DIANE'S NGN NCLEX 2026 VISUAL STUDY LIBRARY

Perimenopause & Menopause

Reproductive / Endocrine — Hormonal transition, vasomotor symptoms, hormone therapy, and patient-centered teaching for the midlife client.

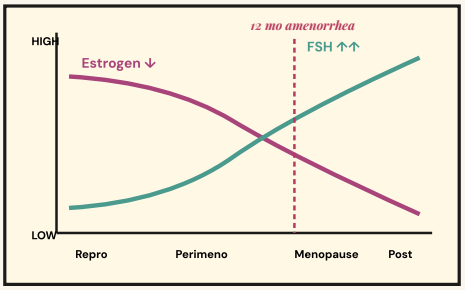
System: Reproductive / Endocrine | Age range: ~40–58 | Diagnosis: 12 mo amenorrhea | Priority focus: Safety + Teaching

📚 **Content sourcing note:** *This topic was not present in Diane's uploaded reference notes. Material drawn from standard NGN NCLEX 2026 references — Saunders Comprehensive Review (8th ed.), ATI RN Maternal-Newborn & Adult Health, Lippincott NCLEX-RN, and 2022 Menopause Society (NAMS) Position Statement on Hormone Therapy.*

1 Definition & Overview

- **Perimenopause** — the transition *before* menopause; ovarian function declines, cycles become irregular. Lasts **4–8 years** on average (range 2–10).
- **Menopause** — confirmed retrospectively after **12 consecutive months of amenorrhea** with no other cause. Average U.S. age = **51 years**.
- **Postmenopause** — all years after the menopause date. Estrogen-deficiency effects (bone loss, GU atrophy, cardiovascular shifts) become long-term concerns.
- **Premature menopause** < age 40 (a.k.a. primary ovarian insufficiency) — requires evaluation; **induced menopause** follows oophorectomy, chemo, or pelvic radiation.

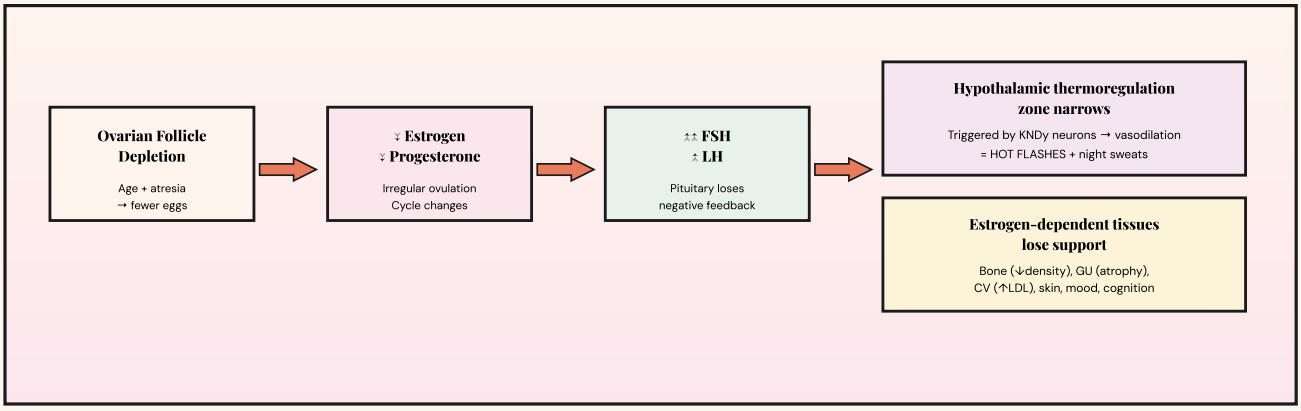
Hormone Snapshot



Lab cue: *FSH > 30 mIU/mL* + estradiol < 30 pg/mL is consistent with menopause — but diagnosis is clinical.

2 Pathophysiology — Step by Step

Ovarian follicles deplete → estrogen and progesterone production drops → the pituitary loses negative feedback and pumps out FSH and LH → estrogen-dependent tissues lose their support. The hypothalamic thermoregulatory zone narrows, which is what triggers the classic hot flash.



