



Health Maintenance in Postmenopausal Women

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There are unique considerations for preventive care in postmenopausal women. Cardiovascular disease is the leading cause of death for women in the United States, and postmenopausal women should be routinely screened for risk factors such as diabetes, hypertension, and dyslipidemia. Atherosclerotic cardiovascular disease 10-year risk scores should be calculated to guide management of risk factors, including lifestyle changes and medications, particularly statins. Average-risk women should be screened for breast cancer with mammography every 1 to 2 years starting at age 40 years. Lung cancer screening with low-dose computed tomography should be offered annually to current and former smokers aged 50 to 80 years with at least a 20-pack-year history. Colorectal cancer screening is recommended in average-risk women

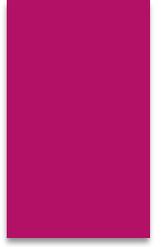
aged 45 to 75 years. Cervical cancer screening should be performed every 3 to 5 years, and it should be discontinued in women older than 65 years with negative results on adequate prior screening. Average-risk women 65 years and older should be screened for osteoporosis with dual-energy x-ray absorptiometry. The diagnosis of osteoporosis is based on a T-score of -2.5 or less, and those with a Fracture Risk Assessment Tool score of 3% or greater for hip fracture or 20% or greater for any major osteoporotic fracture should be treated. Postmenopausal women should be routinely screened for high-risk sexual behavior, HIV, hepatitis, depression, anxiety, and substance use disorders.

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Outline

- ▶ Definition of menopause
- ▶ Cardiovascular disease screening and prevention
- ▶ Cancer screening
- ▶ Osteoporosis and fall risk screening
- ▶ Social history screenings
- ▶ Vaccinations

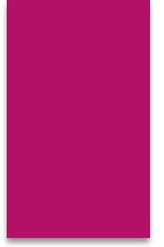
Definition of Menopause



Definition of Menopause

- ▶ Occurs due to the loss of ovarian function, which leads to a decline in estrogen levels
 - ▶ Defined as one year without menses
 - ▶ Average age of menopause in the United States is 52 YO
 - ▶ Women spend about one-third of their lives postmenopausal
- ▶ The term “women” as used in this talk refers to patients assigned female sex at birth, however physicians should deliver individualized, gender-exclusive care as indicated

Prevention of Cardiovascular Disease



Cardiovascular Disease and Menopause

- ▶ Cardiovascular Disease (CVD) is the leading cause of death in women in the United States and worldwide
- ▶ Incidence of CVD is initially lower in women than in men then rises to become roughly equal between the two sexes by age 60 years
 - ▶ This phenomenon is at least in part due to loss of estrogen with menopause
- ▶ Women have historically been underrepresented in research studies
 - ▶ Current CVD prevention and treatment guidelines are limited by lack of sex-specific data

CVD Screening and Prevention in Postmenopausal Women

- ▶ Screen for CVD risk factors routinely
 - ▶ Diabetes (every 3 years, if normal)
 - ▶ Hypertension (every 1 to 2 years)
 - ▶ Hyperlipidemia (every 4 to 6 years)
 - ▶ Overweight/Obesity (annually)
 - ▶ Tobacco use
- ▶ Calculate an Atherosclerotic Cardiovascular Disease (ASCVD) 10-year risk score yearly
- ▶ Counsel on regular physical activity, healthy diet, and adequate sleep

ASCVD Risk Stratification Tools

Pooled Cohort Equations (PCE)

The screenshot shows the top portion of the ASCVD Risk Estimator Plus tool. It features the American College of Cardiology logo and the text "ASCVD Risk Estimator Plus". A prominent blue button labeled "Estimate Risk" is visible. Below this, there are input fields for "Current Age", "Sex" (Male/Female), and "Race" (White, African American, Other). Further down, there are input fields for "Systolic Blood Pressure (mm Hg)", "Diastolic Blood Pressure (mm Hg)", "Total Cholesterol (mg/dL)", "HDL Cholesterol (mg/dL)", and "LDL Cholesterol (mg/dL)". At the bottom, there are several yes/no questions: "History of Diabetes?", "Smoker?", "On Hypertension Treatment?", "On a Statin?", and "On Aspirin Therapy?".

Predicting Risk
of
cardiovascular
disease EVENTS
(PREVENT)

This image shows a vertical list of input fields for the ASCVD Risk Estimator Plus tool. Each field has a red circle with a white '1' next to it, indicating a required field. The fields are: "Sex" (Male/Female), "Age" (years), "Total Cholesterol" (mg/dL), "HDL Cholesterol" (mg/dL), "SBP" (mmHg), "BMI", "eGFR", "Diabetes" (No/Yes), "Current Smoking" (No/Yes), "Anti-hypertensive medication" (No/Yes), "Lipid-lowering medication" (No/Yes), "UACR" (No/Yes), "HbA1C" (No/Yes), and "Zip Code (for estimating social deprivation index [SDI])" (No/Yes). A note at the bottom states: "The following three predictors are optional for further personalization of risk assessment. When they are clinically indicated or available, please click on yes and enter the value".

