


PREGNANCY AND MENOPAUSE IN WOMEN LIVING WITH MS

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- MS is a disease that affects women of childbearing age more than men of the same age
 - Women and couples are very concerned about pregnancy at the time of diagnosis
 - Relationships have been affected by trying to make decisions with little or inaccurate information

Historically...

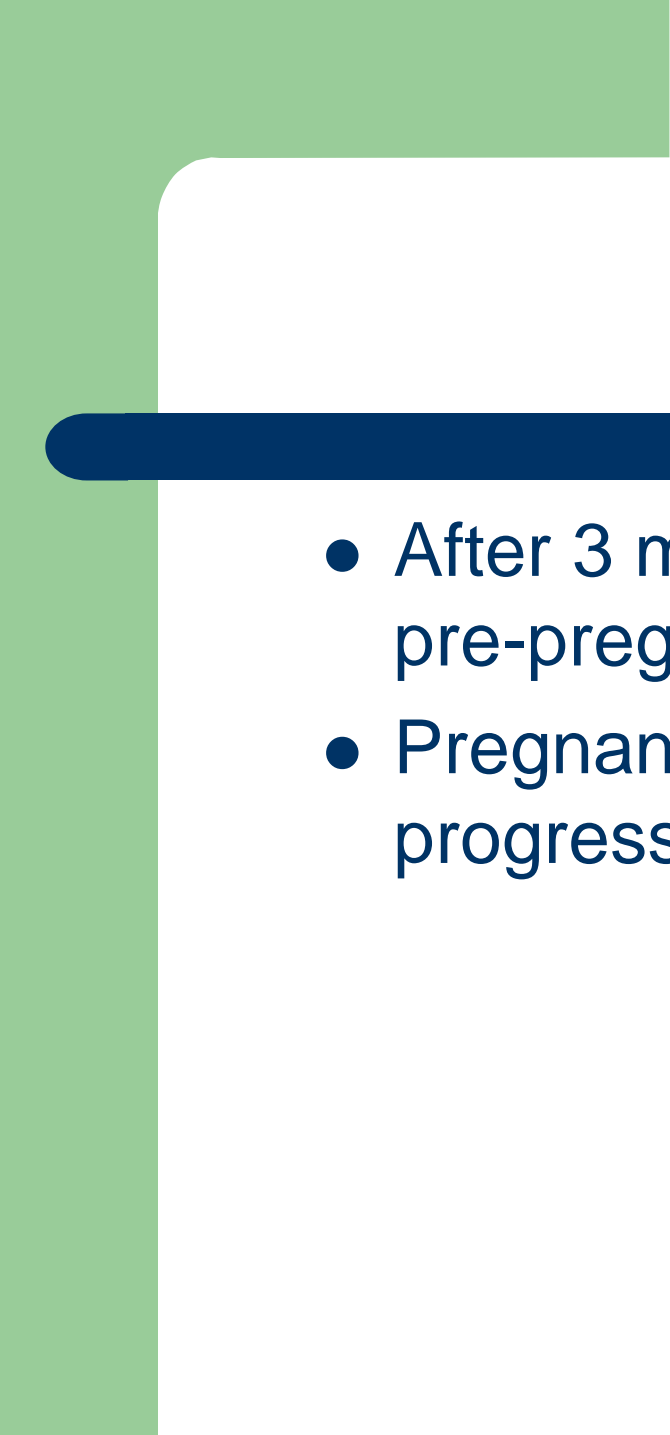

- Before 1950, advice was “don’t get pregnant because it will make you disabled”
- Since 1950, studies have been done that contradict that thought

