INTEGRATIVE MEDICINE IN MENOPAUSE: MIND-BODY TECHNIQUES

Denise Millstine, MD

Transforming Women’s Health 2023
June 8-10, 2023
DISCLOSURES

Relevant Financial Relationships
• None

Off-Label and/or Investigational Uses
• None
LEARNING OBJECTIVES

• Review definition of integrative medicine
• Explore recommendations for mind-body approaches in menopausal symptoms
• Provoke interest in narrative/story to understand health conditions

#transformWH
Figure 1. Clinical decision making based on risk versus efficacy. Adapted from Cohen MH and Eisenberg DM.38
50 y/o healthy female is frustrated:
Hot flashes - every hour or so. Worse with stress – terrible at work.
Distrusts medication and doesn’t want a prescription for anything.
Where should she start?
### NAMS POSITION STATEMENT

**TABLE 4. Summary levels of evidence and recommendations**

<table>
<thead>
<tr>
<th>Category</th>
<th>Therapy</th>
<th>Recommend</th>
<th>Recommend with caution</th>
<th>Do not recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifestyle changes</strong></td>
<td>Cooling techniques</td>
<td></td>
<td></td>
<td>Level V</td>
</tr>
<tr>
<td></td>
<td>Avoiding triggers</td>
<td></td>
<td></td>
<td>Level V</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td></td>
<td></td>
<td>Level I</td>
</tr>
<tr>
<td></td>
<td>Yoga</td>
<td></td>
<td></td>
<td>Level I</td>
</tr>
<tr>
<td></td>
<td>Weight loss</td>
<td></td>
<td></td>
<td>Level II</td>
</tr>
<tr>
<td><strong>Mind-body techniques</strong></td>
<td>Cognitive-behavioral therapy</td>
<td>Level I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mindfulness-based stress reduction</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pursed respiration</td>
<td></td>
<td></td>
<td>Level I</td>
</tr>
<tr>
<td></td>
<td>Relaxation</td>
<td></td>
<td></td>
<td>Level II</td>
</tr>
<tr>
<td></td>
<td>Clinical hypnosis</td>
<td>Level I</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dietary/supplements</strong></td>
<td>S-0equil derivatives of soy isoflavones</td>
<td></td>
<td></td>
<td>Level II</td>
</tr>
<tr>
<td></td>
<td>Supplements, herbal therapies</td>
<td></td>
<td></td>
<td>Level I to V</td>
</tr>
<tr>
<td><strong>SSRIs/SNRIs</strong></td>
<td>Paroxetine</td>
<td>Level I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Escitalopram</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citalopram</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Venlafaxine</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Desvenlafaxine</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other medications</strong></td>
<td>Gabapentin</td>
<td>Level I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregabalin</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clonidine</td>
<td>Level II</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other therapies</strong></td>
<td>Acupuncture</td>
<td></td>
<td>Level II</td>
<td>Level I</td>
</tr>
<tr>
<td></td>
<td>Stellate ganglion block</td>
<td></td>
<td>Level II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calibration of neural oscillations</td>
<td></td>
<td></td>
<td>Level III</td>
</tr>
<tr>
<td></td>
<td>Chiropractic intervention</td>
<td></td>
<td></td>
<td>Level III</td>
</tr>
</tbody>
</table>

Abbreviations: SNRIs, serotonin-norepinephrine reuptake inhibitors; SSRIs, selective serotonin reuptake inhibitors.

*Menopause.* 2015 Nov;22(11):1155-72
Parachute to gravitati randomise

Gordon C S Smith

Abstract

Objectives To dete effective in preventin gravitational challe
Design Systematic re
Data sources Medli the Cochrane Librar sites and citatio list
Study selection Stud a parachute during f
Main outcome mea defined as an injury
Results We were uncontrolled trials of p
Conclusions As with prevent ill health, the

Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomised controlled trials

LIFESTYLE CHANGES & TRIGGER AVOIDANCE

- Expert opinion that do not work, but consider
  - Dress in layers – natural fibers
  - Reduce ambient temperature
  - Use of fans and cool packs

