

HEALTH QUESTIONNAIRE FOR POSTMENOPAUSAL WOMEN

DATE: _____ NAME: _____ Present age: _____

Are you still having periods? Yes No > How old were you when your periods stopped? _____

By completing this form, you can alert your doctor to any factors that may increase your chances of developing certain conditions that become more common after menopause (like osteoporosis, heart disease, or cancer). At the same time, you can list any symptoms that may be troubling you.

After each of the following questions, mark your response with an "X" in the box.

If you're not sure how to answer any questions, leave them blank and discuss them with your doctor.

Osteoporosis Risk Factors:

	No	Yes
Are you over age 65?		
Since age 40, have you had a <i>fragility fracture</i> ? (A <i>fragility fracture</i> is a broken bone in a wrist, rib, hip, or spine which results from a minor or "low-impact" injury—such as slipping on the floor and falling from the standing position.)		
Has anyone in your family had a fragility fracture (that is, broken a bone such as wrist, rib, hip, or spine) after age 40?		
Before age 45, did you go through menopause or have your ovaries removed?		
Have you fallen in the last 6 months or do you fall easily?		
Do you have rheumatoid arthritis?		
Have you ever had a thyroid problem?		
Is your calcium intake less than 1000 mg/day (about 3 cups of milk or yogurt)?		
Do you smoke cigarettes?		
Have you ever smoked cigarettes? (This also increases risk of heart disease, stroke, and cancer.)		
Do you regularly have more than 2 drinks of alcohol per day? (This also increases risk of cardiovascular disease and accidental injury.)		
Do you drink more than 4 cups of coffee or tea per day?		
Is your weight under 57 kg (126 lbs)?		
Are you more than 4 kg (10 pounds) lighter than when you were 25 years old?		

Common Concerns—Do you have:

	No	Yes
Hot flashes?		
Mood changes?		
Vaginal dryness or discomfort with sexual intercourse?		
Loss of interest in sexual activity?		
Loss of bladder control?		
Frequent bladder infections?		
Memory problems?		
Trouble sleeping?		
Other? (Please specify _____)		

Other Risk Factors

	No	Yes
Does heart disease run in your family?		
Have <i>you</i> ever had a heart attack or angina?		
Does diabetes run in your family?		
Do you have diabetes?		
Have you or has a family member ever had • cancer of the breast or ovary? • colon or rectal (bowel) cancer? • any other cancer?		
Do you consider yourself overweight?		
Do you exercise regularly (30 minutes per day, most days of the week)?		

Do you currently take:

	No	Yes > Please give dose/details
Steroid pills (e.g., prednisone or cortisone)		
Calcium pills or tablets		
Vitamin D pills		
Other vitamins or herbal products		

POSTMENOPAUSAL HEALTH MAINTENANCE

To be completed by healthcare professional
HEALTH CARE CHECKLIST



Date:				Date:			
Blood Pressure				Flu shot (annually for 65+)			
Height (if reduced, suspect vertebral fracture)				Dental Care (brushing, flossing)			
Weight				CVD prevention (smoking cessation, exercise, diet)			
BMI				Injury prevention (e.g., seat belt use, speed limits, stair guards)			
Waist circumference/waist-hip ratio				Bone Mass Density (details below)			
Vision (age 65+): acuity				Mammography (q 1-2 yrs for 50-69)			
Hearing (age 65+): inquire, whisper test				Lipid screening (see below)			
Cognitive assessment (if concerns)				Fasting blood glucose (see below)			
Falls assessment (if history of falls)				Screening for colorectal cancer (see below)			
Pap smear							

