Review: vasomotor symptoms peak at 1 year after final menstrual period and may persist for many years

QUESTION
What is the natural progression of vasomotor symptoms (VMS) during the transition to menopause?

REVIEW SCOPE
Included studies reported the prevalence of VMS (hot flushes, hot flashes, night sweats, and cold sweats) during and after the transition to menopause. Studies that reported menopausal symptoms using rating scales, those based only in specific clinics, and randomised trials of menopausal treatments were excluded. Outcomes were prevalence of self-reported VMS over time in years up to and from final menstrual period (FMP) and by menopausal stage (Stages of Reproductive Aging Workshop criteria).

REVIEW METHODS
MEDLINE, clinical manuals, textbooks, and reference lists were searched for longitudinal or cross-sectional studies. 10 studies (n = 35 445, age 39–65 y) met the selection criteria: 2 longitudinal and 8 cross-sectional studies. All studies had high sample representative scores based on the Newcastle-Ottawa Quality Assessment Scale, and both longitudinal studies had >80% follow-up.

MAIN RESULTS
Meta-analysis showed that VMS started to increase at 2 years before FMP, peaked at 1 year after FMP, and returned to baseline at 8 years after FMP (table). 50% of women reported VMS 4 years after FMP, and 10% reported symptoms up to 12 years after FMP.

CONCLUSION
Vasomotor symptoms peak at 1 year after final menstrual period and may persist for many years.

Prevalence of vasomotor symptoms during and after transition to menopause

<table>
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<tr>
<th>Time to or from FMP</th>
<th>Pooled prevalence (95% CI)</th>
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<tbody>
<tr>
<td>2 years before FMP</td>
<td>14% (10 to 19)</td>
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<tr>
<td>1 year after FMP</td>
<td>56% (50 to 61)</td>
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<tr>
<td>5 years after FMP</td>
<td>29% (22 to 37)</td>
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<tr>
<td>8 years after FMP</td>
<td>Returned to baseline</td>
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STRAW stage:
- Premenopause: 16% (12 to 20)
- Early postmenopause (<4 y after FMP): 60% (57 to 63)
- Late postmenopause (>5 y after FMP): 44% (34 to 54)

FMP, final menstrual period; STRAW, Stages of Reproductive Aging Workshop. CI defined in glossary. Analysis based on a random-effects model.

Meta-analysis of 6 studies (1 longitudinal and 5 cross-sectional).
Meta-analysis of 4 studies (1 longitudinal and 3 cross-sectional).

ABSTRACTED FROM

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The meta-analysis by Politi et al should be lauded for rigorous and carefully considered methods. 1 study had participants up to 62 years of age at baseline.1

The scant availability of longitudinal studies hampers the assessment of factors influencing VMS prevalence and duration. The limited data on ethnic and socioeconomic influences on VMS duration is disappointing because African-American women report more of these symptoms than Caucasian women, as do women who are under economic strain.2,3

Counselling to address expectations of women in transition to menopause will be substantially influenced by the results of this meta-analysis. The fact that 10% of women report VMS 12 years after FMP will surprise many clinicians. Moreover, the study highlights a message that probably has not been adequately appreciated by clinicians previously: the potential for protracted VMS many years after FMP. Although less emphasised by the authors, information about the high frequency of VMS among menstruating women will enhance clinical counselling. Politi et al indicate that knowing the expected duration of VMS is a critical factor in determining whether women decide to take hormone therapy (HT). However, we cannot yet predict VMS duration in individual women. Moreover, current guidelines advocate HT avoidance in women with pre-existing elevated baseline risk for HT-associated adverse events, as well as efforts to discontinue HT at regular intervals.4 These recommendations are unlikely to change based on the results of this study. Because this meta-analysis has documented the potentially long duration of VMS, we must increase efforts to find VMS treatments that are safe for prolonged use. Clinicians looking for information to predict which women are at risk of prolonged VMS can look forward to future reports from longitudinal studies, such as the Study of Women’s Health Across the Nation.

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