3 Signs & Symptoms — Perimenopause vs. Menopause

🌅 Perimenopause (early / transitional)

- **Irregular menses** — shorter, longer, heavier, or skipped cycles
- **Vasomotor symptoms begin** — mild hot flashes, night sweats
- Mood swings, irritability, anxiety, sleep disturbance
- Breast tenderness; PMS-like worsening
- Decreased libido; vaginal dryness starting
- ⚠ **Pregnancy still possible** — contraception still needed!

🌙 Menopause / Postmenopause (late)

- **Amenorrhea ≥ 12 months** — diagnostic
- **Hot flashes & night sweats** often peak; may last 7–10 yrs
- **GSM** — Genitourinary Syndrome: dryness, dyspareunia, urinary frequency, recurrent UTIs
- ↓ Bone density → **osteoporosis risk ↑**
- ↑ LDL, ↓ HDL → **cardiovascular risk ↑**
- Skin thinning, hair changes, weight redistribution
- Sleep disruption, brain fog, depressive symptoms

🚨 **RED FLAGS — REPORT IMMEDIATELY**

POSTMENOPAUSAL BLEEDING (ANY BLEEDING AFTER 12 MO AMENORRHEA) = endometrial cancer until proven otherwise — needs biopsy. Also: severe pelvic pain, breast lump, sudden cognitive change, chest pain, calf swelling (HRT + DVT risk), unexplained weight loss.

4 Priority Nursing Interventions (ABC + Safety)

A
Assess

- Menstrual history — last period, pattern
- VS, BP, weight, BMI
- Symptom severity (Hot flash diary)
- Bone density (DEXA at 65, earlier w/ risk)
- Mood & sleep; suicidal ideation screen
- Sexual health & GU symptoms
- Lipid panel, mammogram, Pap per guidelines

B
Be Safe — Manage

- **Fall prevention** (osteoporosis risk)
- Layered clothing, fan, cool room
- Avoid hot-flash triggers: caffeine, alcohol, spicy food, stress, smoking
- Vaginal moisturizer / lubricant
- Calcium 1,200 mg + Vit D 800–1,000 IU daily
- Weight-bearing exercise 30 min most days
- Smoking cessation (advances menopause ~2 yrs)

C
Coordinate & Counsel

- Discuss HRT risks/benefits with HCP
- Encourage contraception in perimenopause
- Refer mental health if depression/anxiety
- Sleep hygiene teaching
- Annual screenings — Pap, mammo, colonoscopy, DEXA
- Address sexual concerns openly
- Support groups / peer resources

5 Pharmacology — Hormonal & Non-Hormonal Options

HRT is *most effective* for moderate-to-severe vasomotor symptoms in women under 60 or within 10 years of menopause onset. Non-hormonal options are preferred when HRT is contraindicated.

DRUG / CLASS	MECHANISM / USE	KEY SIDE EFFECTS / RISKS	NURSING CONSIDERATIONS
Estrogen + Progestin HRT (Prempro, Activella) *Combination — for women WITH intact uterus*	Replaces estrogen; progestin protects endometrium from hyperplasia/cancer	↑ DVT/PE, stroke, breast cancer (long-term >5 yr), gallbladder disease, breast tenderness, breakthrough bleeding	Lowest dose, shortest duration. **Contraindicated:** hx breast CA, estrogen-dependent CA, active liver disease, DVT/PE, undiagnosed vaginal bleeding, pregnancy. Stop & report calf pain, chest pain, vision changes, severe HA.
Estrogen-only HRT (Premarin, Estrace) *Only for women WITHOUT uterus*	Relieves vasomotor & GU symptoms; protects bone	Same as above minus the progestin-related side effects; endometrial CA risk if uterus present	**NEVER give to a woman with intact uterus** without progestin — causes endometrial hyperplasia. Monitor BP, lipids, mammogram annually.
Vaginal estrogen (Estring, Vagifem, Premarin cream)	Local treatment of GSM — dryness, dyspareunia, urinary symptoms	Minimal systemic absorption; local irritation	Preferred for isolated GU symptoms. Generally safe even when systemic HRT is contraindicated (discuss with HCP if hx breast CA).
SSRIs / SNRIs Paroxetine (Brisdelle ✔ FDA-approved), venlafaxine, escitalopram	Non-hormonal first-line for hot flashes when HRT contraindicated	Nausea, sexual dysfunction, insomnia, ↑ suicide risk warning	**Paroxetine is the only FDA-approved non-hormonal Rx for hot flashes.** Avoid paroxetine with tamoxifen (↓ efficacy).
Gabapentin / Pregabalin	Reduces hot flashes; helpful if night sweats disrupt sleep	Sedation, dizziness, weight gain, peripheral edema	Give larger dose at bedtime. Caution with driving until tolerance develops.
Clonidine	Centrally acting alpha-2 agonist; reduces vasomotor symptoms	Hypotension, dry mouth, sedation, rebound HTN if stopped abruptly	Monitor BP. **Never stop abruptly** — taper.
Fezolinetant (Veozah) *2023 NK3-receptor antagonist*	Targets KNDy neurons in hypothalamus to ↓ hot flashes — non-hormonal	Hepatotoxicity (LFT monitoring required), abdominal pain, insomnia	Check LFTs at baseline, 3/6/9 months. Stop if LFTs > 2× upper limit. Newer option — know it exists for 2026 test plan.
Bisphosphonates (alendronate, risedronate)	Inhibit osteoclast bone resorption	Esophagitis, jaw osteonecrosis, atypical femur fracture	Take AM, empty stomach, full glass of water, **stay upright 30**

