

## Sources

- <sup>1</sup> Office on Women's Health, U.S. Department of Health and Human Services, [www.womenshealth.gov](http://www.womenshealth.gov)
  - <sup>2</sup> U. S. Department of Health and Human Services, National Institutes of Health, Facts About Menopausal Hormone Therapy. 2005
  - <sup>3</sup> Citalopram (Celexa) Package Insert See: Dosage and Administration: Special Populations section: [pi.actavis.com/data\\_stream.asp?product\\_group=1906&p=pi&language=E](http://pi.actavis.com/data_stream.asp?product_group=1906&p=pi&language=E)
  - <sup>4</sup> National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2014.
- \*If your doctor prescribes steroid therapy, consider using a bisphosphonate such as alendronate or ibandronate, which are considered less risky.
- †Dosing adjustment: citalopram (Celexa) maximum daily dose for those older than 60 years: 20 mg/day.

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# Women's health

Understanding your health is important to your well-being



## WHAT IS MENOPAUSE?

Your personal health needs change as you experience different stages in life. Menopause, or the point when you no longer have a menstrual period, can bring with it unique health challenges. It's a naturally occurring process that results from your body producing less estrogen and progesterone as you grow older.<sup>1,2</sup>

## THESE ARE THINGS WOMEN MAY EXPERIENCE DUE TO MENOPAUSE

Before, during and after menopause, you may experience hot flashes, vaginal dryness or osteoporosis.

Some women are prescribed hormone replacement therapy to help with these symptoms. However, hormone replacement therapy can cause serious side effects in some women, including breast or endometrial cancer, blood clots or stroke. For additional information regarding serious side effects or risks, please speak with your doctor.<sup>1,2</sup>

The good news is there are safe alternatives to hormone replacement therapy. Read on to find out more about what causes hot flashes, vaginal dryness and osteoporosis as well as safe treatment options for each.

## SAFER ALTERNATIVES TO HORMONE REPLACEMENT THERAPY

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## WHAT ARE HOT FLASHES?

Hot flashes are a sudden feeling of intense warmth that begins in the neck or face. They are often accompanied by sweating and anxiety. Some women have hot flashes for a brief amount of time around the start of menopause, while other women may never experience hot flashes.<sup>1,2</sup>

There are many ways you can reduce the effects of hot flashes without using hormone replacement therapy, including:<sup>2</sup>

- Avoiding caffeine, tobacco, alcohol and spicy foods
- Trying relaxation methods, such as:
  - Paced breathing
  - Picturing a person, place or time that makes you feel happy and relaxed
- Lowering the thermostat
- Dressing in layers

The following medicines, which are less risky than hormone replacement therapy, can also help reduce the effect of hot flashes:<sup>2</sup>

- Citalopram (Celexa®)<sup>3+</sup>
- Venlafaxine (Effexor®)
- Sertraline (Zoloft®)

## WHAT IS OSTEOPOROSIS?<sup>2,4</sup>

Osteoporosis is a disease that weakens your bones. All postmenopausal women ages 50 and older should ask their doctors about their risk for osteoporosis. In general, the more risk factors that are present, the greater the risk of fracture.

### Lifestyle risk factors

Alcohol abuse	Excess thinness
High vitamin A intake	Frequent falling
High salt intake	Immobility
Low amount of physical activity	Low calcium intake
Smoking (second-hand or active)	Vitamin D deficiency

There are many things you can do to help prevent osteoporosis, including:

- Weight-bearing exercise and regular physical activity
- Making sure you get enough calcium and vitamin D in your diet
- Avoiding heavy alcohol consumption and smoking
- Minimizing exposure to steroid therapy\*

Additionally, there are other ways to help deal with symptoms of osteoporosis, including:

- Fall prevention measures
- Anatomically designed hip protectors
- Vitamin D and calcium supplements
- Raloxifene (Evista®)
- Alendronate

## What is vaginal dryness?

Vaginal dryness occurs due to the loss of normal vaginal moisture. It's one of the most common complaints of postmenopausal women.<sup>1,2</sup>

### Common signs of vaginal dryness

Vaginal irritation	Vaginal itching
Pain with intercourse	Vaginal soreness
Urinary frequency	Urinary tract infections

Certain lower-risk medicines can help reduce the impact of vaginal dryness, including:<sup>2</sup>

- Water-soluble lubricants for intercourse
- Long-acting moisturizers such as Replens®
- Hormone replacement estrogen creams, like estradiol and Premarin®, which are less risky because your body doesn't absorb them as much as it does oral medicines

## What types of hormone replacement therapy are risky?<sup>2</sup>

All oral and patch forms of estrogen are considered potentially risky:

Oral products including:

- Esterified estrogen (Menest®)
- Estropipate (Ogen®)
- Estradiol (Estrace®)
- Drospirenone-estradiol (Angeliq®)
- Norethindrone/ethinyl estradiol (Femhrt®, Jinteli®)

Topical estradiol patches such as:

- Climara®
- Vivelle-Dot®

## Is my medicine putting me at risk for hot flashes, vaginal dryness or osteoporosis?<sup>2</sup>

Certain medicines can put you at risk for developing these issues or may even be the underlying cause.

Some medicines can lower estrogen levels and cause hot flashes, including:

- Leuprolide (Lupron®)
- Danazol (Danocrine®)

Cough, cold and allergy medicines may contain an antihistamine which can lead to vaginal dryness.

Many medicines can cause bone thinning, which may lead to osteoporosis, including:

- Corticosteroids
- Carbamazepine (Tegretol®)
- Phenytoin (Dilantin®)
- Excessive doses of thyroid replacement medicines
- Proton pump inhibitors such as omeprazole (Prilosec®)

## What should I consider before stopping hormone replacement therapy?<sup>2</sup>

After discussing the risks of hormone replacement therapy, your doctor may consider modifying your therapy with safer alternative medicines or by using non-medical methods listed in this brochure. If you and your provider decide that your hormone therapy should be discontinued, you will likely decrease the dose of your hormone replacement therapy over time.