SCREENING/PREVENTION GUIDELINES

OSTEOPOROSIS			
BMD Testing: Decision to Test Based on Risk Factors	Prevention Strategies		
<p>Presence of 1 Major or 2 Minor Risk Factors suggests need for BMD testing in postmenopausal women. Frequency: q 2-3 years if normal; q 1-2 years if abnormal</p> <table border="0"> <tr> <td> <p>Major Risk Factors <i>Key Predictors</i></p> <ul style="list-style-type: none"> • Age >65 • Fragility fracture after age 40 • Family history of fragility fracture • Systemic glucocorticosteroid therapy > 3 months <p><i>Other Factors</i></p> <ul style="list-style-type: none"> • Early menopause (< age 45) • Hypogonadism • Osteopenia on x-ray • Propensity to fall • Malabsorption syndrome • Primary hyperparathyroidism </td> <td> <p>Minor Risk Factors</p> <ul style="list-style-type: none"> • Rheumatoid arthritis • Past history of clinical hyperthyroidism • Chronic anti-convulsant therapy • Low dietary calcium intake • Smoking • Excessive alcohol intake (consistently > 2 drinks/day) • Excessive caffeine intake (>4 cups/day) • Weight <57 kg • Weight loss > 10% of weight at age 25 • Chronic heparin therapy </td> </tr> </table> <p>Interpretation of BMD Results: Normal = T-score > -1.0; Osteopenia = T-score -1.0 to -2.5; Osteoporosis = T-score < -2.5</p>	<p>Major Risk Factors <i>Key Predictors</i></p> <ul style="list-style-type: none"> • Age >65 • Fragility fracture after age 40 • Family history of fragility fracture • Systemic glucocorticosteroid therapy > 3 months <p><i>Other Factors</i></p> <ul style="list-style-type: none"> • Early menopause (< age 45) • Hypogonadism • Osteopenia on x-ray • Propensity to fall • Malabsorption syndrome • Primary hyperparathyroidism 	<p>Minor Risk Factors</p> <ul style="list-style-type: none"> • Rheumatoid arthritis • Past history of clinical hyperthyroidism • Chronic anti-convulsant therapy • Low dietary calcium intake • Smoking • Excessive alcohol intake (consistently > 2 drinks/day) • Excessive caffeine intake (>4 cups/day) • Weight <57 kg • Weight loss > 10% of weight at age 25 • Chronic heparin therapy 	<p>Pharmacotherapy <i>Bisphosphonates</i> Etidronate (Didrocal®) • Cyclic 400 mg/day for 2 weeks every 3 months Alendronate (Fosamax® or Fosavance®) • 5 mg/day or 35 mg/week (single dose) <u>or</u> 70 mg/week with 400iu/day Vitamin D Risedronate (Actonel®) • 5 mg/day <u>or</u> 35 mg/week with 500mg/day of calcium included in kit <i>Selective estrogen receptor modulators (SERMs)</i> Raloxifene (Evista®) 60 mg/day Counsel on: Calcium intake:* • 1000 mg/day under age 50; 1500 mg/day over age 50 Vitamin D intake:* • 400 IU (10mcg/day) up to age 50; 800 IU (20mcg/day) over age 50 * Despite the controversy about whether calcium and vitamin D supplementation by itself is sufficient to prevent fractures in postmenopausal women (see Appendix 3), supplements at these doses are still recommended for a variety of reasons. Reduce caffeine intake (<4 cups of coffee/day) Reduce sodium intake (2100 mg [90 mmol]/day) Falls avoidance techniques Physical activity/weight-bearing exercise</p>
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CARDIOVASCULAR DISEASE

Lipid Screening	Diabetes Screening	Prevention Strategies
<p>Fasting lipid profile: All asymptomatic women who are postmenopausal or >50 years of age Frequency: q 5 years if normal and low risk</p>	<p>Fasting Blood Glucose: All women > 40 years of age. Frequency: q 3 years. More frequently and earlier if additional risk factors—hypertension, hyperlipidemia, vascular disease (see Appendix 1)</p>	<p><i>Smoking cessation:</i> nicotine replacement therapy and consider referral to smoking cessation program. <i>Exercise:</i> Regular, moderate exercise 30 minutes per day, most days of the week. <i>Diet:</i> Good evidence that reducing dietary intake of fat and cholesterol leads to a reduced incidence of symptomatic CAD, although not total mortality. Restricting sodium intake may reduce the incidence of hypertension. For patients at increased risk of disease, it is reasonable to consider referral to clinical nutritionist.</p>

CANCER

Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening
<p>Age 50-69: Mammography & Clinical breast exam (q 1-2 years) Age ≥ 70: Individual decision</p>	<p>Screen all women who are, or have been, sexually active. After 3 normal paps at 1-year intervals, q 2 years. If 4 normal paps in previous 10 years, discontinue screening after age 70.</p>	<p>Age 50 and over: Fecal occult blood q 1-2 years <u>or</u> sigmoidoscopy/ colonoscopy (see Info point 12)</p>

Bold = Grade A (good evidence to include in PHE); *Italic* = Grade B (fair evidence to include in PHE); Plain text = Grade C or I
Sources: The Society of Obstetricians and Gynaecologists of Canada. Canadian Consensus Conference on Menopause, 2006 Update. *JOGC* 2006;28(2) Supplement or www.sogc.org/guidelines/ <select Gynaecology, then #170 for Menopause Update and #171 for Osteoporosis Update>; Canadian Task Force on Preventive Health Care (CTFPHC) www.ctfphc.org/ and US Preventive Services Task Force guideline www.ahrq.gov/clinic/uspstfix.htm (accessed May 2006); Brown JP, Josse RG. 2002 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada. *CMAJ* 2002; 167(10 Suppl):S1-34 www.osteoporosis.ca/; Genest J, Frohlich J, Fodor G, McPherson R. Recommendations for the management of dyslipidemia and the prevention of cardiovascular disease: summary of the 2003 update. *CMAJ* 2003; 169(9):921-924 PM:14581310; Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, 2003. www.diabetes.ca/cpg2003/ (accessed May 2006) © The Foundation for Medical Practice Education, www.fmpe.org