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Welcome

YOUR PRESENTER IS: DR FATIMA KHAN
YOUR FACILITATOR IS: ANDREA SALMON

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4

Acknowledgement of country



5

Introductions

TODAY'S PRESENTER AND FACILITATOR



Dr Fatima Khan



Andrea Salmon

9/8/2021

MS Presentation Title Here

Multiple Sclerosis Limited 6

6

Women's Health Week 2021



Dr Fatima Khan
MBBS, BSc, DRCOG, MRCGP, FRACGP
Menopause Specialist

7

Definitions

- Menopause**
- Your Last menstrual period (LMP)
 - Permanent cessation of menstruation > 12 months
 - End of reproductive life
 - Median age 50-52

- Perimenopause**
- The time from menstrual cycle changes until 12 months after LMP
 - Can start 5-8yrs before LMP

- Early menopause
Premature Ovarian Insufficiency**
- Between 40-45yrs of age
 - premature menopause under 40yrs of age
 - increased heart disease, Osteoporosis, Cognitive decline

- Surgical menopause**
- Occurs after surgical removal of both ovaries

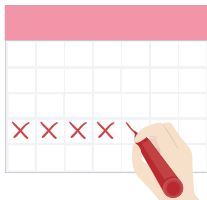
- Chemical menopause**
- Post cancer treatment (chemotherapy, radiotherapy)

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8

Symptoms

Initially, due to fluctuating levels (peri-menopause) and then due to loss of cyclical hormones (post-menopause).
Oestrogen, Progesterone and Testosterone.



Menstrual cycle changes in:

- Flow: Heavy or light
- Duration: Shorter or longer
- Regularity: Irregular
- Length: Length- 28, 40, 60 etc



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9

MENTAL

- low mood
- anxiety
- depression
- tearful
- mood swings
- irritability
- panic attacks

COGNITIVE

- brain fog
- difficulty finding words
- poor memory
- forgetfulness
- reduced focus/concentration
- self doubt
- lack of confidence
- difficulty decision making
- low motivation

PHYSICAL

- headaches
- migraines
- weight gain (abdominal)
- bloating
- muscle/joint aches & pain
- restless legs
- sleep disturbance
- insomnia
- low energy
- fatigue

SKIN

- dry skin
- crawling sensation on skin
- hair thinning/loss
- rosacea
- pigmentation
- wrinkling
- reduced elasticity & hydration

GENITOURINARY

- vaginal dryness
- painful sexual intercourse
- vaginal burning/itching
- thrush, bladder infections
- urinary frequency/urgency
- stress incontinence

VASOMOTOR

- hot flushes
- night sweats
- sensation of feeling hot

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10

Diagnosis

Menopause is a clinical diagnosis (menstrual and symptoms history) in women over 45yrs of age

Blood tests may be useful in women with hysterectomy, under 45yrs of age, endometrial ablation, Mirena IUD

Do not have blood tests if taking hormonal contraceptives

Bloods include: FSH, LH, Oestradiol, Free testosterone, Thyroid function test. Others Ferritin, FBC

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11

Menopause and Multiple Sclerosis

Natural menopause turning point towards more progressive phase of MS.

MS disease activity and symptoms tied to hormonal changes depending on reproductive stage of life e.g. worse premenstrual.

Women noticed improvement during 3rd trimester of pregnancy with a temporary 'rebound' or exacerbation post partum.

In clinical practice, symptoms of menopause overlap with MS.

50% of MS patients report worsening of their symptoms during menopause specifically in energy, mood, sleep, cognitive, bladder

MS perceived as asexual, degree of disability not a predictor of sexual activity.

