

1

---

---

---

---

---

---

---

---

**Disclosures**

Relevant Disclosures:  
The Menopause Society Board of Directors  
Consultant: Astellas  
No conflicts of interest

References:  
*I will discuss clinical studies of off label use of pharmaceuticals for vasomotor symptoms. This presentation references people born with ovaries. I may use the terms women, she, and her. These terms may not capture the diversity of all those experiencing menopause. We need more research to explore how diverse people experience menopause.*

2

---

---

---

---

---

---

---

---

**Abnormal Bleeding**

- 78% of perimenopausal women
- 10% of postmenopausal women
- 70% of Gyn consults for perimenopausal and postmenopausal women
  - Overall health
  - Quality of Life

3

---

---

---

---

---

---

---

---

### Learning Objectives

## 01

Describe the physiology and pathophysiology of perimenopausal and postmenopausal bleeding

## 02

Review diagnostic considerations for perimenopausal and postmenopausal bleeding

## 03

Discuss treatment options for abnormal bleeding in the menopause transition and menopause

---

---

---

---

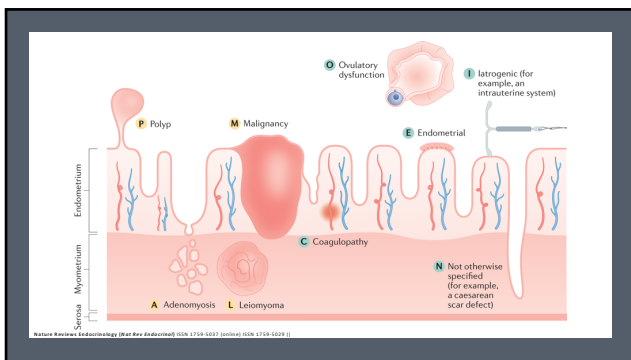
---

---

---

---

4




---

---

---

---

---

---

---

---

5

### Ovulatory Bleeding

- ORDERLY, PREDICTABLE
  - Endometrial proliferation, stromal stabilization
  - Hormone withdrawal
  - Endometrial shedding, coagulation and blood vessel repair
- Cycle resets

---

---

---

---

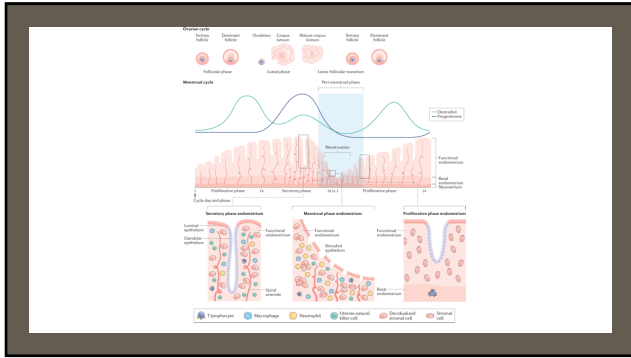
---

---

---

---

6



7

---

---

---

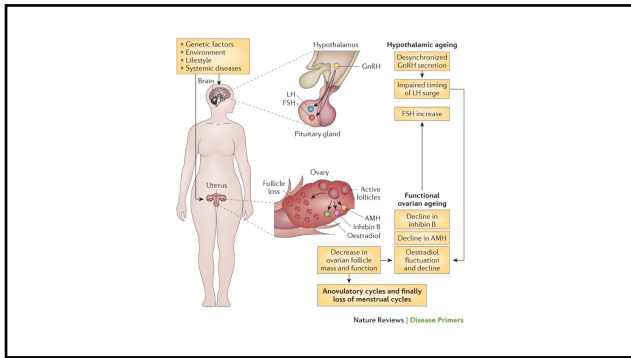
---

---

---

---

---



8

---

---

---

---

---

---

---

---

### Anovulatory Bleeding

UNCOORDINATED,  
UNPREDICTABLE

- Uncoordinated Hormone withdrawal
- Fragile endometrium, no stromal support:
- Irregular endometrial shedding, sloughing
- Erratic bleeding

9

---

---

---

---

---


---

---

---

### HISTORY

- Last or Final Menstrual Period
- Contextual factors of present bleeding
  - Onset, Duration, Frequency, volume
- Absence of systemic symptoms such as breast tenderness, mucus, cramping, bloating, pain
- Menstrual history
  - Age at menarche
  - Age at menopause
- Gynecologic history
  - Infections
  - Abnormal Paps/HPV
- Past medical history: Obesity, PCOS, DM, Thyroid disorders, coagulopathies
- Surgical history
  - Prior pelvic procedures
- Social history
- Family history
  - Inherited mutations
- Medications
  - Hormones, Endocrine therapies, anticoagulants