Pharmacologic Options for Primary Prevention of CVD: STATINS



ACC/AHA	USPSTF
Offer statins to all patients 40-79 years old with diabetes	Offer statins to all patients 40-75 years old with
Prescribe statins to patients without diabetes based on 10-year ASCVD risk	≥1 CV risk factor (i.e., diabetes, dyslipidemia, hypertension, smoking) and 10-year CVD risk ≥10%
<ul style="list-style-type: none"> ● High (≥20%) -> statin ● Intermediate risk (7.5% to <20%) -> consider statin* ● Borderline (5% to <7.5%) -> consider statin* 	Selectively offer statins to those with ≥1 CV risk factor (i.e., diabetes, dyslipidemia, hypertension, smoking) and 10-year CVD risk 7.5% to <10%
Patients without diabetes with a low (<5%) ASCVD risk should be counseled on lifestyle management	
<p><i>*Consider presence of additional risk-enhancing factors (premature menopause, autoimmune disease, adverse pregnancy outcome) in patients with borderline to intermediate risk; consider obtaining a coronary artery calcium score in patients with intermediate risk</i></p>	

Pharmacologic Options for Primary Prevention of CVD: ASPIRIN



ACC/AHA	USPSTF
<p><i>May consider</i> if high-risk (based on 10-year ASCVD risk score* and presence of additional risk factors†) and low bleeding risk,‡ especially in women who cannot adequately optimize other ASCVD risk factors</p>	<p><i>May consider</i> if 10-year ASCVD risk score* \geq 10% and low bleeding risk‡</p>

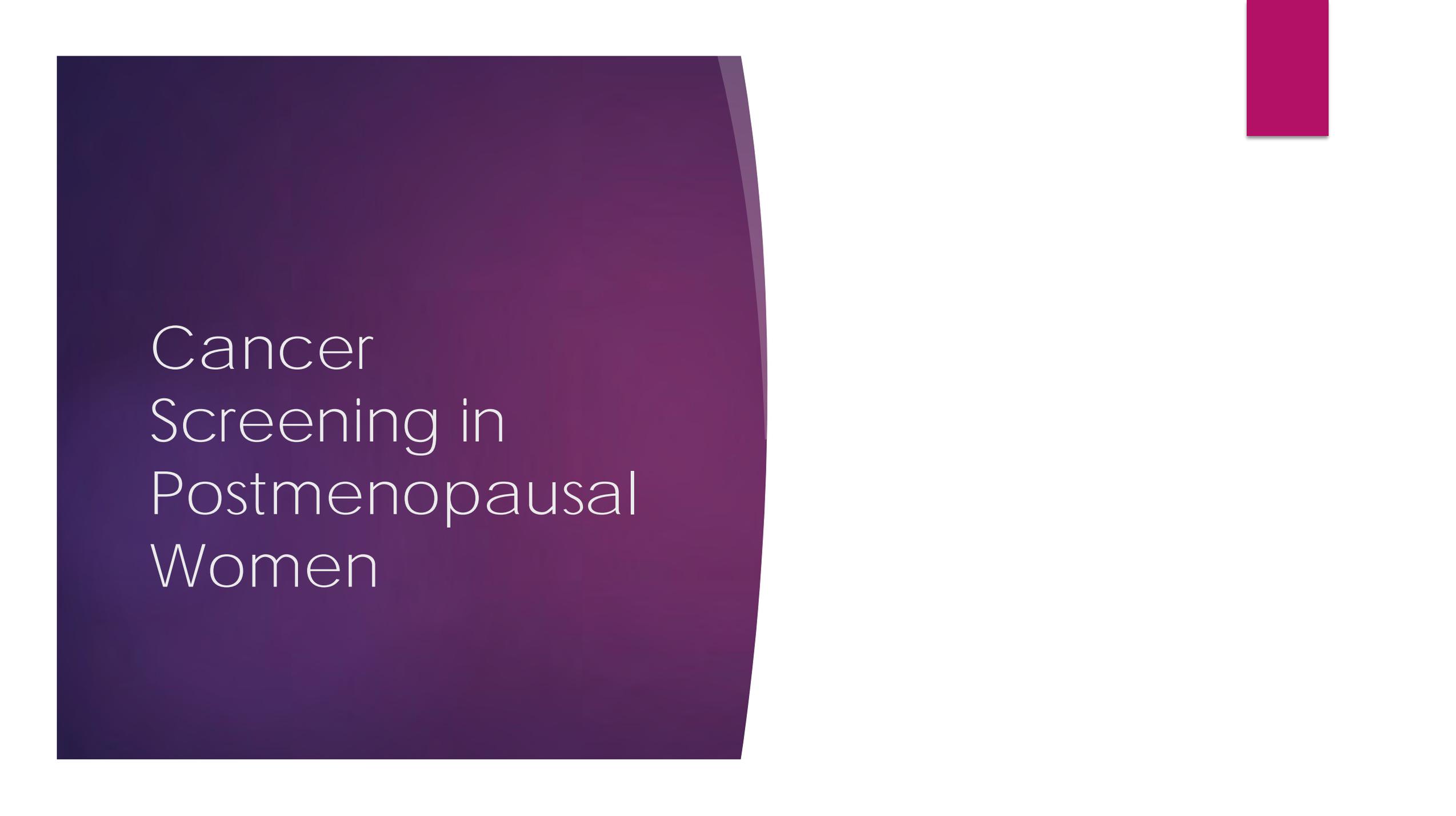
*Use the PEC or PREVENT calculator to estimate ASCVD risk

‡HAS-BLED calculator to estimate risk of bleed (<https://www.mdcalc.com/calc/807/has-bleed-score-major-bleeding-risk>)

Pharmacologic Options for Primary Prevention of CVD: HORMONES

Menopausal Hormone Therapy (MHT) *previously known as Hormone Replacement Therapy (HRT)* is not indicated for the primary prevention of CVD





Cancer Screening in Postmenopausal Women

Breast Cancer Screening

- ▶ Women 40-75 years old at average risk should be screened with a mammogram every 1-2 years
- ▶ Calculate a patient's risk for breast cancer by age 25
 - ▶ Gail Model
 - ▶ Tyrer-Cuzick model (incorporates more risk factors)



