
CASE DISCUSSIONS

CASE 1

- A 48-year-old airline attendant is suffering from severe and disruptive vasomotor symptoms.
- She had her last period 18 months ago. She has had significant problems with sleep disturbance, which are greatly impacting her ability to perform at work where she does many of the trans-Pacific routes.
- She often suffers vaginal dryness and chafing by the end of a long flight.
- She is worried about her ability to remember pills, or not get them mixed up as she regularly crosses the date line.

CASE 2

- A 36-year-old teacher with premature menopause with complaints of hot flashes and night sweats that are interfering with her sleep and work.
- She previously underwent a total hysterectomy with bilateral oophorectomy for the treatment of severe pelvic inflammatory disease and tubal abscesses.
- After 6 months of oral estrogen, continued VMS, fatigue, decreased energy and libido.

CASE 3

- 54 years old, BMI 32, postmenopausal (2 years since her last menstrual period).
- Family history of stroke (Dad) and DVT (Mom).
- She is experiencing disruptive menopause symptoms including night sweats, hot flashes and severe moodiness. These were initially self-managed with herbal remedies, but her symptoms are now having a more severe impact on her life (e.g., increase work absences, frequently upset and irritable).
- She is worried about the risk of VTE associated with hormone therapy and feels it is too risky for her.

CASE 4

- 49 year-old P-0 woman whose last menstrual period was 3 months ago.
- Her mother is a breast cancer survivor.
- History of DVT from 20 years ago
- She presents reporting difficulty sleeping because of hot flushes. She feels that this is interfering with her ability to function. She also reports that she has no energy.
- She currently smokes (1/2 pack per day).
- She has dense breasts on mammogram.

CASE 5

- 52 years old, 2 years postmenopausal. Currently experiencing severe VMS, sleep deprivation, decreased libido and sexual response, and dyspareunia.
- Has experimented with black cohosh with no success. Trials of clonidine and venlafaxine also resulted in a poor response.
- Patient is interested in trying HT but does not wish to experience BTB and has family hx of breast cancer
- She currently smokes 1/2 pack per day.