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12

Oestrogen and Multiple Sclerosis

- Neuroprotective effects on the central nervous system
- Immunomodulatory and anti-inflammatory
- Increase anti-inflammatory cytokines
- Decrease demyelination

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13

Oestrogen and Multiple Sclerosis

Women more susceptible to inflammatory autoimmune conditions-Multiple Sclerosis. Rheumatoid arthritis, Hypothyroidism, which shows gender differences and suggests roles of sex hormones

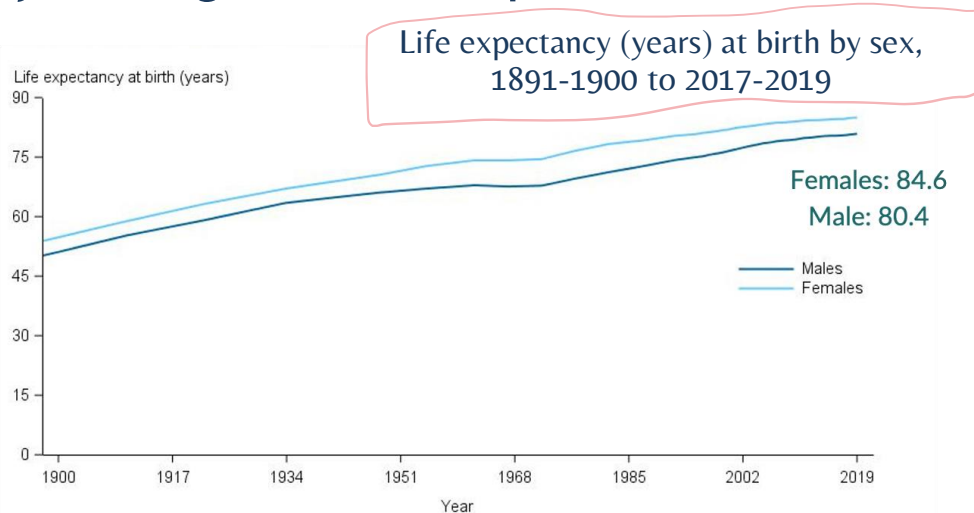
Studies showing improvement in MS symptoms when treated with sex hormones - testosterone and oestrogen

MS women treated with HRT noticed significant improvement in their symptoms

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14

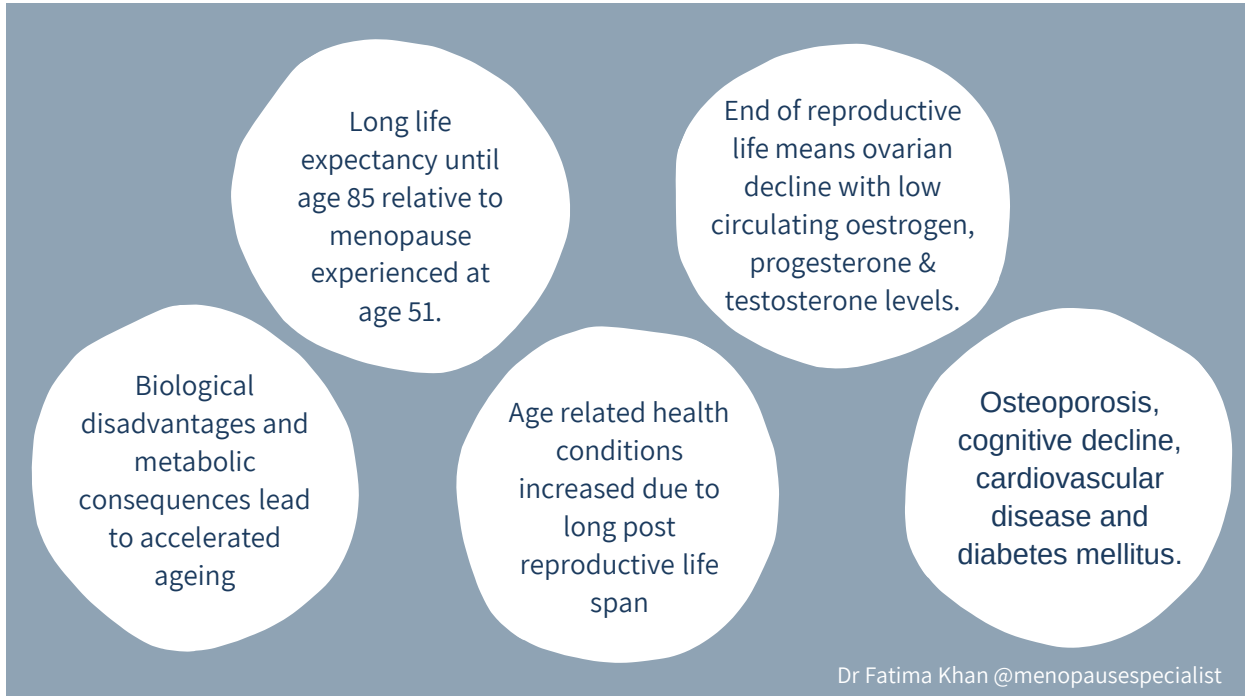
Why manage the menopause?



