling adults in transition: Linking Schlossberg's theory with practice in a diverse world (4th ed.). New York, NY: Springer Publishing Company, LLC.

Lee, B., Im, E., and Chee, W. (2010). Psychometric evaluation of midlife women's symptom index in multiethnic groups. *Western Journal of Nursing Research5, 32(8), pp. 1091-1111.*

Nappi, R.E., Martini, E., Martella, S., Capuano, F., Bosoni, D., Giacomini, S., Beraghi, M., and Spinillo, A. (2014). Maintaining sexuality in menopause. *Post Reproductive Health*, 20(1), pp. 22-29.

Newhart, M.R. (2013). Menopause matters: The implications of menopause research for studies of midlife health. *Health Sociology Review*, 22(4), pp. 365-376.

North American Menopause Society (2015). The Menopause Guidebook: To help midlife women make informed healthcare decisions about menopause and beyond. 8th Edition. Mayfield Heights, Ohio.

Smith, R.L., Gallicchio, L., and Flaws, J.A. (2017) Factors affecting sexual activity in midlife women: Results from the Midlife Health Study. *Journal of Women's Health*, 26(2) pp. 103-108.



Contact Information:

+Megan Torrey-Payne, LCSW +Laurie M. Wagner, PhD, MCHES +Specializing in Relationships & Sexual Wellness +AASECT Certified Sex Therapist +30 N. Raymond, Suite 702, Pasadena, CA 91103 +818-259-8372www.MeganTorreyPayne.com +www.Facebook.com/MeganTorreyPayneLCSW

+Associate Professor, +Health Education & Promotion +School of Health Sciences, Kent State University +*Kent*. Ohio 44242 +lyoo@kent.edu @DrLaurieMWagner

Slides available at www.MeganTorreyPayne.com/AASECT17

