

Comprehensive Menopausal Assessment: An Approach to Managing Vasomotor and Urogenital Symptoms in Breast Cancer Survivors

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Purpose/Objectives: To describe the development and implementation of a comprehensive menopausal assessment (CMA) and intervention program for women with a history of breast cancer.

Data Sources: Published articles selected from computerized databases, conference proceedings, bibliographies of pertinent articles and books, and lay publications.

Data Synthesis: The CMA program consisted of a structured, comprehensive assessment of three symptoms (hot flashes, vaginal dryness, and stress urinary incontinence) and an individualized plan of education, counseling, nonestrogen treatments, psychosocial support, referrals, and follow-up.

Conclusions: A structured approach to evaluating and managing vasomotor and urogenital symptoms with, for example, the CMA, may help breast cancer survivors with severe symptoms more effectively manage these symptoms than "usual care."

Implications for Nursing: Nurses providing care for women with a history of breast cancer can incorporate the key elements of the CMA program into their practice to facilitate more effective management of three common menopausal symptoms that often are undertreated in this patient population.

Vasomotor and urogenital symptoms are common among the general population of postmenopausal women (Dennerstein, Dudley, Hopper, Guthrie, & Burger, 2000). However, increasing evidence indicates that these symptoms may be more prevalent or severe in postmenopausal women treated for breast cancer (Carpenter & Andrykowski, 1999; Carpenter, Johnson, Wagner, & Andrykowski, 2002; Ganz, Rowland, Desmond, Meyerowitz, & Wyatt, 1998). Although not life threatening, severe vasomotor and urogenital symptoms have the potential to disrupt women's physical, psychological, social, and sexual functioning (Bachmann, 1994; Greendale, Petersen, Zibecchi, & Ganz, 2001; Kronenberg, 1994b).

No definitive approaches exist to managing vasomotor and urogenital symptoms in breast cancer survivors. In women who have not been treated for breast cancer, treatment for these symptoms commonly is some form of estrogen therapy (Greendale, Lee, & Arriola, 1999). However, the use of estrogen in women treated for breast cancer currently is not advised because of its potential for promoting tumor growth (Colditz, 1998). Instead, a consensus panel of breast cancer experts and patient advocates has recommended a variety of

Key Points . . .

- ▶ Vasomotor and urogenital symptoms are common and often severe in postmenopausal women treated for breast cancer.
- ▶ Several nonestrogen treatments are available to manage these symptoms; however, they have varying efficacy and side effects, which may concern breast cancer survivors.
- ▶ Comprehensive assessment of symptoms and tailored interventions, including nonestrogen treatments, patient education, shared decision making, and psychosocial support, may be used to manage vasomotor and urogenital symptoms in breast cancer survivors.

Goal for CE Enrollees:

To further enhance nurses' knowledge regarding managing vasomotor and urogenital symptoms in breast cancer survivors.

Objectives for CE Enrollees:

- On completion of this CE, the participant will be able to
1. Describe the comprehensive menopausal assessment and intervention program.
 2. Describe three vasomotor and urogenital symptoms.
 3. Discuss the management of three vasomotor and urogenital symptoms.

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