Sources: ABS 2014a; ABS 2014b; ABS 2015; ABS 2016; ABS 2017; ABS 2018a; ABS 2019; ABS 2020 (Table S6.1).

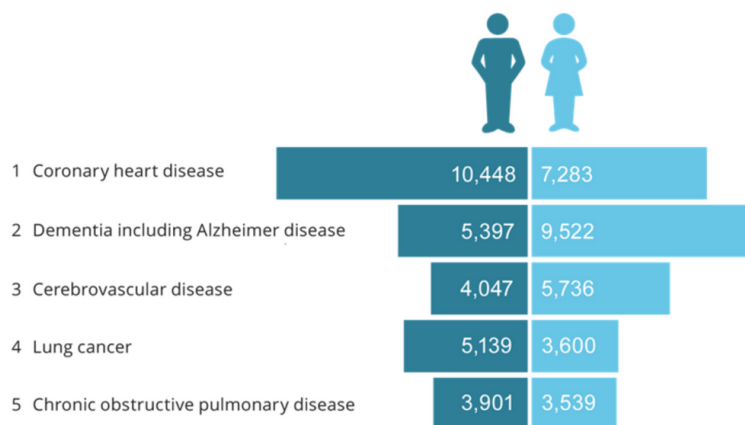
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15



16

Leading underlying cause of death by sex, 2019

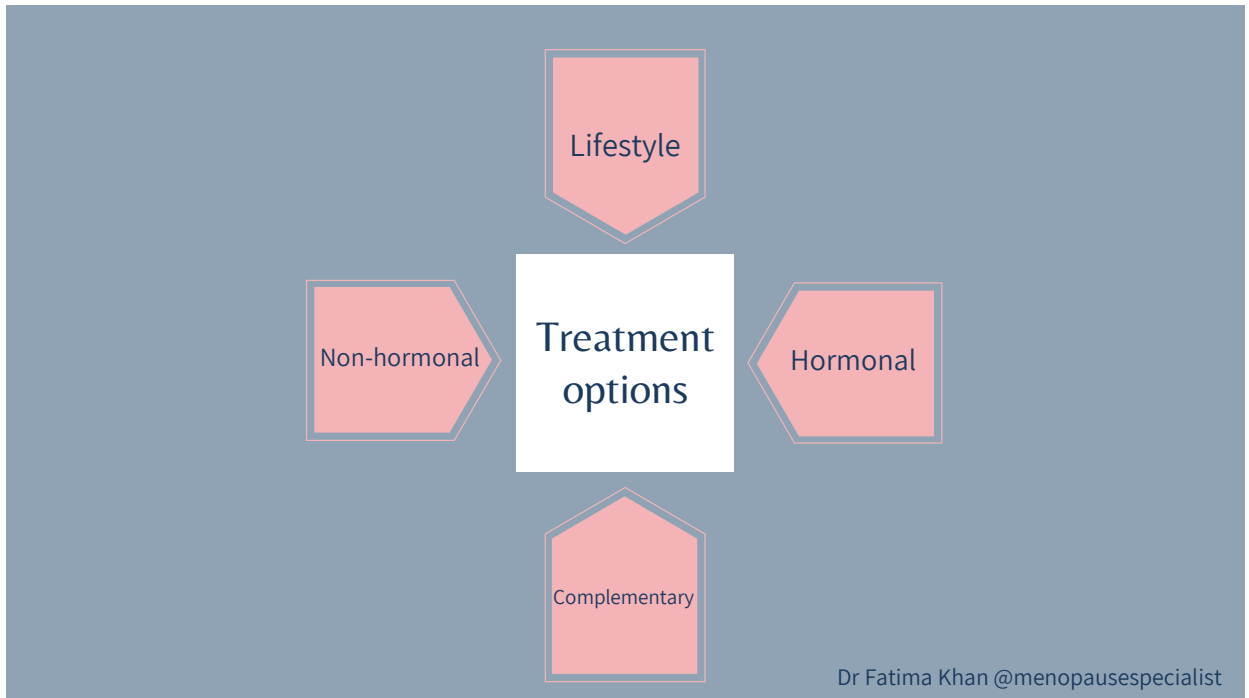


Note: Leading causes of death are based on underlying causes of death and classified using an AIHW-modified version of Becker et al. 2006.

Source: AIHW National Mortality Database ([Table 53.1](#)).

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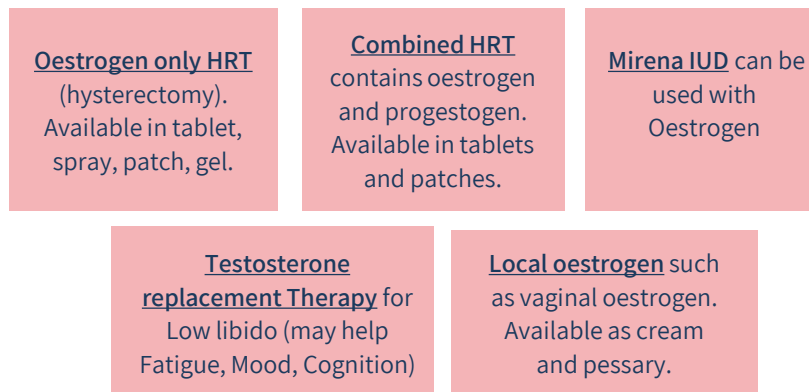
17



18

HRT- Hormone Replacement Therapy or MHT - Menopause Hormone Therapy

Aims to replace declining/low hormones - Oestrogen, Progesterone & Testosterone



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19

Body-identical vs Bio-identical HRT

The safest and most effective type of HRT consists of regulated body identical hormone which has the same molecular structure as your own body. Bio-identical hormones are compounded which are not regulated and therefore have inadequate safety data.

Micronised Progesterone

VS

Synthetic Progestogen

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20

HRT Benefits & Risks

SHORT TERM BENEFITS include reducing and/or eliminating menopausal symptoms to restore function and quality of life.

LONG TERM BENEFITS include prevention against chronic illnesses such as:

- Heart disease
- Osteoporosis
- Alzheimer's dementia
- Diabetes
- Depression
- Colorectal cancer

The main risks depends on what TYPE of HRT and HOW you take your HRT (route of administration) which include:

- Breast Cancer
- Blood clot
- Endometrial Cancer

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21

HRT & Blood Clots

Oral oestrogen e.g. tablet = risk of clot 1 in a 1000. First pass liver metabolism activates clotting cascade

Transdermal oestrogen e.g. patch, gel or spray applied to the skin neutral on clotting cascade by bypassing first pass liver metabolism

Micronised progesterone neutral on clotting cascade

Transdermal oestrogen +/- Micronised Progesterone safe in personal or family history of blood clots or clotting disorders

