



# The Annenberg Academy for Team-Based Care

## Interprofessional Care of Patients with Menopausal-Associated Vasomotor Symptoms

### MANAGING PATIENTS WITH MENOPAUSAL-ASSOCIATED VASOMOTOR SYMPTOMS: KEY CONCEPTS

Menopause and perimenopause can cause a variety of symptoms, including mood swings, sleep disturbances, difficulty concentrating, genitourinary syndrome of menopause, sexual dysfunction, and vasomotor symptoms (ie, hot flashes and night sweats), any of which can have a significant impact on patient quality of life.<sup>1</sup> Key concepts to keep in mind when managing patients with menopausal-associated vasomotor symptoms are:

- Perimenopause and menopause are clinical diagnoses as there is no single biochemical test that is a reliable guide to an accurate diagnosis.<sup>2</sup>
- Vasomotor symptoms such as hot flashes are burdensome with one-half (46%) of women complaining of moderate-to-severe vasomotor symptoms in the first 2 years following menopause.<sup>3</sup>
- The median duration of vasomotor symptoms is 7.4 years.<sup>4</sup>
- Race and ethnicity are factors that contribute to the length of vasomotor symptoms with African American women reporting the longest symptom time and Japanese women reporting the shortest.<sup>4</sup>
- The therapeutic efficacy and safety, as well as patient specific factors such as age, time since menopause, concurrent disease states, and cardiovascular risk, should be assessed when considering systemic estrogen-based therapy for the treatment of vasomotor symptoms.<sup>5-7</sup>
- Citalopram, escitalopram, paroxetine, duloxetine, venlafaxine, gabapentin, oxybutynin and fezolinetant have a level 1 recommendation from the North American Menopause Society as non-hormonal medications to treat vasomotor symptoms.<sup>8</sup>
- Loss of estrogen feedback leads to the activation of kisspeptin, neurokinin B, and dynorphin (KNDy) neurons, which activate heat-sending neurons.<sup>9,10</sup>
- Neurokinin (NK) receptor antagonists, such as elinzanetant (NK-1 and NK-3) and fezolinetant (NK-3), reduce the activation of KNDy neurons and neurons in the thermoregulatory center of the hypothalamus, thereby attenuating negative effects on the thermoregulatory zone.<sup>11,12</sup>
- Elinzanetant and fezolinetant are approved by the US Food and Drug Administration for the treatment of patients with moderate-to-severe vasomotor symptoms due to menopause.<sup>13,14</sup>

### INTERPROFESSIONAL COLLABORATION: PRINCIPLES

For the evolution in treatment to be of optimal benefit to patients, comprehensive strategies for choosing, delivering, monitoring, and modifying therapy have become especially important. As a consequence, care is typically provided by an interprofessional, multidisciplinary care team that extends beyond physicians to include nurses, nurse practitioners, pharmacists, physician associates, social workers, and others, often involving collaboration between providers in community and academic settings.

To that end, the following reflects a conversation among 3 healthcare professionals about interprofessional care and how collaborative practices and teams can strengthen our health systems.

**Christopher Flores, MD:** In medical school, I was taught that the patient-doctor relationship was the most critical and important dynamic in healthcare. But after 30-plus years in clinical care, I can attest that healthcare is a team sport and we deliver care in teams of individuals with different training, different skills, different talents. And we teach each other, we learn from each other, we brainstorm and solve problems to meet the needs of the patient.

I want to make a point that interprofessional refers to clinicians in different professions, such as nurses, nurse practitioners, pharmacists, physicians, and physician associates. Multidisciplinary refers to clinicians in different specialties or sub-specialties, such as cardiology, dermatology, and oncology. LaTosha, do you want to talk about interprofessional collaboration?

**LaTosha Mollette, DNP:** The World Health Organization defines interprofessional collaboration as when multiple healthcare workers from various backgrounds work together with patients, families, and communities to provide the best healthcare possible.<sup>15</sup> This is exactly what teamwork should look like, but it is important to remember that healthcare teams can vary from patient to patient.

