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Sleep and Menopause

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Royal Women's Hospital and
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EST. 1853
CELEBRATING 160 YEARS OF EXCELLENCE

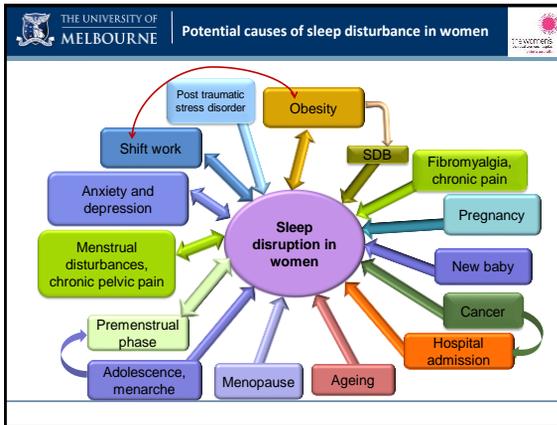
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Sleep in women

- Sleep disturbance is more common in women
 - Women are 1-2 times more likely to report insomnia than men
 - Prevalence in women 9-15%
- Prevalence increases with age
 - More than 50% of women report sleep disturbance of the menopause transition
 - Severe in 26%



2007 Women and Sleep workshop, Phillips et al 2008, Espie et al 2012, Baker et al, 2018



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Menopause: What is it?

- Final menstrual period
 - Average age 51 years
- Around 8% experience early menopause (under 45 years)
 - Cancer treatments
 - Risk-reduction (BRCA)
 - Spontaneous premature/early menopause

Today, women take the advent of menopause in their stride, and openly discuss their feelings:



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Menopause: what symptoms does it cause?

- Vasomotor symptoms:
 - hot flushes and night sweats in 85%
 - May impact on sleep and mood
- Vaginal Dryness



NIH state of the Science 2006, Welton et al 2008

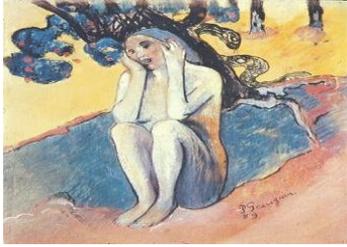
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Menopause: how long does it last?

- Mean duration of vasomotor symptoms at natural menopause is 4-7 years
 - Onset around age 47 years
- Most severe symptoms around the final menstrual period
- Duration after early, surgical or chemo-induced menopause unknown



Kronenburg 1990, Politi et al 2008, Col et al 2008, Freeman et al 2014



SLEEP DISTURBANCE AND MENOPAUSE

Endocrine factors

- Vasomotor symptoms
- Changes in sleep architecture
- Nocturia

Psychological Symptoms

- Anxiety
- Depressive symptoms

Somatic Symptoms

- Aches and pains
- Fatigue
- Restless legs



- Concurrent mental or physical illness
 - Depression and anxiety twice as common in women
 - Chronic pain syndromes 10x in women
- Snoring partner
- Poor sleep hygiene or excess alcohol
- Sleep disordered breathing
- Restless legs



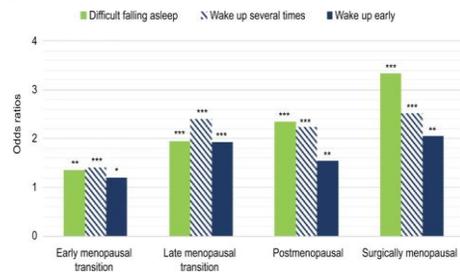
Mogil et al 2012, Hickey et al 2012

What happens to sleep at menopause?



- Sleep disturbance is one of the most common reasons women seek treatment at menopause
- Around one third report new onset sleep disturbance during the menopause transition
 - Difficulty falling asleep
 - Multiple awakenings, difficulty getting back to sleep
 - Reduced sleep quality
 - Daytime tiredness and poor concentration
- Vasomotor symptoms only account for one third of time spent awake

Kravitz et al 2008, Soares et al 2007, Polo-Kantola 2011, Ameratunga et al 2012, Xu et al 2014, Baker et al, 2018



Sleep difficulties across the menopause transition and surgical menopause
 Notes: * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$.
 (Kravitz et al. 2017)



EVALUATING AND MANAGING SLEEP DISTURBANCE AT MENOPAUSE

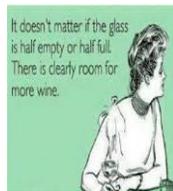
Is this woman in the menopause transition?

Probably "yes" if:

- She is the right age (45+)
- She thinks she is going through menopause
- She has hot flushes and night sweats



- What is the problem?
 - Difficulty falling asleep?
 - Early morning wakening?
 - Think depression
 - Multiple awakenings?
 - Think menopause
- Lifestyle and medication
- Other sources of sleep disturbance?
 - Snoring partner
 - Nocturia
 - Evening alcohol consumption
 - Clinically significant anxiety or depression



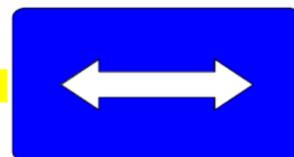
Chronic Insomnia (known as Insomnia Disorder in DSM-V)

- Difficulty falling asleep, staying asleep, and/or early morning awakenings
- Causes distress or impairment in important areas of functioning
- Occurs at least 3 nights/week, for at least 3 months
- The sleep problem occurs despite adequate opportunity for sleep

- Impaired daytime function
- Increased mood disturbance
 - Persistent and recurrent depression
- Increased cardiovascular disease



SLEEP



Depression

Improving sleep improves mood

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Flexible and individualised approach

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Maybe: If hot flushes/night sweats are causing awakenings



Polo-Kantona et al 2003, Welton et al 2008

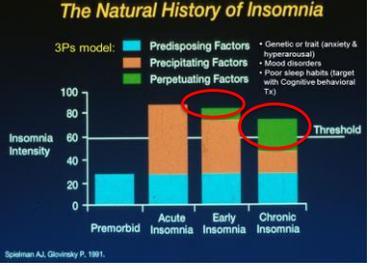
THE UNIVERSITY OF MELBOURNE | Psychological interventions | 



"Have you tried turning off your conscious mind and then turning it back on again?"