Breast Cancer Screening



The screenshot shows the NIH National Cancer Institute website for the Breast Cancer Risk Assessment Tool. The header includes the NIH logo and the text 'NATIONAL CANCER INSTITUTE'. Below this, there is a blue navigation bar with the text 'Breast Cancer Risk Assessment Tool' and two links: 'RISK CALCULATOR' and 'ABOUT THE CALCULATOR'. The main content area features the title 'Breast Cancer Risk Assessment Tool: Online Calculator (The Gail Model)' followed by a paragraph explaining that the tool (BCRAT) allows health professionals to estimate a woman's risk of developing invasive breast cancer over the next five years and up to age 90 (lifetime risk). It also states that the tool uses a woman's personal medical and reproductive history and the history of breast cancer among her first-degree relatives (mother, sisters, daughters) to estimate absolute breast cancer risk. A final note says 'This calculator takes about five minutes to complete.' At the bottom of the content area is a green button labeled 'Calculate Patient Risk'.



The screenshot shows the MagView website for the Tyrer-Cuzick Risk Assessment Calculator. The header includes the MagView logo and navigation links for 'Search History', 'Risk Assessment', 'Using My Results', 'About', 'Resources', and 'Contact Us'. The main heading is 'Tyrer-Cuzick Risk Assessment Calculator'. Below the heading is a section titled 'Calculate Your Risk of Breast Cancer'. The form area contains a question: 'Have you ever been diagnosed with Breast Cancer?' with radio buttons for 'Yes' and 'No'. At the bottom of the form is a purple button labeled 'Next'.

Based on a modified Tyrer-Cuzick version 8 risk calculator, this patient has an approximate 7.3% lifetime risk of developing breast cancer. A risk score over 20% is considered high risk.

Breast Cancer Screening

- ▶ Annual mammogram and breast MRI starting at age 30 if:
 - ▶ High risk for breast cancer (lifetime risk 20% or greater)
 - ▶ BRCA1 or BRCA2 gene mutation
 - ▶ Radiation therapy to chest before age 30
 - ▶ Personal or family history of high-risk genetic syndrome
- ▶ Offer risk-reducing medications (tamoxifen, raloxifene, aromatase inhibitors) to women 35 years and older at increased risk for breast cancer and low risk for adverse effects (USPSTF recommendation)

TABLE 3

Breast Cancer Screening Recommendations in Average-Risk Women

Organization	Age (years)	Recommendation
American Cancer Society ²⁵	40-44	Annual mammography may be considered.
	45-54	Annual mammography is recommended.
	≥ 55	Annual or biennial mammography may be considered. Continue screening if patient is in good health and has a life expectancy of at least 10 years.
American College of Obstetricians and Gynecologists ^{26,27}	40-49	Annual or biennial mammography may be considered. Annual clinical breast examination may be considered.*
	50-75	Annual or biennial mammography is recommended. Annual clinical breast examination may be considered.*
	≥ 75	Annual or biennial mammography may be considered based on health status and life expectancy. Annual clinical breast examination may be considered.*
National Comprehensive Cancer Network ²⁸	≥ 40	Annual mammography with tomosynthesis is recommended. Annual clinical breast examination may be considered.*
US Preventive Services Task Force ²⁹	40-74	Biennial mammography is recommended.
	≥ 75	There is insufficient evidence for screening.

Note: Factors that cause women to be at high risk for breast cancer include a lifetime risk of 20% or greater as measured by risk assessment tools, known *BRCA1* or *BRCA2* gene mutation based on genetic testing, a first-degree relative with a *BRCA1* or *BRCA2* gene mutation (if patient has not had genetic testing), radiation therapy to the chest before age 30 years, Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or a first-degree relative with one of these syndromes.

*—A clinical breast examination may be offered every 1 to 3 years starting at age 25 years.

Information from references 25-29.

Ovarian Cancer Screening

USPSTF recommends AGAINST screening for ovarian cancer in asymptomatic women without a high-risk hereditary cancer syndrome

Women with a family history of a gene mutation (such as BRCA1 or BRCA2): refer for genetic counseling and possible genetic testing

Lung Cancer Screening

Lung cancer screening with low-dose CT may reduce cancer related deaths

USPSTF

Screen women 50-80 years old with at least a 20-pack-year smoking history who currently smoke or have quit in the past 15 years

American Cancer Society

Screen women 50-80 years old with at least a 20-pack-year smoking history who are current or former smokers, regardless of when they quit

Pack Years Calculator

Calculates pack years in patients with any smoking history.

When to Use ▾

Why Use ▾

Packs of cigarettes smoked per day

1 pack = 20 cigarettes (e.g. enter 2 for 40 cigarettes/day)

0.5

packs

Years the patient has smoked

40

years

20 pack years

More pack years correlates with higher lung disease risk, including lung cancer. Consider screening with low-dose CT in adult patients ages 50-80 years with ≥ 20 pack year history of smoking and who currently smoke or have quit within the last 15 years. Counsel patients on smoking cessation.

Copy Results 📄

Next Steps »»

Colorectal Cancer Screening

- ▶ USPSTF recommendations:
 - ▶ Screen average-risk women ages 45-75
 - ▶ Selective screening for women ages 76-85
- ▶ American College of Gastroenterology recommendations:
 - ▶ Start screening at age 50 (consider starting at age 45)
 - ▶ Screen via colonoscopy every 10 years or FIT test annually

Colorectal Cancer Screening

- ▶ Alternative colorectal cancer screening methods
 - ▶ Flexible sigmoidoscopy
 - ▶ CT colonography
 - ▶ Multitarget stool DNA testing
 - ▶ High-sensitivity guaiac-based fecal occult blood test
- ▶ Women at high risk may require earlier and more frequent screening

TABLE 4**Colorectal Cancer Screening Methods
in Average-Risk Postmenopausal Women**

Screening method	Frequency
Colonoscopy	10 years
High-sensitivity guaiac-based fecal occult blood testing or fecal immunochemical testing	Annually
Multitarget stool DNA test	1-3 years
Computed tomography colonography	5 years
Flexible sigmoidoscopy	5 years alone 10 years with annual fecal immunochemical testing

Note: Patients at average risk for colorectal cancer have no personal or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer, such as familial adenomatous polyposis or Lynch syndrome, and no prior diagnosis of colorectal cancer, inflammatory bowel disease, or adenomatous polyps.