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22

Risk Factors for Blood Clots



smoking



pregnancy



limb fracture etc



obesity



Immobility
(prolonged car journey or flight)

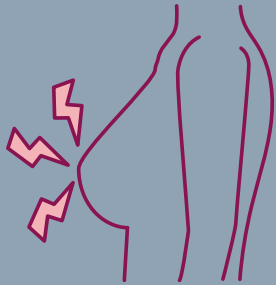


surgery

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23

HRT & Breast Cancer



HRT used, Premarin, a synthetic Conjugated Equine Oestrogen derived from pregnant mares urine and Provera, Medroxyprogesterone acetate, a synthetic 'Progestogen'.

Further evaluation & recent 18 year follow up of women in the WHI study showed no increased risk of breast cancer in women with a hysterectomy taking Oestrogen-only HRT

Women's Health Initiative (WHI) 2002 is the largest study looking at the health benefits of HRT for long term health.

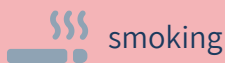
Lower risk of developing or dying from breast cancer compared to women not taking HRT

Lower risk of developing heart disease, Osteoporosis, dementia and diabetes with a slight increase in life expectancy.

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24

Risk Factors for Breast Cancer



smoking



endocrine disruptors



lack of exercise



obesity



alcohol

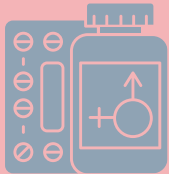


contraceptive pill /HRT

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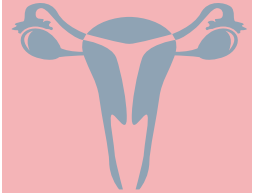
25

HRT & Endometrial Cancer



Endometrial lining needs progesterone to protect against abnormal cell growth (endometrial hyperplasia => endometrial cancer)

Intact Uterus
HRT must contain Oestrogen and Progesterone (combined HRT)
Mirena IUD adequate with add on Oestrogen



Hysterectomy (removal of uterus)
HRT with Oestrogen only

Cyclical or Sequential HRT during Perimenopause
Continuous combined HRT post menopause

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26



Non-hormonal treatment

Suitable for women who do not want to take HRT or cannot take HRT.

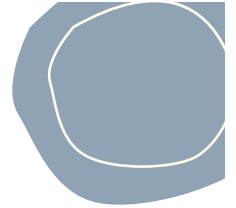
- Antidepressants eg. Venlafaxine
- Epilepsy drugs eg. Gabapentin
- High blood pressure eg. Clonidine
- Beta-blockers eg. Propranolol
- **Stellate Ganglion Block** involves injecting local anaesthetic at the base of your neck into a nerve complex.



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27

Complementary treatment



- CBT is cognitive behavioural therapy
- MBSR is a Mindfulness-Based Stress Reduction therapy
- **Phytoestrogens** (isoflavones) found in plant-based foods such as Soy, can help with hot flushes. These should be avoided in breast cancer patients.
- **Vitamin E**
- **Yoga, Hypnosis and Acupuncture**
- **Magnetic therapy, Homeopathy, Red clover and Black cohosh**



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28

Lifestyle

Avoid TRIGGERS that may exacerbate your symptoms:

- Spicy food
- Smoking
- Alcohol
- Caffeine

Improve overall health & wellbeing:

- Exercise 20-30mins daily
- Maintain healthy weight
- Practice Yoga / Pilates / Weight bearing exercises
- Eat plant based whole food diet
- Social connection - more on this later
- Find a hobby which relaxes you
- Spend time in nature