I work in a rural setting, working together with various healthcare professionals to improve access to needed healthcare services, which helps to prevent unnecessary delays in care and treatment. Ultimately, working together as a team helps to meet the needs of others to improve health outcomes, patient care, and safety.



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**Christopher Flores, MD:** I think all of us in healthcare are trying to figure out how to do things better, make life easier for ourselves, and make everybody happier, patients, our staff, and ourselves, to make things more sustainable. Interprofessional collaboration can accomplish this. There's a growing body of literature that shows that interprofessional collaboration can improve patient outcomes, acceptance of treatment, and satisfaction.<sup>16-19</sup> It can decrease costs, improve efficiency, reduce disparities, improve health equity, and make things more sustainable for providers.<sup>16,20-27</sup>

The Interprofessional Education Collaborative has identified 4 behavioral competencies for effective interprofessional collaboration: 1) roles and responsibilities; 2) values and ethics; 3) communication; and 4) teams and teamwork.<sup>28</sup> Michael, do you want to talk a little bit about the roles and responsibilities?

**Michael Smith, PharmD:** Certainly, it's one of these things that we don't often think about, but it's important for 2 reasons. One, understanding our own responsibility and roles that we have within our team and what our teammates can expect from us in terms of what we can deliver to them and deliver to patients.<sup>28</sup> The other is understanding what your team can do for you as well, so that you understand their educational background and you can help them practice at the top of their license by utilizing their skillset to the fullest extent.

It is increasingly common for clinicians, even those within a profession, to take different educational and practice paths leading to clinical practice. As an example, there are various differences in training a pharmacist. Nowadays, all pharmacists graduate with a Doctor of Pharmacy degree (PharmD), but some of us have done 1 or 2 years of residency training or postdoc fellowships. So, getting to know your teammates and what you can expect from them and what they can expect from you can really help your team function at a high level.

**Christopher Flores, MD:** We talk about values and ethics as well.<sup>28</sup> In medicine, we're constantly required to make very difficult and complicated treatment decisions for our patients. We really are missing a great opportunity if we don't involve the opinions of all the members of our team. What does the nurse think about this plan or what does the social worker who has talked to the family members think about this plan? Or what does the physical therapist think, who has

been working with the patient for the last 3 days? LaTosha, what do you think about communication?

**LaTosha Mollette, DNP:** Communication is essential in everything we do, and it's how we're able to effectively achieve goals, as well as improve relationships and interactions with others.<sup>28</sup> The healthcare system is often described as being fragmented with little communication and collaboration, but when healthcare professionals communicate responsibly and respectfully, this allows them to overcome differences and work together to accomplish a shared goal, including learning from each other, to better improve patient outcomes and safety.<sup>21,29-31</sup>

**Christopher Flores, MD:** We're talking a lot about teams and teamwork. Michael, do you have any other points you want to make about teamwork?

**Michael Smith, PharmD:** Most of us are members of various teams during the course of a typical day. Think about the team members that you work with to take care of patients, but also think about a team from a networking standpoint. Do you have a network of like colleagues? As an example, other pharmacists in our healthcare system may reach out to me for advice about a patient with pain, whether or not I'm actually seeing the patient. We can make our team small, we can make them big, but we should be making our teams in ways that everybody's functioning at a high level and putting the patient at the center of the team.

**Christopher Flores, MD:** Michael, LaTosha talked about the fragmented healthcare system and how interprofessional collaboration can help with that. Do you have any examples from your experience?

**Michael Smith, PharmD:** Think about the patient's experience through our healthcare system. Even if a patient receives all of their healthcare within 1 system, they often have to travel to many different places just to access care. From a primary care clinic to a hospital, to a specialty clinic, to a pharmacy. We can fill these gaps by using our interprofessional framework, our education, and allowing our collaborative practice teammates to step in and fill that.