- Avoid spicy foods or alcohol if makes worse
EXERCISE

• Not effective for reduction in VMS
  • Systematic review: 5 studies, ~700 women

• Many other benefits
  • Stress reduction, mood enhancement, sleep effects, reduce chronic disease

• Low cost – enhanced social connection

Cochrane Database Syst Rev. 2014 Nov 28;(11)
Complement Ther Med. 2017 Oct;34:156-164

Walkers Walking Walk - Free photo on Pixabay
YOGA

- Improves **fatigue**, sleep, QOL, stress after cancer treatment

- Systematic review: Vasomotor symptoms
  - 8 trials, ~900 women
  - 10-12 wks, 90 min/week

*Complement Ther Med.* 2017 Oct;34:156-164
Yoga vs Control - Psychological symptoms

<table>
<thead>
<tr>
<th>Study</th>
<th>Group Type</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Effect Size</th>
<th>SMD [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elavsky 2007</td>
<td>Wait list control</td>
<td>7.19</td>
<td>7.21</td>
<td>31</td>
<td></td>
<td>-0.12 [-0.53, 0.28]</td>
</tr>
<tr>
<td>Joshi 2011</td>
<td>Wait list control</td>
<td>1.65</td>
<td>2.73</td>
<td>50</td>
<td></td>
<td>-0.50 [-0.96, 0.02]</td>
</tr>
<tr>
<td>Alonso 2012</td>
<td>Wait list control</td>
<td>11.00</td>
<td>7.40</td>
<td>15</td>
<td></td>
<td>-0.26 [-0.88, 0.37]</td>
</tr>
<tr>
<td>Ayu 2014</td>
<td>Wait list control</td>
<td>8.11</td>
<td>4.30</td>
<td>15</td>
<td></td>
<td>-0.43 [-0.76, 0.50]</td>
</tr>
<tr>
<td><strong>Summary (I² = 0.0%, Q = 2.7, P=0.44)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>-0.33 [-0.85, 0.20]</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study</th>
<th>Group Type</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Effect Size</th>
<th>SMD [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chattha 2006</td>
<td>Attention control</td>
<td>3.65</td>
<td>2.76</td>
<td>54</td>
<td></td>
<td>-0.37 [-0.75, 0.01]</td>
</tr>
<tr>
<td>Newman 2014</td>
<td>Attention control</td>
<td>3.20</td>
<td>3.37</td>
<td>99</td>
<td></td>
<td>-0.28 [-0.54, -0.02]</td>
</tr>
<tr>
<td><strong>Overall Summary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>-0.32 [-0.47, -0.17]</strong></td>
</tr>
</tbody>
</table>

I² = 0.0%, Q = 2.5, P=0.72

©2021 Mayo Foundation for Medical Education and Research | slide-13

Complement Ther Med. 2017 Oct;34:156-164
BOOK & BLOG BREAK

Not flexible? No problem. Yoga's aim is empowerment, not touching your toes.

January 16, 2023 • Maria Caselli
I can't count the number of times I've greeted a new yoga student whose first words to me are, "I'm not sure I can [...]"

https://mcpress.mayoclinic.org/
HYPNOTHERAPY

• Small studies have shown effect
  • 5 weekly sessions with at-home practice

• RCT ~200 women >6HF/day
  • 5 weekly sessions vs. attention control
  • Reduction HF frequency 74% v. 17% at 12 weeks
  • Severity score also reduced

Menopause. 2013 Mar;20(3):291-8
MIND OVER MEDS?