Information from references 35 and 36.

Cervical Cancer Screening

- ▶ USPSTF recommendations
 - ▶ Screening every 3 years in women 21-29 years old with cervical cytology alone
 - ▶ Screening every 5 years in women 30-65 years old with high-risk HPV primary testing (provider or patient collected)
 - ▶ Screening every 3 years in women 30-65 years old with cervical cytology alone
 - ▶ Screening every 5 years in women 30-65 years old with cotesting (cervical cytology and high-risk HPV testing)

TABLE 5

Cervical Cancer Screening Recommendations

Age	Frequency	Screening method
30-65 years	Every 5 years	High-risk HPV primary testing alone*
	Every 5 years	Cotesting (cervical cytology with high-risk HPV testing)
	Every 3 years	Cervical cytology alone
> 65 years	—	Screening not recommended after adequate negative screening results†

Note: Cervical cancer screening is recommended starting at 21 years of age with cervical cytology alone every 3 years in women at average risk.

HPV = human papillomavirus.

*—According to the US Preventive Services Task Force draft recommendations, high-risk HPV primary testing alone (physician- or patient-collected specimens) is preferred.

†—Adequate negative screening results include three consecutive negative cytology results, two consecutive negative cotesting results, or two consecutive negative high-risk HPV test results in the past 10 years, with the most recent test performed within the recommended screening interval.

Information from references 37 and 38.

Osteoporosis and Fall Risk Screening



TABLE 6**Osteoporosis Screening Recommendations for Postmenopausal Women**

Organization	Recommendations
US Preventive Services Task Force ³⁹ and American College of Obstetricians and Gynecologists ⁴⁰	All women \geq 65 years Postmenopausal women $<$ 65 years at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool*
Bone Health and Osteoporosis Foundation ⁴¹	All women \geq 65 years Postmenopausal women \geq 50 years based on risk factors

*—Available tools to assess osteoporosis risk include the Fracture Risk Assessment Tool, Simple Calculated Osteoporosis Risk Estimation, Osteoporosis Risk Assessment Instrument, Osteoporosis Index of Risk, and Osteoporosis Self-Assessment Tool.

Information from references 39-41.

Screening for Osteoporosis

▶ Screening Method

- ▶ Dual-energy x-ray absorptiometry (DEXA) of hip and lumbar spine
- ▶ If normal, optimal screening frequency is uncertain
 - ▶ Bone Health and Osteoporosis Foundation: repeat every 2 years
 - ▶ Study of Osteoporotic Fractures Research Group: can consider intervals up to 15 years as less than 10% of women will develop osteoporosis in this time frame

▶ Diagnosis

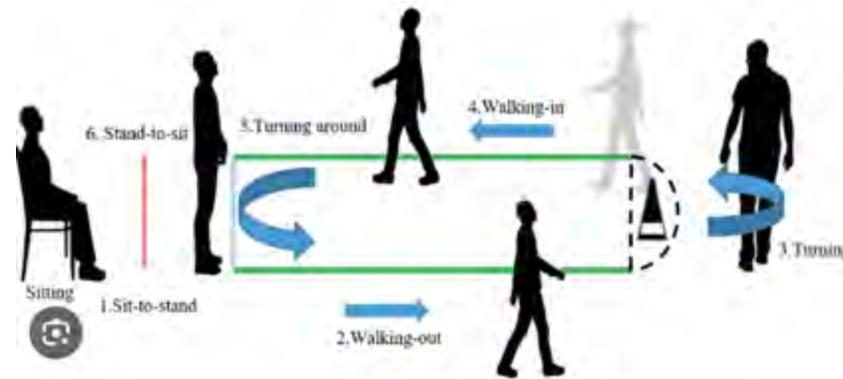
- ▶ T-score on DEXA of -2.5 or less
- ▶ Calculate fracture risk using FRAX calculator and treat high-risk women without osteoporosis
 - ▶ Hip fracture risk $\geq 3\%$
 - ▶ Risk of any major osteoporotic fracture $\geq 20\%$

Prevention of Fractures

- ▶ Avoid tobacco use
- ▶ Avoid excessive alcohol consumption
- ▶ Consume adequate calcium and vitamin D in diet
 - ▶ Supplementation of more than 1000 mg of calcium daily or 400 IU of vitamin D daily has not been shown to reduce fractures
 - ▶ The USPSTF provisionally recommends against vitamin D supplementation for primary prevention of falls and fractures

Assessment of Fall Risk

- ▶ Evaluation of fall risk
 - ▶ Ask about history of falls or problems with physical functioning
 - ▶ Perform gait evaluation in clinic (i.e. TUG)



ASSESSMENT

Timed Up & Go (TUG)

Patient: _____
Date: _____
Time: _____ CAB/CM

Purpose: To assess mobility
Equipment: A stopwatch
Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

NOTE: Always stay by the patient for safety.

① Instruct the patient:

When I say "Go," I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

② On the word "Go," begin timing.
③ Stop timing after patient sits back down.
④ Record time.