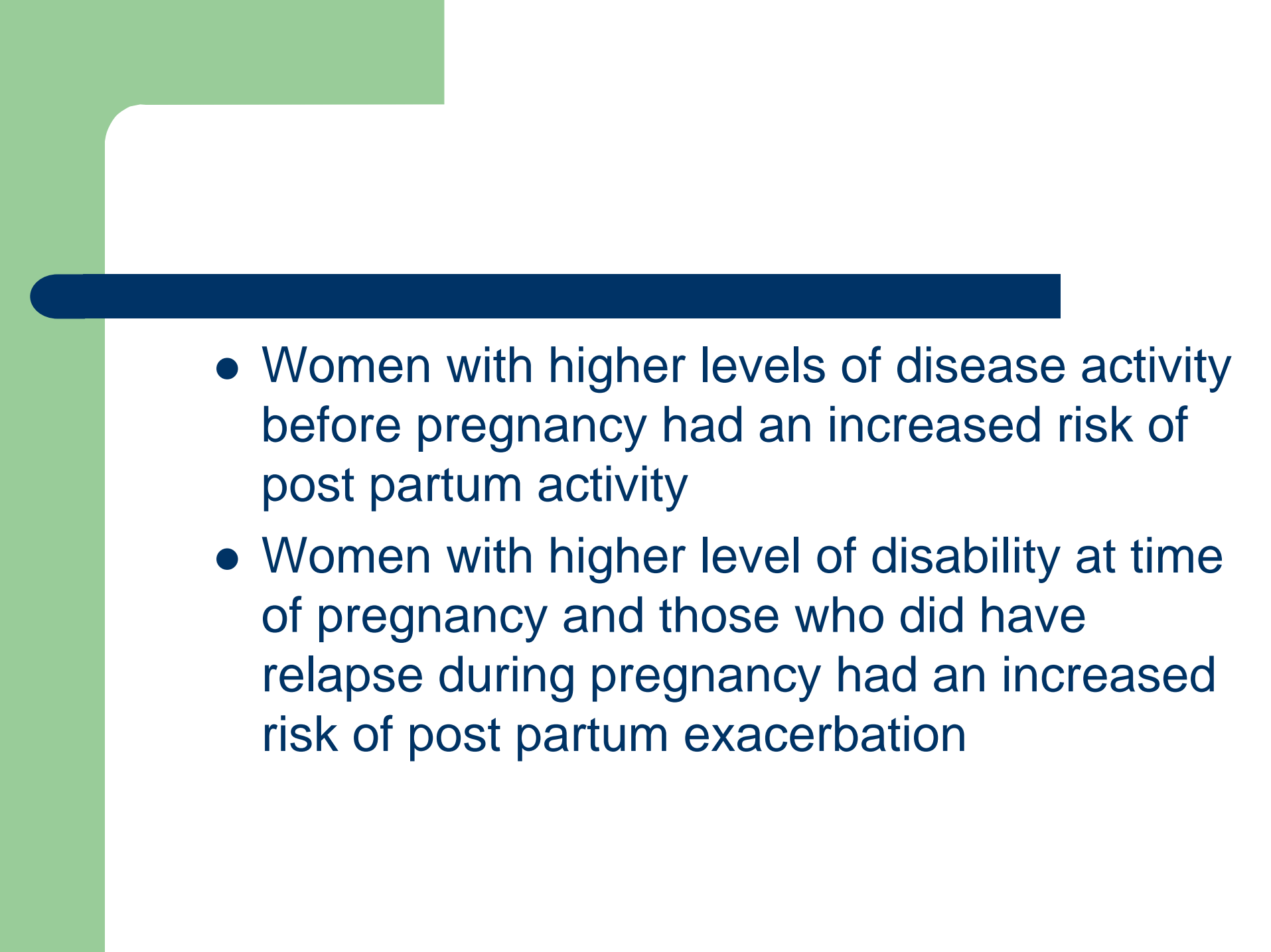
PRIMS Study

- Pregnancy in Multiple Sclerosis
- 269 pregnancies were followed during 9 months of pregnancy and for 2 years post partum
- Information on the women was obtained for the year before conception concerning the activity of their MS and existing disability

Results

- Reduction in the relapse rate during pregnancy, especially in the third trimester, compared with the year before pregnancy
- Significant increase in the relapse rate in the first 3 months post partum
- 1/3 of the women experienced post partum relapses

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- After 3 months, women went back to their pre-pregnancy relapse rate
 - Pregnancy did not influence disability progression

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- Women with higher levels of disease activity before pregnancy had an increased risk of post partum activity
 - Women with higher level of disability at time of pregnancy and those who did have relapse during pregnancy had an increased risk of post partum exacerbation

