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## The Menopausal Patient: Clinical Pearls for Discovering and Managing Health Issues

Mimi Secor:

There are approximately 55 million women of menopausal age in the United States. In fact, about six thousand women reach menopausal age every day. You're listening to ReachMD, a channel for medical professionals. Welcome. I'm nurse practitioner Mimi Secor, your host, and with me today is my special guest, nurse practitioner Barb Dehn, popularly known as Nurse Barb on ABC television. Barb Dehn is a nurse practitioner at Women Physicians in Silicon Valley in California and also a guest lecturer at Stanford University. Barb also recently published a new book, *The Hot Guide to a Cool Sexy Menopause*.

Nurse Barb, welcome to ReachMD.

Barbara Dehn:

Oh, Mimi, it's a pleasure to talk with you today. It's great.

Mimi Secor:

Very exciting. So, what are some of the complaints that menopausal women share with you that are most problematic for them?

Barbara Dehn:

Mimi, I know you and a lot of your listeners are hearing the same things, right? You know, nearly three out of four women have hot flashes or night sweats, but a lot of them have complaints and symptoms that they're really not complaining to us about. They're talking to their girlfriends, and unless we ask, we might not be hearing that they're having sleep disturbances, weight gain, maybe too much facial hair, maybe loss of hair on their heads, absolute changes in moods, changes in sexuality, and all of these things contribute to a change in a woman's quality of life.

Mimi Secor:

Very true. For most women, what is the most surprising aspect that you hear them tell you about being in menopause?

Barbara Dehn:

I know that this is going to be surprising to a lot of clinicians and to women who might be listening, but I just saw a lady the other day, and she's really typical of what I see every single day, and that is women have vaginal symptoms. They're dry. They're having pain with intercourse. They may notice some itching or some odor. They maybe aren't lubricating the way they used to naturally, and most of them are surprised that this is not a temporary thing that's just going to go away over time. Most are shocked to learn that this is chronic. It gets worse, and that, if it's left untreated, it can lead to bladder infections. It can lead to a lot more pain with intercourse, even inability to have sex. So, I think vaginal dryness is a thing that we really have to lift the veil from and help women understand that this is not only treatable, but it's preventable.

Mimi Secor:

Right, and they may not even know that this is something that's going to happen to them when they enter menopause.

Barbara Dehn:

It's true. I mean, a lot of them say, "I didn't even know this was a thing," you know? And I said, "Oh, yeah." What I like to do is try to anticipate it prior to menopause when women are perimenopausal and they're having irregular periods and they come in. We start to say, are you noticing that you need more lubrication? And when we do their exam, we'll start to point out that maybe they're losing some of those normal folds or rugae, and so we can talk about that and maybe do some preemptive treatment.

Mimi Secor:

I like that idea. We're on the same page with that. It's kind of a perfect segue to talk about talking about sex in midlife. I know you do that every day. Do you have some pearls for our listeners?

Barbara Dehn:

I sure do. I think the best thing to do is put on your listening ears. I heard my friend, Mimi Secor, say this once, "You get two ears and one mouth, and that means you should be doing twice as much listening as talking," and so I think a lot of open-ended questions when we talk about sex is really, really helpful, and the other thing is that most clinicians I know have not taken a lot of classes in sexuality, and so there's plenty of good resources out there, both online and at conferences. So if you're not comfortable talking about sex, your patients notice that, and they won't bring things up, and it's almost like you have a sign on your forehead. If you're willing to talk about sex, everybody will talk to you about sex, and so becoming more comfortable just listening and by providing a few limited suggestions. That can really help a person.

Mimi Secor:

And Barb Dehn wrote a great book, *The Hot Guide to a Cool Sexy Menopause*, and I've been reading that, and you've got lots of great pearls in there.

Barbara Dehn:

Oh, thanks, Mimi. I know that, for a lot of people, we think about sex as kind of mechanical, positioning, but there's a lot more to it, and we know that emotional intimacy goes with physical intimacy, especially at midlife, and so I put in the book a lot of information on how to talk to a partner, because one of the big issues that you see a lot and I see a lot is unresolved anger really gets in the way in the bedroom, and so having people begin to talk to each other about everything, whether it's taking care of grandparents or kids, helps with that sexual intimacy and the emotional intimacy.

Mimi Secor:

And it can be building for years when the kids are growing and they don't have a lot of time with each other. That anger can build up in both parties.