Time in Seconds: _____

An older adult who takes >12 seconds to complete the TUG is at risk for falling.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi.

CDC Center for Disease Control and Prevention
National Center for Injury Prevention and Control

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STEADI Stopping Stairs Accidents, Docks & Drains

Assessment of Fall Risk

- ▶ Exercise
 - ▶ 150 minutes of moderate-intensity or 75 minutes of high-intensity aerobic physical activity each week
 - ▶ Muscle strengthening activities twice a week
- ▶ Identify modifiable risk factors associated with falls
 - ▶ Polypharmacy or sedating medications
 - ▶ Hypotension
 - ▶ There is insufficient evidence to recommend routine screening for visual impairment or hearing loss to reduce fall risk



USPSTF Recommendations for Additional Screenings



All women should be screened for unhealthy alcohol use, and brief behavioral counseling interventions should be provided for patients who have positive screening results (Grade B). ”

Screening For Alcohol Use

Screening for Alcohol Use

NIAA Single Alcohol Screening Question (SASQ)

- ▶ Ask “how many times in the past year have you had 4 or more drinks in a day?”
- ▶ A response of one or more times warrants follow-up.
- ▶ Can be used easily in a verbal clinical interview.

Screening for Alcohol Use

AUDIT-C: Alcohol Use Disorders Identification Test-Consumption

ONE YOU Think about your Drink

HAVE A WORD

Delivered by Public Health England

WHAT'S YOUR SCORE?					
QUESTIONS	SCORING SYSTEM				
	NEVER	MONTHLY OR LESS	2-4 TIMES PER MONTH	2-3 TIMES PER WEEK	4+ TIMES PER WEEK
How often do you have a drink containing alcohol?	0	1	2	3	4
How many units do you drink on a typical day when you are drinking?	0-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY
	0	1	2	3	4

1 UNIT =
 1/2 pint of beer
 or
 1/2 glass of wine
 or
 1 single shot of spirit

YOUR TOTAL

CHECK BELOW TO FIND OUT YOUR RESULTS

0	1	2	3	4	5	6	7	8	9	10	11	12
SCORED 0-4?				SCORED 5-10?				SCORED 11 OR 12?				
 Congratulations! Your drinking is at low-risk for health harm. Keep it up!				You may be drinking at a level that could put your health at risk. A few small changes could make all the difference.				It may be worth speaking to your GP about your score. Take this scratch card with you and ask for some advice. Or, you could call Drinkline.				

Screening for Alcohol Use

Cut Down

Annoyed

Guilty

Eye-opener

- ▶ Consists of four yes/no questions.
- ▶ Score of 2 or more is a positive screen.
- ▶ The USPSTF does not recommend using the outdated “CAGE” as a screening tool as it only detects alcohol dependence rather than the full range of unhealthy alcohol use.



The USPSTF recommends screening by asking women about unhealthy drug use if services for accurate diagnosis, effective treatment and appropriate care can be offered or referred (Grade B).



Screening For Drug Use

Screening for Drug Use

Alcohol
Smoking and
Substance
Involvement
Screening
Test

KEY QUESTIONS OF ASSIST

1

LIFETIME USE

"Have you ever used [substance] in your lifetime?" – Determines whether the individual has ever consumed alcohol, tobacco, or other drugs

2

FREQUENCY OF USE

"How often have you used [substance] in the past three months?" – Assesses the recency and regularity of substance use to gauge ongoing risk

3

CRAVINGS

"How often have you had a strong urge or craving to use [substance]?" – Identifies psychological dependence and potential addiction severity

4

CONSEQUENCES OF USE

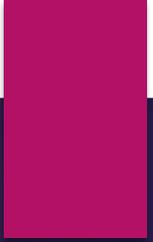
"Have you experienced health, social, legal, or financial problems due to your substance use?" – Evaluate the negative impact of substance use on different aspects of life

5

DEPENDENCE SYMPTOMS

"Have you ever felt unable to stop or control your use of [substance]?" – Screens for addiction by identifying signs of loss of control over substance use





The USPSTF recommends screening for depression in the adult population, including older adults (Grade B).



Screening For Depression

Screening for Depression

Patient Health Questionnaire (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

9. Thoughts that you would hurt yourself

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

(Healthcare profes
please refer to acc

Screening for Depression

Geriatric Depression Scale

GERIATRIC DEPRESSION SCALE*

Patient: _____ **Examiner:** _____ **Date:** _____

Directions to Patient: Please choose the best answer for how you have felt over the past week.

Directions to Examiner: Present questions *verbally*. Circle answer given by patient. Do not show scale to patient.