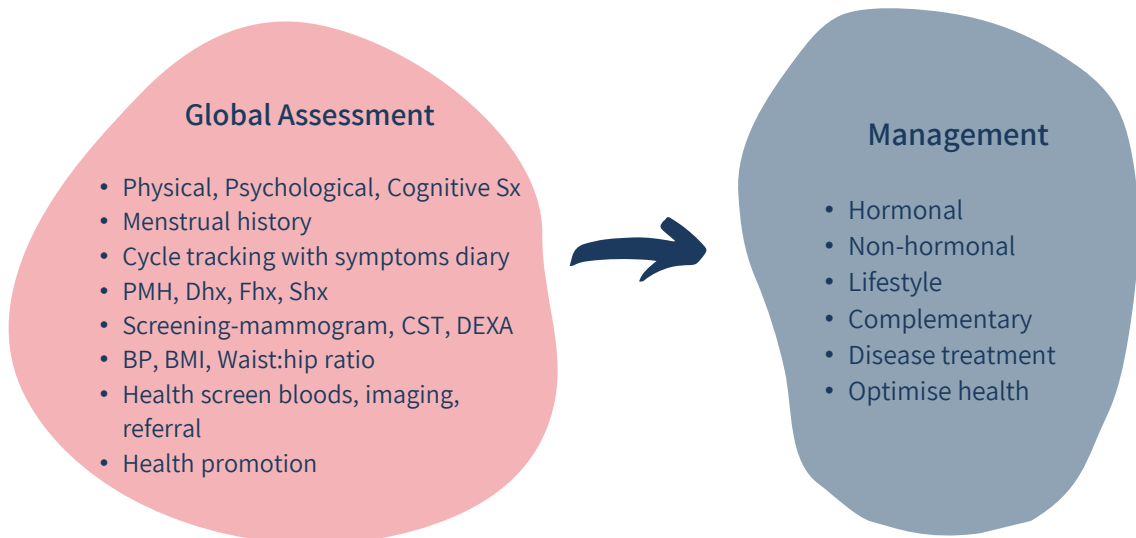
Change your environment:

- Adjust clothing - wear layers, breathable fabrics
- Hand or electric fan at home & work
- Keep bedroom cool at night by using cold pack under pillow or a bedside fan

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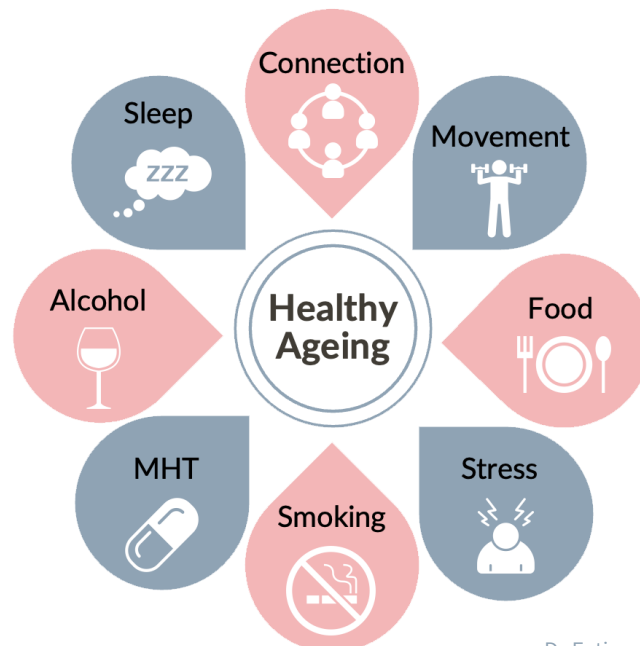
29

Midlife consultation with your GP



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30



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31

Summary

Menopause at midlife serves as a “window of opportunity” for self-prioritisation and therapeutic interventions to improve quality of life and prevent against chronic disease.

We need a holistic approach to women’s ageing to achieve optimal physical, emotional and mental well-being and longevity.

With the correct mindset, midlife can be a time to re-create, re-invent and re-connect to our true purpose, which can be liberating!