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The Natural History of Insomnia



3Ps model:
 ■ Predisposing Factors (Genetic or trait (anxiety & hyperarousal) / Mood disorders)
 ■ Precipitating Factors (Poor sleep habits (target with Cognitive behavioral Tx))
 ■ Perpetuating Factors

Insomnia Intensity

Premorbid Acute Insomnia Early Insomnia Chronic Insomnia

Spelman AJ, Givens P. 1991.

CBTi Focuses on Perpetuating Factors

THE UNIVERSITY OF MELBOURNE | CBT is first-line treatment for insomnia | 



CBT-i improves sleep at menopause



Espie et al 2012; <http://www.sleepio.com/>; (Morin & Benca 2012; Howell et al., 2014, McCurry et al 2016)

THE UNIVERSITY OF MELBOURNE | CAN-SLEEP: Sleep disturbance in cancer | 

CAN-SLEEP: MAKING NIGHT-TIME SLEEP PROBLEMS GO AWAY

A guide for people with cancer



INTRODUCTION

- Is this booklet for you?.....1
- What is Cognitive Behavioural Therapy for sleep?.....2
- How do you use this booklet?.....2
- How long before sleep gets better?.....2

ALL YOU NEED TO KNOW ABOUT SLEEP AND CANCER

- Why do we sleep?.....3
- Factors that impact sleep.....3
- Sleep disrupting factors.....4
- Sleep deprivation.....4
- The vicious cycle of sleep problems.....4
- Insomnia.....5

WHAT CAN HELP IMPROVE SLEEP?

- 1. Developing healthy thoughts about sleep.....6
- 2. Keeping bed a place for sleep.....8
- 3. A healthy lifestyle for sleep.....10
- 4. Tips for cancer-related problems that impact sleep.....12
- 5. Looking after your mind and body.....16
- 6. Tracking your sleep.....20
- 7. Additional treatments and resources for sleep.....20
- 8. Stopping sleep problems from coming back.....22

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- Non-hormonal treatments for vasomotor symptoms may also improve sleep
 - SSRI (citalopram, escitalopram, paroxetine)
 - SNRI (des/venlafaxine)
 - Gabapentin



Joffe et al 2012, Pinkerton et al 2014

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- Hypnotics (zolpidem, eszopiclone)
 - Improved sleep induction and reduced awakening at menopause
 - Zolpidem (10mg) + SNRI/SNRI in breast cancer patients with VMS improves hot flushes, sleep and quality of life over 5 weeks



Dorsey et al 2004, Joffe et al 2010

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- Obesity increases risk of sleep disordered breathing
- Weight loss and exercise can improve sleep
- Improved sleep improves physical and psychological outcomes



Twoogor et al 2003, Chaput et al 2013

THE UNIVERSITY OF MELBOURNE | In summary | 

- Sleep disturbance is common over the menopause transition
 - Multiple awakenings most common
- Treating vasomotor symptoms may help
- CBT is the first-line treatment for insomnia
- Selected antidepressants may help sleep and mood disorders
- Hypnotics may improve daytime function



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Menopause Essentials Update
The Victoria Hotel, Melbourne
Saturday 25 May 2019
www.menopause.org.au



SPEAKERS

<p>PROFESSOR ANDREW HODGSON is a Clinical Endocrinologist at the Department of Endocrinology, Victorian Health, Victoria, working in the Menopause Clinic, Melbourne and is a member of the Royal Australian and New Zealand College of Endocrinology and Metabolism Ltd. He is a past president of the Australasian Menopause Society, a past president of the Victorian Menopause Society and a past president of the Australasian Menopause Society and an Honorary Fellow of the Society.</p>	<p>PROFESSOR REBEKAH DODD is a PhD, Senior Physiotherapist, Fellow, Director of the Menopause Health Research Program, Research Strategy Director and Chair of the Victorian Menopause Clinic, Melbourne, Victoria. She is a past president of the Australasian Menopause Society, the past vice president of the Victorian Menopause Society, the past vice president of the Australasian Menopause Society and a past president of the Australasian Menopause Society.</p>
<p>DR JESSICA DAVENPORT is an Endocrinologist at the Victorian Health, Melbourne, Victoria. She is a past president of the Australasian Menopause Society and a past president of the Victorian Menopause Society.</p>	<p>PROFESSOR BEVERLY HOLLANDERS is a Menopausal Endocrinologist and Honorary Associate Professor at the Victorian Health, Victoria. She is a past president of the Australasian Menopause Society and a past president of the Victorian Menopause Society.</p>

 2017-2018

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZOG) Approved O&G Workshop (Clinical Expertise Domain) 3 PD points.

Thank you!



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