Other facts

- Spinal, epidural and general anesthesia can be used safely in women with MS
- Babies are not at increased risk of birth defects, premature delivery, low birth weight or death

Disease modifying agents

- It is advised that all disease modifying agents be stopped before attempting conception

Other drugs used in MS

- Women using methotrexate and cyclophosphamide need to discuss timing of pregnancy with their physicians
- Steroids can be used in pregnancy if needed but obstetrician and neurologist need to confer on type of steroid and dosing

Breast Feeding

- There is no evidence that breast feeding is protective or not during post partum period
- If breast feeding is chosen, resuming or starting disease modifying agents is not recommended until finished
- If steroids are needed during this time, breast feeding needs to stop, discarding the milk, until after therapy is complete and then can be resumed if desired

If not breast feeding...

- Disease modifying medications can be re-started immediately or at a time you and your physician decide

Genetic risk of MS and offspring

- The risk in a child of an MS patient is 3% to 5%
- The risk to a child with 2 parents with MS is 31%

Decision making

- All couples should go through a decision making period whether they have MS or not
- MS just gives them more to think about
- Discussion needs to happen about all aspects of their life together and how a child will be part of that

Planning for pregnancy

- Check with neurologist and discuss how active your disease is now
- Ask if it is an appropriate time to stop your disease modifying therapy
- If you are not currently on a therapy, ask if it is appropriate, given clinical picture, to postpone starting if you want to start your family right away

Talk to your support system

- If an exacerbation occurs post partum, who will be available to help you out?
 - Meals/shopping
 - Cleaning
 - Caring for other children at home

Post partum period

- PLAN FOR REST!!!
- Utilize help when offered; ask for it if not
- If breast feeding, get help with night time feedings from partner to keep you from awakening completely
- If not breast feeding, ask for help to allow you to sleep through the night

Bottom line

- Focus on your baby and your health

FAST FORWARD

- MS is a disease that affects women of childbearing age more than men of the same age
- Women and men get older, however
- Menopause and Aging Male Syndrome are going to get us all



well, that
sucked.



Perimenopause

- Time leading up to menopause when changes are first noted
- The year after menopause
- Ovaries start shutting down and make less estrogen and progesterone
- Usually occurs between 45 and 55 but many women start earlier and go longer

Symptoms of Perimenopause

- Changes in pattern of periods (longer, shorter, lighter or heavier or irregular)
- Hot flashes
- Night sweats
- Sleep problems
- Vaginal dryness
- Mood changes (irritable, cranky)
- problems focusing, feeling mixed up or confused
- Less hair on head, more on face

Menopause

- The time when the periods stop
- Not menopause until 12 periods have been missed

Signs and symptoms of menopause

- Hot flashes
- Night sweats
- Sleep disturbances
- Vaginal dryness
- Mood swings
- Trouble focusing, feeling mixed up or confused
- Less hair on head, more on face
- Thinning of bones

General management

- Healthy diet
- Regular exercise
- No medication intervention

Medical management

- Hormone replacement therapy is approved for hot flashes and vaginal dryness
- Replacement therapy is not approved as a sole treatment for:
 - Bone density
 - Heart disease prevention
 - Stroke prevention
 - Memory loss
 - Alzheimer's disease

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If using hormone replacement therapy, use the lowest dose for the shortest time needed

Risks of hormone replacement therapies

- Blood clots
- Heart attacks
- Strokes
- Breast cancer
- Gall bladder disease

Benefits of hormone replacement therapies

- Decreases hot flashes
- Decreases vaginal dryness
- Decreases bone loss
- May improve sleep patterns
- May decrease mood swings

Women who should not take hormone replacement therapy

- Those who may be pregnant
- Those with problems with vaginal bleeding
- Those with certain cancers (breast and uterine)
- Those with history of stroke or heart attack
- Those with history of blood clots
- Those with history of heart disease
- Those with history of liver disease

Side effects of replacement therapy

- Vaginal bleeding even when natural bleeding has stopped
- Bloating
- Breast tenderness and swelling
- Headaches
- Mood changes
- Nausea

CAM and menopause

Commonly used:

- Soy which contains phyto-estrogens
 - No evidence that they help symptoms
 - Risks are not known but small studies have indicated the risks may be similar to medication
 - May be beneficial for some symptoms
- Bio-identical hormone therapy (compounded) no different from available hormones in risk or benefit