Barbara Dehn:

It sure can, and all of us see that with women and men who sort of throw in the towel. They drop the kids off at college, and they say, "Who the heck are you," when they look at their partner. As they're looking at their own mortality issues, they're thinking well, do I really want to stick around for this, or should I look elsewhere? But most relationships can be repaired just with a few simple communication techniques like simply using "I" statements instead of "you" statements, you know? "I felt this when I saw this," instead of, "Well, you always do this, or you never do that."

Mimi Secor:

Great suggestion. Great suggestion, especially if we can help clinicians help patients have the dialogue. So thank you. Many clinicians seem confused about treatment options for their patients in menopause. How do you figure out what's best for your patients, Barb?

Barbara Dehn:

Well, I think it goes back to the basics that we all learned in school, and that is start with a complete history and physical. As I tell my students at Stanford, put on your CSI detective hat, and figure out what this person might or might not be at risk for, and then you can determine their treatment options. So healthy young women, so women in their early '50s, who don't have high blood pressure, who don't smoke, who have no family history of breast cancer, they have a wide range of treatment options available at menopause. Women who are a little older who may have a family history of breast cancer or have a history of blood clots themselves in their families, they have different options. I think you have to start by looking at who your patient is because, obviously, one size doesn't fit all.

Mimi Secor:

Absolutely true. We have so many questions, even on the east coast. I always think of Suzanne Summers and the west coast when I ask this question. What is the current thinking on bioidentical and compounded hormones?

Barbara Dehn:

I think there was a lot of confusion over the last 10 years. Women mistakenly thought...and so did many clinicians, that the only place to obtain a bioidentical hormone was through a compounding pharmacy, but luckily, women can obtain bioidentical hormones that are FDA approved from any pharmacy with a prescription. So we have both oral and transdermal preparations. When we say FDA approved, it means they've been rigorously studied. We know both the benefits and the risks.

And I think a lot of people thought that compounded hormones were somehow safer than the FDA-approved formulations, but you know, all hormones carry risks and benefits, and I think it's really important that we all know that when we're advising patients.

Compounding pharmacies are great because they can provide things to our patients that they can't obtain elsewhere. However, there's no free lunch when it comes to hormones. Hormones do carry some risk. So I think it's important to be well informed.

Mimi Secor:

And for both clinicians and patients. So, do you find your patients are confused about treatment for menopause symptoms?

Barbara Dehn:

Oh my gosh, really. You know this so well, and you are helping so many clinicians by all the talks that you give and this radio show. People are so confused, and that's because menopause can float in like a gentle breeze with a few symptoms that aren't really bothersome, or it can sneak up on a woman like a class 5 hurricane, and all these changes can occur overnight. Women are confused because every woman is different. It's like we all get our own ride on the hormonal roller coaster, and every time you get off the roller coaster, you get a new ticket, and your ride can change. So what happens for one woman isn't necessarily going to happen for a friend or a sister, and so I think there's so much confusion because there's so much individual variation.

Mimi Secor:

Well that's important for our patients and our clinicians to understand. Do you have any tips for women who want to treat their menopausal symptoms naturally?

Barbara Dehn:

Oh, absolutely, and I always do this with my patients. I give them a menu of options, and we start with doing nothing. You know, menopause is not a medical condition. It's a natural part of our life changes. However, some of the symptoms can be so bothersome that I like to start with exercise. I mean, something as simple as exercise regularly really helps, but so does yoga, and acupuncture, soy, soy foods, soy milk, edamame, roasted soy nuts. These contain phytoestrogens.

There are some herbs that work better for some women than others. We know that some women do really well with black cohosh. Others do not. So I like to advise women, there's lots of ways you can treat this naturally, and when it comes to sexuality, here's a tip for natural treatment. Use it or lose it, and that means lots of blood flow to that area, whether you're self-sexual or you're with a partner. That will help keep everything feeling a lot better.

Mimi Secor:

Right on. So that's good homework for everybody, even our listeners, our clinician listeners. I like that. So some of my patients, they don't have hot flashes or night sweats. They have muscle aches, problems like that. What's your take on that kind of symptom?