- Venlafaxine v. hypnotherapy
  - RCT, n=~70,
  - >3HF/day,
  - 4 tx arms

RELAXATION PRACTICES

- Cochrane Review 2014 - Insufficient data
- Paced breathing – mixed data
  - 6 breaths/minute (n=92)
    - Hot flash reduction – dose related
  - Applied to breast cancer survivors and non-cancer patients (n=218)
    - No effect

Cochrane Reviews. 7:CD008582, 2014
Menopause. 2013 Feb;20(2):179-84

Coffee Cup Of Lifestyle - Free photo on Pixabay
APPLIED RELAXATION

• Applied relaxation
  • Structured – with therapist & home practice
  • Progressive Muscle Relaxation through Rapid Relaxation
  • Effective for generalized anxiety disorder

• AR weekly group sessions with daily home practice for 12 wk
  • N=60, >7 HF/day
  • Reduced hot flashes frequency by 5/day (control by 1.9/day)

Menopause. 2013 Apr;20(4):401-8
Cogn Behav Ther. 2013 Dec; 42(4)
BOOK BREAK

Wintering
THE POWER OF REST AND RETREAT IN DIFFICULT TIMES
Katherine May

How to Do Nothing
Resisting the Attention Economy
Jenny Odell

#transformWH
COGNITIVE BEHAVIORAL THERAPY

- Psychotherapy
- Focused on thoughts & skills
- Structured
- Time limited
- Effective for mood and sleep
- Effectively delivered in groups, bibliotherapy, on-line/virtual
- Systematic review: 4 high quality studies with improvement

Climacteric 2021 Feb 24(1):51-6
COGNITIVE BEHAVIORAL THERAPY

MENOS-1

• Symptomatic women after breast cancer treatment
• Control (usual care)
• Group CBT
  • (90 min/wk for 6 weeks)
• Analysis baseline, 9 weeks, 26 weeks
• Reduced VMS problem rating
• Persisted at follow-up

COGNITIVE BEHAVIORAL THERAPY

MENOS-2

- Control
- Intervention groups
  - Group: 2 hrs/wk, 4 weeks
  - Self-help: Intro, book, 2 wk call
  - Both: CD for home practice
- Baseline, 6wk, 26wk
- Improved VMS problem rating
- Secondary: improved mood, concentration

COGNITIVE BEHAVIORAL THERAPY

- MENOS@WORK
- Problematic VMS
  - >10/week
- Control
- Self-help CBT – 4 weeks
  - Shorter booklet from MENOS-2
- Baseline, 6wk, 20 wk

BOOK & BLOG BREAK

Lori Gottlieb

"Rarely has a book challenged me to see myself in an entirely new light, and was at the same time laugh-out-loud funny and utterly absorbing."
— KATIE COURIC

MAYBE YOU SHOULD TALK TO SOMEONE
A Therapist, Her Therapist, and Our Lives Revealed

ARTICLE | Living Well
Think your way to sleep: Cognitive behavioral therapy for insomnia
October 19, 2022
[...] by reaching for a sleeping pill. Cognitive behavioral therapy for insomnia (CBT-I) is the preferred first line treatment for chronic insomnia disorder. CBT-I [...]
MINDFULNESS

• Meditation
• Nonjudgmental awareness of this moment
• MBSR = Mindfulness Based Stress Reduction
  • Structured
  • group training
  • home practice
  • 8 weeks
MINDFULNESS - MBSR

- N=110, ages 47-69, 8 Weeks
- Improved hot flash bother and intensity
  - QOL, sleep quality, stress, and anxiety

MINDFULNESS

• MAAS = Mindfulness Attention Awareness Scale
  • 15 questions assess “frequency of mindful state”
    • Whether trained or not

• Database of 1744 women present for women’s health consults – improved MRS score with higher MAAS
  • Higher MAAS correlated with lower PSS-4 (perceived stress score)

Climacteric, 2019, 22:4, 377-382
MINDFULNESS

• Meta-analysis
• 5 trial, 475 participants
• Improved quality of life
• Improved VMS/physical QOL

• Insufficient evidence for reducing VMS frequency

J Psychosomatic Res 2021 Aug;147
BOOK BREAK

THE MAYO CLINIC
GUIDE TO
STRESS-FREE
Living

AMIT SOOD, M.D., M.Sc.

NEW YORK TIMES BESTSELLER

Burnout
The Secret
To Unlocking
The Stress Cycle

Emily Nagoski, Ph.D.
New York Times bestselling author of "COMM AS YOU ARE"
Amelia Nagoski, D.M.A.