Suggestions for management

Look for triggers for hot flashes:

- Hot or spicy foods
- Alcohol consumption
- Caffeine use
- Increased stress
- Hot environment

If replacement therapy not an option

- Antidepressants may help
- Anti epileptic medications may help

Management of symptoms

Vaginal dryness

- Any OTC lubricant
- If dryness is only reason for using a hormone replacement therapy, consider topical estrogen instead of systemic

Sleep disturbance

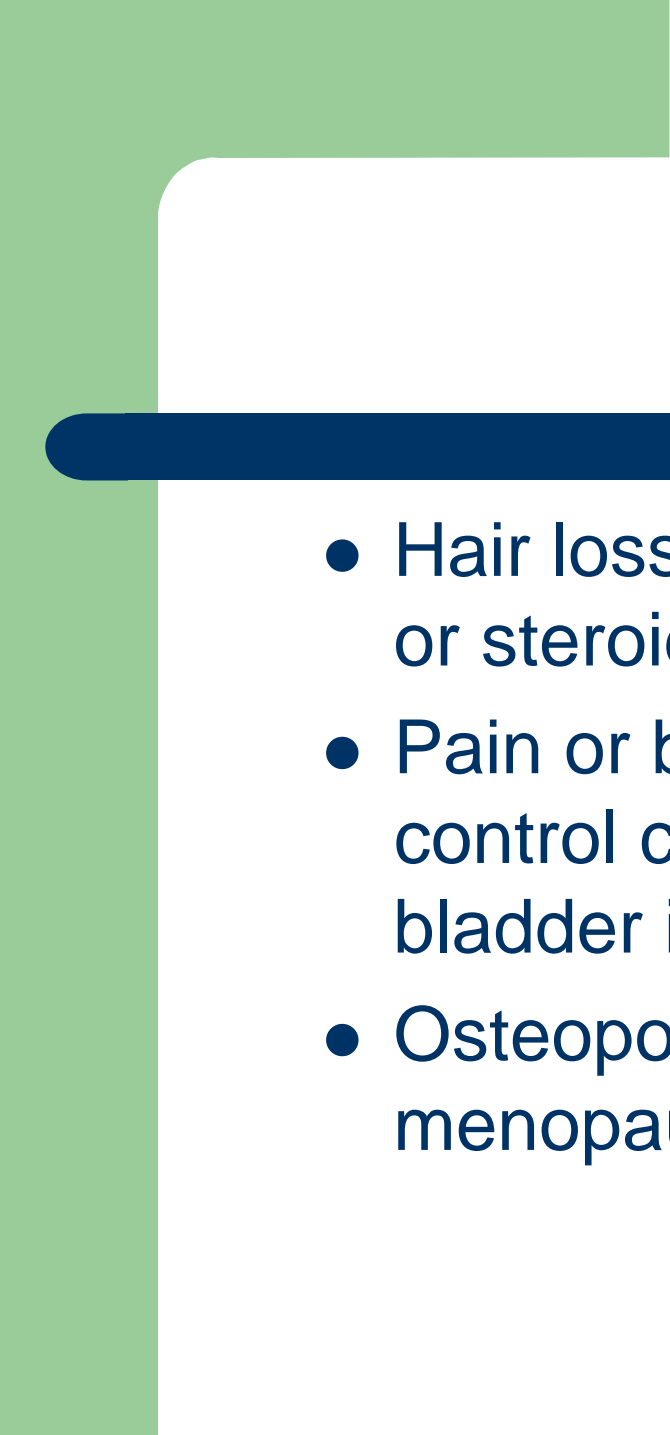

- Sleep hygiene
- Usual approach to managing insomnia

Mood swings

- More prevalent when women experienced PMS with periods
- Improves with replacement therapies
- Improves with sleep improvement
- Improves with more exercise

Menopause and MS

- Hot flashes and night sweats increase MS symptoms
- Sleep problems increase fatigue
- Vaginal dryness may occur from either cause
- Mood changes can occur from either
- Trouble focusing, feeling mixed up and confused occur from both


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- Hair loss can occur from hormonal changes or steroids or interferons
 - Pain or burning with urination and decreased control can occur with hormone decrease, bladder infections, and MS
 - Osteoporosis increases in both MS and menopause

Menopause and mental health

Decreases in estrogen can lead to depression, anxiety, fears and mood swings.