Barbara Dehn:

You know, this is so much more common than we think, and women are thinking they may have fibromyalgia or they have some type of arthritis, but we see that there's a loss of collagen, not only in our muscles, but in our joints, and we think that relates back to joint aches in menopause, and many women are not getting this treated. So I would advise them to talk to a certified North American Menopause Society clinician or practitioner, someone who understands that these muscle aches may be related to a loss of estrogen through the natural part of menopause. Now, I have many, many patients who say, well, gee, using hormones really helped these symptoms, and I have others who have found that something as simple as soy and yoga helps. Again, there's a lot of individual variability in both symptoms and treatment.

Mimi Secor:

It's complicated when we're dealing with humans.

Barbara Dehn:

You mean there's no recipe book that kind of helps you figure it out?

Mimi Secor:

I love your referral to the menopause potbelly. You talk about that in your book, and all of our patients that are menopausal seem to be battling the bulge. What are some of your pearls to help clinicians and patients with their menopause potbelly?

Barbara Dehn:

Well, first of all, it does happen overnight. All of a sudden, all this weight goes right to your middle. Number one, get some Spanx or some kind of foundational garment underneath. No, that's a joke, really, but I use them. Number two, the secret really is weight training. We have to build up our muscle mass. So resistance and weight training, not just two times a week, but three times a week, and figure out how to do it correctly. Many of us don't do weight training correctly. So do talk to a personal trainer or someone at your gym. We know that the rest period between is important, not over lifting, not under lifting, but as you build muscle mass, you will burn more calories, and you will see that menopause potbelly go away.

Mimi Secor:

I love that suggestion. Myself, if I don't work with a trainer, I can injure myself by doing weight training the improper way. I just had no idea. I thought well, there are barbells there. I can just lift them, but you really need to be taught properly. So thank you for that.

Barbara Dehn:

It's true. You can really strain a joint. You can also see no benefit. You can hate going to do your weight training, which is what I hear from a lot of patients. They hate it because they don't see any benefit. It's because they're not doing it properly, and I have a confession. I wasn't doing mine properly either, and then my trainer said, you know, if you slow down and you use less weight, you'll actually do better for yourself, and I saw that almost immediately.

Mimi Secor:

That's awesome, Barb. Congratulations. What advice would you give other clinicians who want to care for midlife women and they would like to become more expert?

Barbara Dehn:

I think that the first thing is to put on your listening ears. Ask more open-ended questions, but also I'd put in a plug for the North American Menopause Society or NAMS. N-A-M-S dot org. They have a great conference, a lot of resources online for both women and clinicians. This is place where you can learn a lot about how to care for menopausal women.

Mimi Secor:

I sure loved the meeting last year when we were all together and learning the latest on research before it's even published. Fantastic. Now, what about for women to find a healthcare provider who's skilled in caring for menopausal women, Barb?

Barbara Dehn:

Well, I think, again, go to NAMS.org. They have a listing of their NAMS-certified menopause practitioners, and then what that means is these are clinicians who have studied and passed a very rigorous exam, including yourself Mimi. I know that you are a NAMS-certified menopause practitioner. So these are skilled clinicians, but they also know the latest research, and they're all evidence based. So that means that women are not going to just get someone's opinion or worse, see a clinician who wants to sell them an herb or a vitamin supplement that hasn't been proven.

Mimi Secor:

Important points. Now, how do you hope, Barb, The Hot Guide to a Cool, Sexy Menopause will help women? What are your hopes for this?

Barbara Dehn:

Well, I really found that women were asking me the same questions all the time, and so I wrote this because it has real-life stories on every aspect of menopause, whether it's hair on your chin, or menopause potbelly, or problems with sex, or leaking urine. All of these things can happen. How to treat hot flashes, but because I know that one size doesn't fit all, I give lots and lots of different examples from real women who've overcome some of these challenges in different ways, and also all that hot tips, I really wanted women to have a better quality of life, enjoy themselves more, and so these tips have been compiled from, you know, decades of working with women and have helped thousands of women live happy, healthier lives.

Mimi Secor:

I love how personal the book is. I just find that flipping in and out of it is very helpful even as clinician, but also as a midlife woman myself. It's just such a great, uplifting guide. Thank you so much for writing that book, and thank you, Barb Dehn, for coming on the show today. It has been an absolute pleasure talking with you.

Barbara Dehn:

Mimi, it's been an honor and a pleasure to talk with you today. Thank you.

Mimi Secor:

I'm nurse practitioner Mimi Secor, and you're listening to ReachMD, the channel for medical professionals. Thank you for listening.