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32

Further Resources

Dementia Australia - <https://www.dementia.org.au/>

Healthy Bones Australia - <https://healthybonesaustralia.org.au/>

Heart Foundation - <https://www.heartfoundation.org.au/>

Australian Institute of Health and Welfare- <https://www.aihw.gov.au/>

Australian Bureau of Statistics -

<https://www.abs.gov.au/statistics/health>

Australian Menopause Society - <https://www.menopause.org.au/>

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33

Thank You!



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34

Contacts for local support/ advice and info

WE ARE HERE SO NO-ONE HAS TO FACE MS ALONE



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MSWA	1300 097 989	communications@mswa.org.au
MS Society SA & NT	1800 812 311	msassist@ms.asn.au
MS Queensland	1800 177 591	info@msqld.org.au
MS Australia	1300 010 158	info@msasutralia.org.au

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35



THE MS AUSTRALIA COMMUNITY PROGRAM HUB FOR
WOMEN'S HEALTH WEEK 2021
6-10 SEPTEMBER



events.msaustralia.org.au/whw2021



36

Stay Up To Date



[@MSGetInvolved](#)



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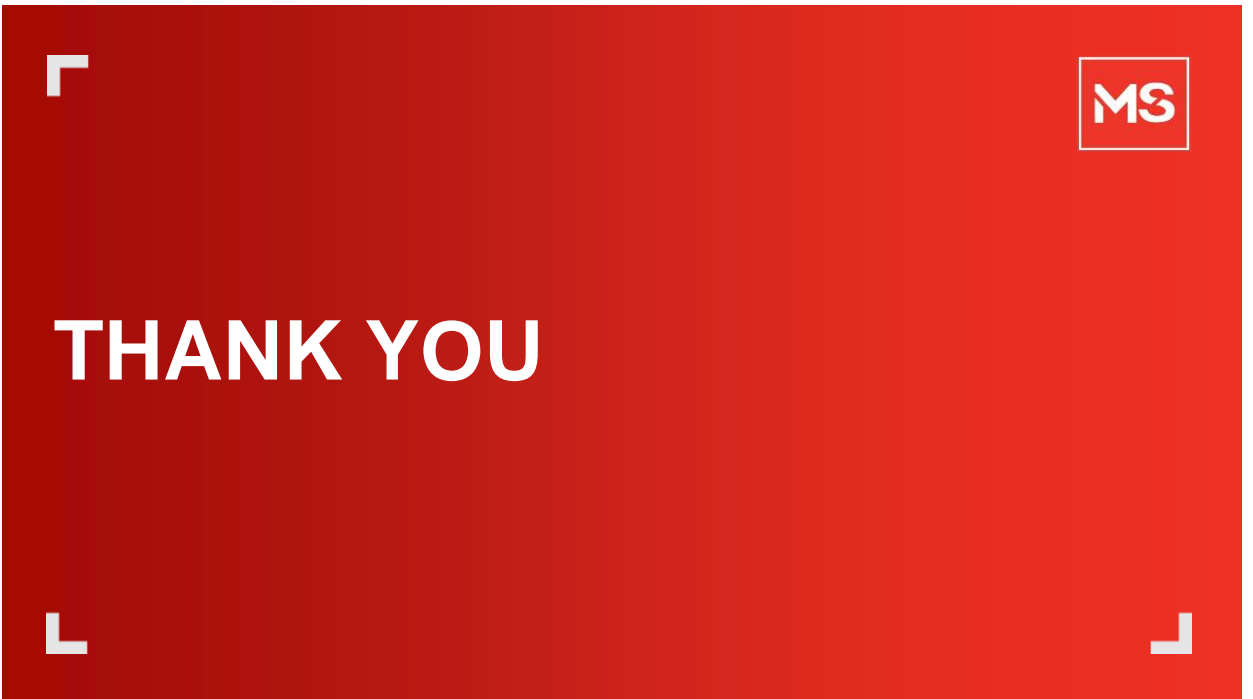


37

Questions



38



39