#transformWH
AROMATHERAPY

- Insufficient evidence to recommend but…
  - Safe, some evidence of efficacy, add-on

- RCT, n=100
  - Lavendar 20 min 2x/day vs. control reduced menopause symptoms (questionnaire)

- Small studies show improvement in combination with massage over massage alone

J Ev Based Int Med 2019 24:1-14
J Natl Med Assoc 2018 Jun; 110(3)265-69

#transformWH
AROMATHERAPY

- Systematic Review & Meta-analysis
- Lavender, neroli, mixed oils
- Menopausal symptoms & sexual desire
BOOK & BLOG BREAK

ARTICLE | Living Well

The Science of the Short Snooze and the Benefits of a Nap

April 26, 2023 • Craig L. Bowron, M.D.

[...] close to or within gene regions that have previously been linked to sleep, including areas that are important in wakefulness. Their data suggested two [...]
PSYCHOLOGICAL SYMPTOMS OF MENOPAUSE

• Treatment
  • Hormone therapy & Pharmaceutical management (SSRI, SNRI, etc.)
  • Systematic review of “CAM” therapies
    • Small studies
    • Side effects – GI (nausea), headache, palpitations
    • Not effective for psychological symptoms
      • turmeric, Vit E, Schisandra, Danggui & huang qi

J Menopausal Med 2021 Dec;27(3):115-131
PSYCHOLOGICAL SYMPTOMS OF MENOPAUSE

• Systematic review of “CAM” therapies
  • EPO (evening primrose oil) 1000 mg daily 8 weeks
  • SJW (St. John’s Wort) 8-16 weeks (600-900 mg daily) – ↓depression
  • Bitter orange 1000 mg, 8 weeks - ↓anxiety
  • Lavender 1000 mg 8 weeks - ↓anxiety
  • Grape seed extract 100-200 mg daily 4 weeks
  • Maca 3.3-3.5 mg daily 6 weeks
  • Wild yam 12 mg bid 12 months
  • Aromatherapy, yoga, exercise, massage (craniofacial, w oil), acupuncture

J Menopausal Med 2021 Dec;27(3):115-131
BOOK BREAK

- **The Change** by Kirsten Miller
- **What Fresh Hell Is This?** by Heather Corinna

#transformWH
ACUPUNCTURE

- Movement of Qi – vital energy/life force
- Inferior to HT
- “Sham” acupuncture / Challenges in acupuncture research
- Safe, gentle therapy

ACUPUNCTURE VS. MEDICATION

- RCT in 50 women with history of hormone (+) breast cancer on anti-hormone therapy
- 12 weeks
  - Venlafaxine 37.5mg 1wk, then 75mg daily
  - Acupuncture 2x/wk for 4wk, then 1x/wk
- Reduction in VMS frequency & severity
  - Comparable in depression & MenQOL
- Adverse effects incidences
  - Acupuncture: 0
  - Venlafaxine: 18
    - Nausea, dizziness, anxiety, dry mouth

SAFETY IN ACUPUNCTURE

- Should not delay other treatment
- Generally safe
  - Sterile, single use needles
  - FDA regulates needles as medical devices
    - Used by certified professionals
    - Specifications for manufacturing
- Licensed acupuncturists
  - www.nccaom.org
CLAIRE

- CBT
- Mindfulness
- Hypnotherapy
- Possibly acupuncture
TAKEAWAY POINTS

• CBT, Mindfulness & hypnotherapy are beneficial mind-body therapies in menopause

• Natural products should be reviewed for risk/benefit & might help for mood manifestations of menopause

• Consider story & writing to communicate health information
Read. Talk. Grow.
Health & Books

Uprooting Racism in Health Care
With Linda Villarosa
ARS QUESTION

Hypnotherapy has been shown to reduce:

1. Hot flash severity
2. Hot flash frequency
3. Both hot flash severity & frequency
4. Neither hot flash severity nor frequency
QUESTIONS & ANSWERS

Millstine.Denise@mayo.edu
@drdmaz

#transformWH2022