DRUG / CLASS	MECHANISM / USE	KEY SIDE EFFECTS / RISKS	NURSING CONSIDERATIONS
Osteoporosis prevention/Tx			**min**, wait 30 min before food/other meds.
Raloxifene (SERM)	Selective estrogen receptor modulator — bone agonist, breast antagonist	↑ DVT/PE risk, hot flashes (worsens!), leg cramps	Does NOT treat hot flashes. Used for osteoporosis + may ↓ breast CA risk. Stop 72 hr before prolonged immobility.

6 NCLEX Test Traps ⚠️

❌ Common Wrong Answer	✅ Correct Thinking
"A 49-year-old has skipped 4 periods — she's in menopause."	Menopause requires **12 consecutive months** of amenorrhea. She is in *perimenopause* — and pregnancy is still possible. Confirm with a pregnancy test before assuming amenorrhea is hormonal.
"Give estrogen-only HRT to a 52-year-old with an intact uterus."	An intact uterus requires **combination estrogen + progestin**. Unopposed estrogen → endometrial hyperplasia → endometrial cancer.
"Postmenopausal bleeding is normal — reassure the client."	Any bleeding after the 12-month mark is **endometrial cancer until proven otherwise**. Report & arrange endometrial biopsy or transvaginal ultrasound.
"Stop contraception as soon as cycles get irregular."	Continue contraception until **12 months of amenorrhea** (or age 55, whichever comes first). Ovulation can occur unpredictably in perimenopause.
"Raloxifene will help her hot flashes."	Raloxifene is for **osteoporosis** — it actually *worsens* hot flashes. Don't confuse SERMs with estrogen.
"Give paroxetine to a client on tamoxifen for vasomotor symptoms."	Paroxetine **inhibits CYP2D6** → reduces tamoxifen activation → reduces breast cancer protection. Choose venlafaxine, gabapentin, or fezolinetant instead.

7 Patient & Family Education

HOT FLASH TRIGGERS

Avoid caffeine, alcohol, spicy food, hot drinks, hot showers, smoking, and stress. Dress in layers; keep room cool; use a fan at night.

BONE HEALTH

1,200 mg calcium + 800–1,000 IU vitamin D daily. Weight-bearing exercise 30 min most days. No smoking. Limit alcohol < 1 drink/day. DEXA scan at 65 (sooner with risk factors).

CARDIOVASCULAR HEALTH

Heart disease risk rises after menopause. Mediterranean-style diet, < 2,300 mg sodium, regular aerobic exercise, BP & lipid monitoring.

VAGINAL HEALTH (GSM)

Water-based lubricants for intercourse; vaginal moisturizers 2–3× weekly. Vaginal estrogen for persistent symptoms (very low systemic absorption). Continued sexual activity helps maintain tissue.