10

---

---

---

---

---

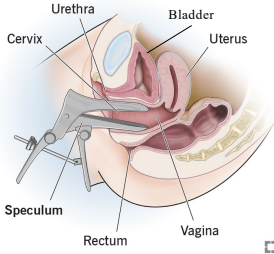
---

---

---

### Pelvic Exam

Exclude non-uterine bleeding



Cleveland Clinic ©2022

11

---

---

---

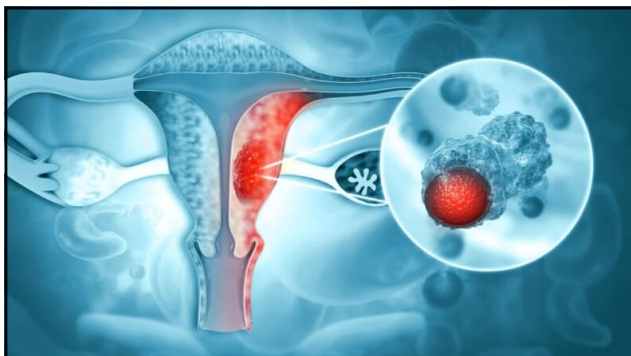
---

---

---

---

---



12

---

---

---

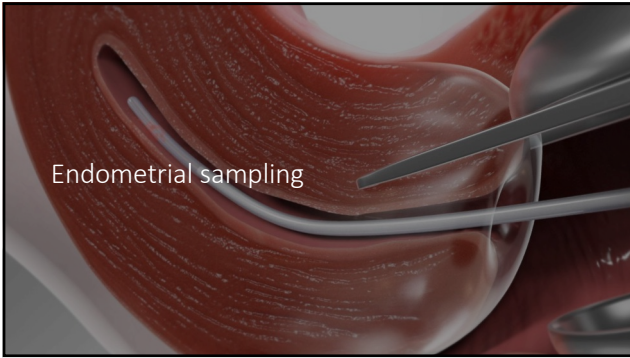
---

---

---

---

---



13

---

---

---

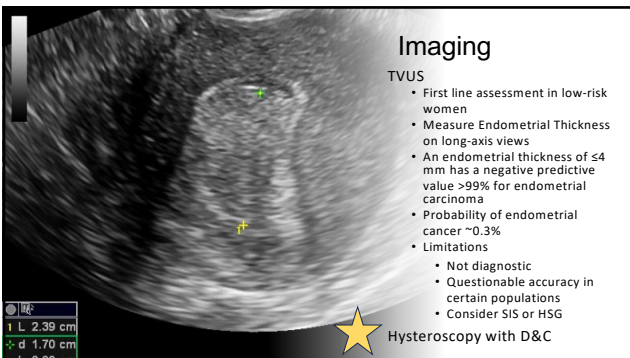
---

---

---

---

---



14

---

---

---

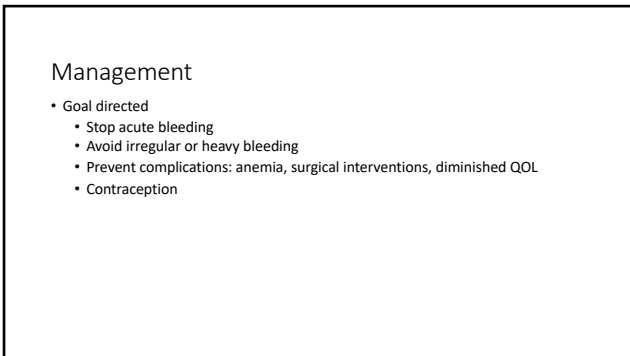
---

---

---

---

---



15

---

---

---

---

---

---

---

---

Management: Anovulatory Bleeding in Perimenopause



16

---

---

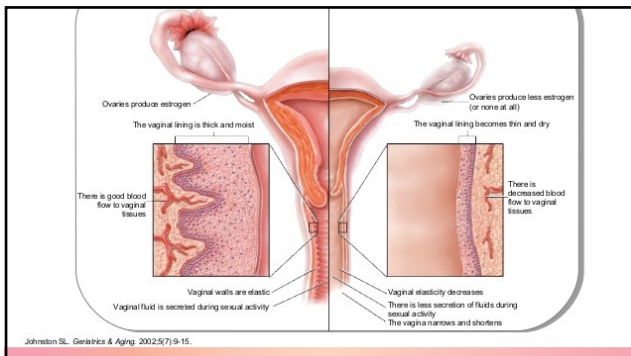
---

---

---

---

---



17

---

---

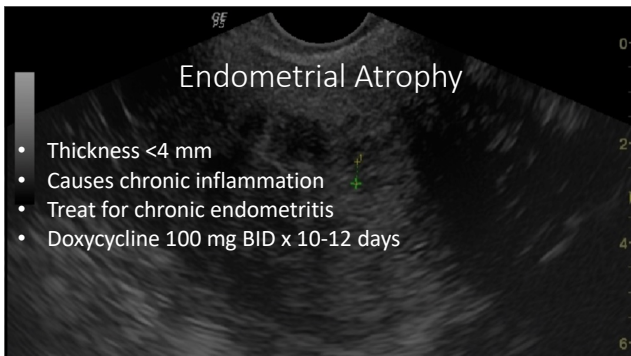
---

---

---

---

---



18

---

---

---

---

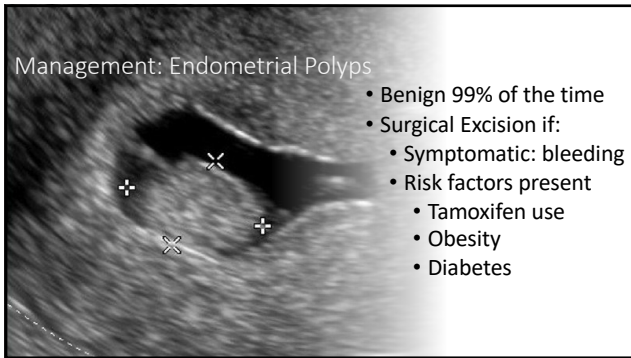
---

---

---

Management: Endometrial Polyps

- Benign 99% of the time
- Surgical Excision if:
  - Symptomatic: bleeding
  - Risk factors present
    - Tamoxifen use
    - Obesity
    - Diabetes



19

---

---

---

---

---


---

---

---

Management: **Benign** Endometrial Hyperplasia

- D&C ± Hysteroscopy
- Hormone therapy
- Endometrial sampling
- Risk reduction strategies: weight loss
- Refer to ONCOLOGY?: EIN, Cancer



Hormonal Agent	Dosage and Length
Medroxyprogesterone acetate	10-20 mg/d (preferred) or cyclic 12-14 d/mo
Depot medroxyprogesterone	150 mg intramuscularly every 3 mo
Micronized vaginal progesterone	100-200 mg/d (preferred) or cyclic 12-14 d/mo
Megestrol acetate	80 mg twice/d (standard dose), range 40-200 mg/d
Levonorgestrel intrauterine system	52 mg in stored reservoir over 5 y

Modified from Trimble CL, Mehdor M, Leiao M, Lu K, Jullie O, Hampton M, et al. Management of endometrial precancers. *Obstet Gynecol* 2012;120:1164-75. doi: 10.1097/S0001-3067(12)03688-1

radiopaedia.org, ID: 30100

20

---

---

---

---

---

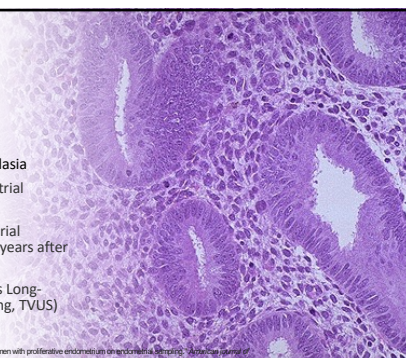
---

---

---

Proliferative Endometrium