- Other causes

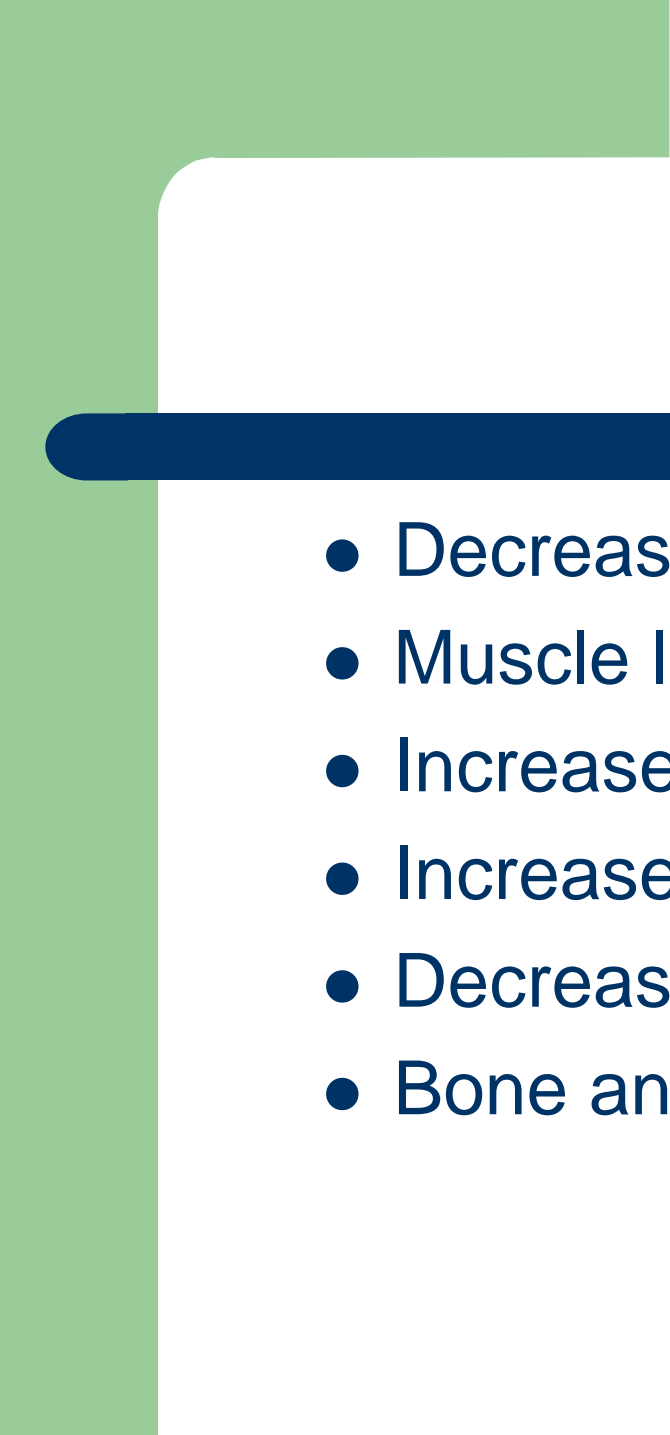
- Pre-existing depression
- Increased stress
- Severe menopausal symptoms
- smoking

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- Deconditioning
 - Relationship issues
 - Job loss or retirement
 - Less money
 - Decreased self esteem
 - Decreased social support
 - Loss of ability to conceive (usually conceptual not reality)

Aging Male Syndrome

Testosterone decline between ages of 35 and 65

- Feel fat or gain weight
- Sleep problems
- Decreased libido
- Irritability and anger
- Erectile dysfunction
- Nervousness

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- Decreased memory and concentration
 - Muscle loss
 - Increased urination
 - Increased depression
 - Decreased energy
 - Bone and hair loss

Management

- If these symptoms are a significant problem in your life, discuss them with your physician for appropriate interventions