SLEEP & MOOD

Consistent sleep schedule, cool dark bedroom, no screens 1 hr before bed. Report depression, suicidal thoughts, or severe anxiety. Mindfulness, CBT, and exercise are evidence-based.

CONTRACEPTION IN PERIMENOPAUSE

Continue contraception until 12 mo amenorrhea OR age 55. Low-dose combined OCPs (if no smoking, no CV risk), IUD, or barrier methods are options.

HRT SAFETY TEACHING

Take exactly as prescribed; do NOT skip progestin doses if uterus is intact. Report: calf pain/swelling, chest pain, sudden HA, vision changes, breast lump, abnormal bleeding. Annual mammogram + pelvic exam.

SCREENING SCHEDULE

Mammogram annually 40–54, then biennial. Pap per ASCCP. Colonoscopy at 45. DEXA at 65 (earlier with risk). Annual lipids & BP. Skin check.

8 Memory Boosters & Mnemonics

HOT FLASH

Hormone shift | **O**varies depleted | **T**hermoregulation off | **F**SH rises | **L**ow estrogen | **A**void triggers | **S**weat at night | **H**RT is option

MENO

Mood swings · **E**strogen ↓ · **N**o periods × 12 mo · **O**steoporosis risk

HRT RISKS

"**BLOODS**" — **B**reast CA · **L**iver dz · **O**varian/endometrial CA · **O**bstetric (pregnancy) · **D**VT/PE · **S**troke. Any "yes" = HRT contraindicated.

12 + 1

12 months no period = menopause. **1** drop of blood after = endometrial cancer until proven otherwise.

Quick Pattern Recognition

- **FSH high + estrogen low** → ovarian failure picture (menopause confirmed lab-wise)
- **Intact uterus → ALWAYS pair estrogen with progestin** (or use SERM/non-hormonal)
- **Hot flash + breast cancer history** → think venlafaxine or gabapentin (NOT paroxetine if on tamoxifen, NOT estrogen)
- **"Calf pain / chest pain / sudden HA"** on HRT → DVT/PE/stroke → stop drug, notify HCP

9 NCJMM Clinical Judgment Scenario

CASE: *A 53-year-old female presents to the women's health clinic reporting her last menstrual period was 14 months ago. She reports 6–8 hot flashes daily, night sweats disrupting sleep, vaginal dryness, painful intercourse, and increased urinary frequency. She is concerned because she had "a small amount of pink spotting" yesterday. PMH: HTN, hx of DVT 2 years ago, mother died of breast cancer at age 58. BP 148/86, BMI 31. She asks the nurse, "Can I just start hormones to fix all this?"*

STEP 1

Recognize Cues

Relevant cues: 14 mo amenorrhea, vasomotor sx, GSM, *postmenopausal bleeding (🚩)*, hx DVT, FHx breast CA, HTN, obesity (BMI 31), age 53.

STEP 2

Analyze Cues

Confirmed menopause (≥12 mo). **Pink spotting = postmenopausal bleeding → endometrial CA workup is priority #1.** Multiple HRT contraindications: prior DVT, strong FHx breast CA, uncontrolled HTN, obesity.

STEP 3

Prioritize Hypotheses

① **Postmenopausal bleeding — rule out endometrial cancer** (highest priority). ② Severe vasomotor sx + GSM impacting QOL. ③ HRT is *contraindicated* — need non-hormonal plan. ④ CV risk modification.

STEP 4

Generate Solutions

Arrange **transvaginal US ± endometrial biopsy** immediately. Defer systemic HRT. Offer venlafaxine or gabapentin for hot flashes. Vaginal estrogen or non-hormonal moisturizer for GSM. Address BP, weight, lipids, DEXA referral.

STEP 5

Take Action

Notify HCP of bleeding → schedule biopsy. Teach: "Systemic estrogen isn't safe for you because of your DVT and family history — let's discuss safer options." Start venlafaxine per HCP order. Reinforce trigger avoidance, layered clothing, sleep hygiene.

STEP 6

Evaluate Outcomes

Biopsy result reviewed within 72 hr. Hot flashes reduced by ≥ 50% within 4 weeks of venlafaxine. BP < 130/80, weight trending down, no new bleeding, dyspareunia improved with vaginal moisturizer. Client verbalizes understanding of HRT contraindications.