- Asynchronous finding in Postmenopausal women
- Increased risk for hyperplasia
- 12% developed endometrial hyperplasia or cancer
- 45% developed endometrial hyperplasia or cancer >5 years after diagnosis
- Treatment (progestins) vs Long-term monitoring (sampling, TVUS)



Rosenberg, Chadi, et al. "Long-term outcome of postmenopausal women with proliferative endometrium on hormonal therapy." *Archives of gynecology and obstetrics* 224.4 (2008): 388-91.

21

---

---

---

---

---

---

---

---

**Management: Bleeding with Hormone Therapy Use**

- No consensus guidelines
- Check the endometrial protection agent
  - Formulation
  - Compliance
- When to evaluate

22

---

---

---

---

---

---

---

---



23

---

---

---

---

---

---

---

---

**Case 1**

- A 63-year-old woman with well-controlled hypertension
- BMI: 25
- Social: nonsmoker, active but does not exercise
- Transdermal estrogen patch and micronized progesterone since age 49 and does not bleed while on HT
- Increased work travel in the last 4 years: misses 1 to 3 months of HT a few times a year
- Feels better while taking HT, does not experience hot flashes or mood or sleep disturbances
- Sexually active without any issues
- In the last 6 months, when she is without her HT, she experiences sporadic spotting or bleeding but has not paid much attention to it because it stops when she restarts the HT
- Annual exam: PCP ordered TVUS and referred to GYN
  - EMS 6 mm
- Presents GYN office for HT refill

What do you do?

24

---

---

---

---

---

---

---

---





25

---

---

---

---

---

---

---

---

Case 2

- A healthy 55-year-old postmenopausal woman
- Uterine fibroids and no prior hysterectomy
- Transdermal estradiol with daily oral micronized progesterone for severe VMS with good response and strongly desires continuing
- Bothersome breakthrough bleeding

What do you do?

26

---

---

---

---

---

---

---

---



27

---

---

---

---

---

---

---

---