- | | | | |
|-----|---|----------------|--------|
| 1. | Are you basically satisfied with your life? | Yes | No (1) |
| 2. | Have you dropped many of your activities and interests? | Yes (1) | No |
| 3. | Do you feel that your life is empty? | Yes (1) | No |
| 4. | Do you often get bored? | Yes (1) | No |
| 5. | Are you hopeful about the future? | Yes | No (1) |
| 6. | Are you bothered by thoughts you can't get out of your head? | Yes (1) | No |
| 7. | Are you in good spirits most of the time? | Yes | No (1) |
| 8. | Are you afraid that something bad is going to happen to you? | Yes (1) | No |
| 9. | Do you feel happy most of the time? | Yes | No (1) |
| 10. | Do you often feel helpless? | Yes (1) | No |
| 11. | Do you often get restless and fidgety? | Yes (1) | No |
| 12. | Do you prefer to stay at home rather than go out and do things? | Yes (1) | No |
| 13. | Do you frequently worry about the future? | Yes (1) | No |
| 14. | Do you feel you have more problems with memory than most? | Yes (1) | No |
| 15. | Do you think it is wonderful to be alive now? | Yes | No (1) |
| 16. | Do you feel downhearted and blue? | Yes (1) | No |
| 17. | Do you feel pretty worthless the way you are now? | Yes (1) | No |
| 18. | Do you worry a lot about the past? | Yes (1) | No |
| 19. | Do you find life very exciting? | Yes | No (1) |
| 20. | Is it hard for you to get started on new projects? | Yes (1) | No |
| 21. | Do you feel full of energy? | Yes | No (1) |
| 22. | Do you feel that your situation is hopeless? | Yes (1) | No |
| 23. | Do you think that most people are better off than you are? | Yes (1) | No |
| 24. | Do you frequently get upset over little things? | Yes (1) | No |
| 25. | Do you frequently feel like crying? | Yes (1) | No |
| 26. | Do you have trouble concentrating? | Yes (1) | No |
| 27. | Do you enjoy getting up in the morning? | Yes | No (1) |
| 28. | Do you prefer to avoid social occasions? | Yes (1) | No |
| 29. | Is it easy for you to make decisions? | Yes | No (1) |
| 30. | Is your mind as clear as it used to be? | Yes | No (1) |

Total: Please sum all bolded answers (worth one point) for a total score. _____

Scores: 0 to 10 = Normal; 11 to 20 = Moderate Depression; 21 to 30 = Severe Depression.

* Format modified slightly from original. Reprinted from Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M., & Leirer, V.O. (1983). Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research*, 17, 37-49. Reprinted with permission from Elsevier Science.

“ The USPSTF recommends screening for anxiety disorders in women 64 years and younger (Grade B).

There is insufficient evidence to screen for anxiety disorders in older adults (Grade I). ”

Screening For Anxiety

Screening for Anxiety

Generalized Anxiety Disorder Scale (GAD-7)

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rs8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission.

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Screening for Anxiety

Geriatric Anxiety Scale

Geriatric Anxiety Scale – 10 Item Version (GAS-10)

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Below is a list of common symptoms of anxiety or stress. Please read each item in the list carefully. Indicate how often you have experienced each symptom during the PAST WEEK, INCLUDING TODAY by checking under the corresponding answer.

	Not at all (0)	Sometimes (1)	Most of the time (2)	All of the time (3)
1. I was irritable.				
2. I felt detached or isolated from others.				
3. I felt like I was in a daze.				
4. I had a hard time sitting still.				
5. I could not control my worry.				
6. I felt restless, keyed up, or on edge.				
7. I felt tired.				
8. My muscles were tense.				
9. I felt like I had no control over my life.				
10. I felt like something terrible was going to happen to me.				

Score Distribution for GAS-10 (N = 556)

Raw	T-Score	Percentile	Descriptive Category
1	42	21	Minimal
2	44	30	Minimal
3	46	34	Minimal
4	48	45	Minimal
5	51	53	Minimal
6	53	63	Minimal
7	55	70	Mild
8	57	75	Mild
9	59	82	Mild
10	61	90	Moderate
12	66	95	Severe
14	70	98	Severe
16	74	99	Severe
18	79	99	Severe
24	92	99	Severe
30	104	99	Severe



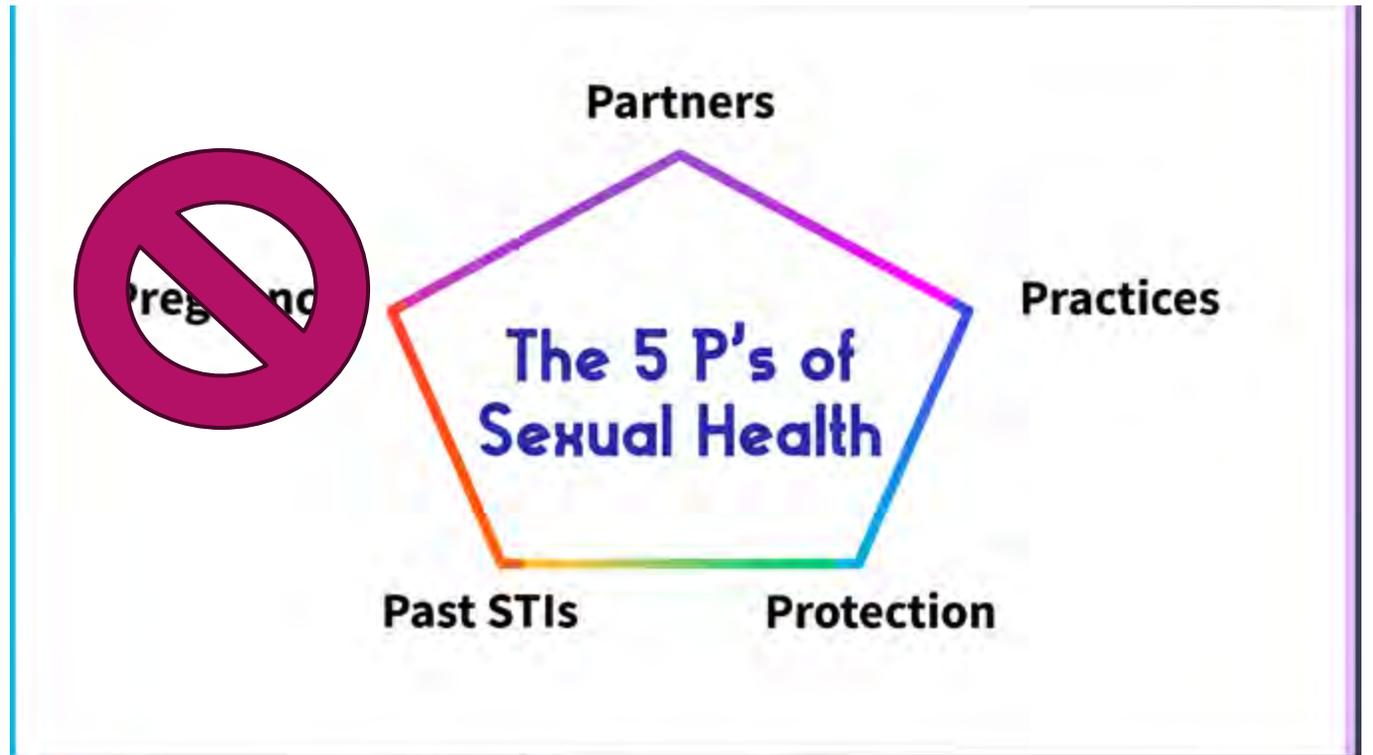
All women should be screened for high-risk sexual behavior and provided with behavioral counseling to reduce STI risk (Grade B).