**Christopher Flores, MD:** In conclusion, I just want to summarize that medicine is a team sport and that there is a growing body of evidence that supports the various benefits of interprofessional collaboration. LaTosha, Michael, do you have any final thoughts?



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**LaTosha Mollette, DNP:** I think just being willing to change is crucial. I think sometimes we have become complacent in clinical practice, but our healthcare system is ever evolving. So, learning how to be a team player always benefits everyone involved.

**Michael Smith, PharmD:** I've learned a great deal from my interprofessional colleagues, and I hope that I've helped them learn as well, with the ultimate goal of really improving patient care.

### INTERPROFESSIONAL CARE OF PATIENTS WITH MENOPAUSAL-ASSOCIATED VASOMOTOR SYMPTOMS

Many women feel unprepared to navigate the challenges of menopause<sup>32</sup> and express the desire for more support to manage their symptoms.<sup>33</sup> Thus, their care is best provided by an interprofessional, multidisciplinary care team that can address the often complex myriad symptoms and complications. **(Table)**<sup>1,34,35</sup> In fact, a growing number of academic medical centers have launched specialized centers dedicated to women's midlife and menopause health.

Profession/Specialty	Role
Primary care (physician, physician associate, nurse practitioner)	<ul style="list-style-type: none"> <li>Leads diagnosis and long-term management, including preventive care</li> <li>Coordinates care among the interprofessional, multidisciplinary care team</li> </ul>
Gynecology	<ul style="list-style-type: none"> <li>Leads diagnosis and long-term management</li> </ul>
Behavioral health (Psychiatrist, psychologist, therapist)	<ul style="list-style-type: none"> <li>Addresses psychological and psychosocial issues, ideally before they occur</li> <li>Provides cognitive behavioral therapy</li> </ul>
Cardiology	<ul style="list-style-type: none"> <li>Leads diagnosis and management of cardiovascular care</li> </ul>
Neurology	<ul style="list-style-type: none"> <li>Leads diagnosis and management of cognitive concerns</li> </ul>
Oncology	<ul style="list-style-type: none"> <li>Leads diagnosis and management of cancer care</li> </ul>
Sleep medicine	<ul style="list-style-type: none"> <li>Leads diagnosis and management of sleep disorders</li> </ul>
Case manager	<ul style="list-style-type: none"> <li>Point of contact for patients to facilitate access to services</li> </ul>
Dietitian	<ul style="list-style-type: none"> <li>Provides patient education and support for lifestyle management</li> </ul>
Nurse	<ul style="list-style-type: none"> <li>Assists in patient evaluation (vitals, sleep, mood)</li> <li>Provides patient education</li> </ul>
Pharmacist	<ul style="list-style-type: none"> <li>Helps individualize initial and long-term pharmacotherapy</li> <li>Helps avoid drug interactions and adverse events</li> <li>Provides patient education</li> <li>Improves medication adherence</li> </ul>
Physical therapist	<ul style="list-style-type: none"> <li>Assists with physical concerns, fatigue, mobility, frailty</li> </ul>
Social worker	<ul style="list-style-type: none"> <li>Helps navigate complex healthcare system</li> </ul>

Effective communication among the interprofessional, multidisciplinary care team—as well as with the patient—is important. According to Genevieve Neal-Perry, MD, PhD, Robert A. Ross Distinguished Professor and Chair of Obstetrics and Gynecology, University of North Carolina School of Medicine, it is essential that patients are encouraged and empowered to make their own decisions,

with guidance and support provided by the interprofessional, multidisciplinary care team.<sup>1</sup> Shared decision making and providing access to realistic and balanced information are two strategies to empower patients.<sup>36</sup> In providing holistic, patient-centered care, clinicians should be mindful of the often culturally-sensitive nature of menopause and women's health.<sup>1</sup>



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