Screening For High-Risk Sexual Behavior

Screening for High-Risk Sexual Behavior

CDC's 5 P's



Sexually Transmitted Infections (STIs)

- ▶ Rates of STIs are increasing most quickly in women aged 55-64 YO
 - ▶ Inconsistent use of condoms
 - ▶ Fewer pelvic exams due to changes in cervical screening guidelines
 - ▶ Relationship changes leading to new sexual partners
 - ▶ Clinicians may assume that older women are not sexually active
 - ▶ Women who experience vaginal symptoms may erroneously have them attributed to menopause changes

Screening for STIs

HIV Screening

HIV screening should be offered at least once to all women younger than 65 yo

High-Risk Sexual Behavior

- Diagnosed with STI in the past year
- Multiple sexual partners
- Do not use condoms consistently
- Have sexual partners in populations with higher prevalence of STIs

High-Risk Screening

Women with high-risk sexual behavior should be screened at least annually for chlamydia, gonorrhea, syphilis and HIV

“ The USPSTF recommends screening for Hepatitis B infection (HBV) in women at increased risk of infection (Grade B).

The CDC recommends all women get screened for HBV at least once in their lifetime. ”

Screening For Hepatitis B Virus

Screening for Hepatitis B

- ▶ Screen with triple panel test
 - ▶ Hepatitis B surface antigen (HBsAg)
 - ▶ Hepatitis B surface antibody (HBsAb)
 - ▶ Hepatitis B core antibody (HBcAb)
- ▶ Women with ongoing risk factors for Hepatitis B should be tested periodically if they remain unvaccinated
 - ▶ Currently or formerly incarcerated
 - ▶ History of STIs
 - ▶ Multiple sexual partners
 - ▶ History of Hepatitis C virus infection



The USPSTF recommends screening for Hepatitis C virus (HCV) in women aged 18 yo – 79 yo (Grade B).



Screening For Hepatitis C Virus

Screening for Hepatitis C

- ▶ Screen with Hepatitis C antibody
- ▶ Highest risk factor is past or current IV drug use
 - ▶ 70-90% of persons who inject drugs are infected with Hepatitis C
 - ▶ Consider screening women after 79 yo if they have ongoing drug use
- ▶ Also screen for intranasal drug use

Vaccinations



Vaccine Recommendations for Postmenopausal Women

Vaccine	Age	Recommended schedule	Comments
COVID-19	6 months to 64 years	Unvaccinated: a multidose initial series, followed by one dose 6 months (minimum 2 months) after Previously vaccinated: one dose if immunocompetent; two doses 6 months (minimum 2 months) apart if moderately or severely immunocompromised	May receive additional doses with shared decision-making
	≥ 65 years	Two doses of any 2024-2025 vaccine 6 months (minimum 2 months) apart regardless of vaccine history	For unvaccinated people who initiate vaccination with the 2024-2025 Novavax vaccine, two doses of Novavax, followed by a third dose of any COVID-19 vaccine 6 months (minimum 2 months) after is recommended
Hepatitis B	19-59 years ≥ 60 years with risk factors*	Hepelisav-B: two doses 4 weeks apart or Engerix-B, Prehevbrio, Recombivax HB: three doses at 0, 1, and 6 months	May also be given to women ≥ 60 years without risk factors
Herpes zoster	≥ 50 years	Two doses 2-6 months apart	—

continues ➤

Note: In addition to the vaccines listed, hepatitis A and meningococcal vaccinations may be considered in women at high risk.

Vaccine Recommendations for Postmenopausal Women

Vaccine	Age	Recommended schedule	Comments
Influenza	≥ 6 months	Annually	Women ≥ 65 years should receive high-dose or adjuvanted influenza vaccines if available
Measles	≥ 12 months	One dose	Recommended if no evidence of immunity (born before 1957, documented receipt of MMR vaccine, laboratory evidence of immunity or disease)
Pneumococcal	≥ 50 years	One dose of PCV15, PCV20, or PCV21	Women ≥ 65 years may receive PCV20 or PCV21 based on shared clinical decision-making if they have received both PCV13 at any age and PPSV23 at ≥ 65 years† No additional vaccines needed if previously received PCV15, PCV20, or PCV21
Respiratory syncytial virus	60-74 years with risk factors‡ ≥ 75 years	One dose	—
Tetanus	≥ 19 years	Tdap once, then either Tdap or Td every 10 years	Additional dose of Tdap recommended after 19 years of age for pertussis immunity

Note: In addition to the vaccines listed, hepatitis A and meningococcal vaccinations may be considered in women at high risk.

Summary

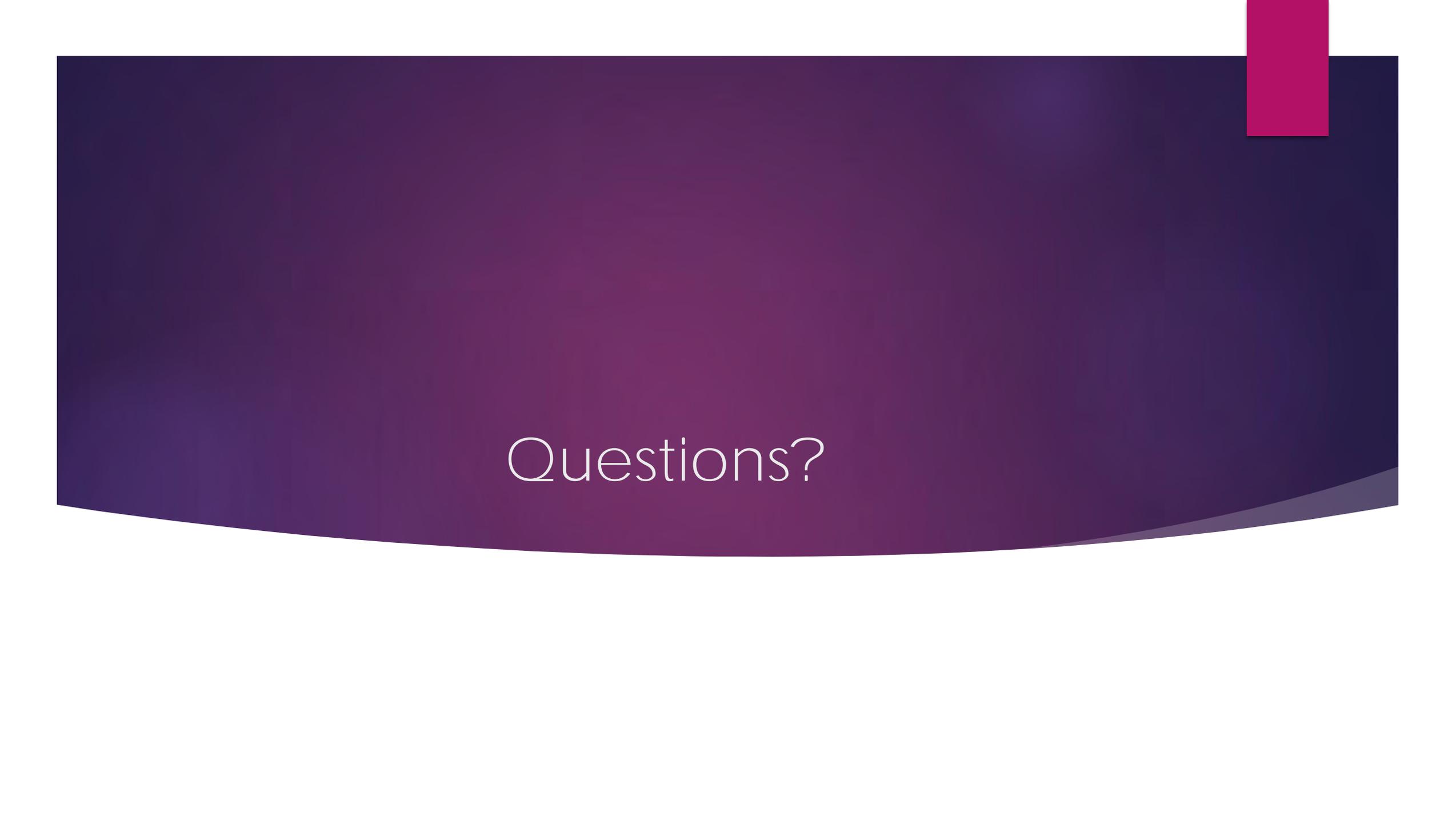
- Routinely screen all postmenopausal women for CVD risk factors.
- Calculate 10-year ASCVD risk for postmenopausal women annually to help direct therapy with lifestyle management and possible medications.
- Screen all average-risk postmenopausal women for breast cancer with mammography, colorectal cancer, and cervical cancer.
- Screen postmenopausal women at high risk for lung cancer with low-dose CT annually.
- Screen average-risk women for osteoporosis with DEXA starting at 65 years.
- Routinely screen postmenopausal women for high-risk sexual behavior, HIV, hepatitis, depression, anxiety, and substance use disorders.
- All postmenopausal women should be kept up to date on vaccines.

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical Recommendations	Evidence rating	Comments
Statins should be used as primary prevention for CVD in women aged 40 to 75 years with one or more CVD risk factor, such as diabetes, and an estimated ASCVD 10-year risk score of $\geq 10\%$. ¹⁰	B	Evidence review of moderate-quality patient-oriented outcomes (USPSTF B rating)
Women aged 40 to 74 years at average risk should be screened for breast cancer with mammography at least every other year. ^{25,26,28,29}	B	Lower-quality systematic review (USPSTF B rating)
Women aged 45 to 75 years at average risk should be screened for colorectal cancer. ^{35,36}	B	Systematic reviews of lower-quality evidence and modeling studies
Women 30 to 65 years of age may be screened for cervical cancer every 5 years with physician- or patient-collected specimens for high-risk HPV primary testing. ³⁷	A	High-quality systematic evidence review (USPSTF A rating)
Women younger than 65 years should be tested for HIV infection at least once. ⁵⁴	A	High-quality systematic evidence review (USPSTF A rating)
All women should be screened for depression regardless of risk factors. ⁴⁸	B	Systematic review (USPSTF B rating)

CVD = cardiovascular disease; HPV = human papillomavirus; USPSTF = US Preventive Services Task Force.

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to <https://www.aafp.org/afpsort>.



Questions?