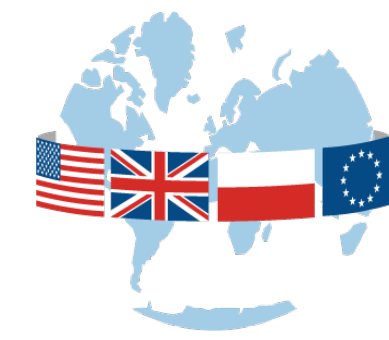


Treatment of menopausal vasomotor symptoms (VMS) and sensory issues: A case-based approach in a 53-year-old Caucasian autistic woman



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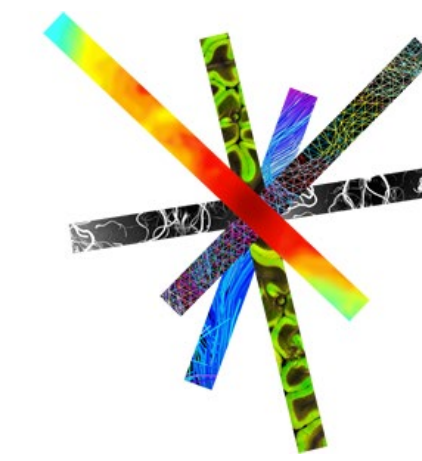


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Background

Adult autistic women are still under-recognized (Rynkiewicz et al. 2019). Of more than one billion women aged 50 and over, it is unknown how many are autistic and experiencing menopause. Still considered a taboo topic in many societies, little research exists on how menopause affects autistic women's health and well-being. Existing studies suggest this often-difficult transition period is associated with many unmet health needs, a frustrating lack of knowledge and support from healthcare professionals, and an absence of resources dedicated to this population (Karavidas & Visser 2022; Rynkiewicz et al. 2022; Moseley et al. 2021). Menopausal vasomotor symptoms (VMS), or hot flashes and night sweats, are cardinal symptoms of menopause. While VMS are experienced by most women during menopause, in autistic women such symptoms may intensify and worsen sensory sensitivities (Groenman et al. 2022). Recently, more adult women without intellectual disability have pursued a formal autism diagnosis to define their own autistic identity. This often helps them learn to more effectively recognize warning signs of sensory difficulties and meltdowns, and can lead to the self-discovery of unexpected strength, resilience, and confidence in advocating for their needs.

Methods

53-year-old Caucasian autistic woman, diagnosed with ASD at age 43 by a trained psychiatrist, no ID, currently experiencing menopausal symptoms. Anxiety and depression previously recorded and treated pharmacologically, currently no other comorbidities or somatic illnesses and no medications at the start of recording. Examinations and tests completed or retrieved from the patient's medical record over the period of 7 months of the study: transvaginal, breast ultrasound and cytological exams; hormonal lab testings; magnetic resonance imaging (MRI) of the pituitary gland; ADOS-2 (Module 4); ADI-R (retrieved codes under Interests & Behaviors: the items 67-79); a modified version of GQ-ASC/Q-ASC (Girls' Questionnaire for ASC) for adult women (Attwood, Garnett, Rynkiewicz [measurement instrument 2011] modified by Brown et al. 2020); SCQ Lifetime; AQ; and MENQOL. The patient participated in the Mindfulness sessions. Hormone replacement therapy (HRT) was introduced to ameliorate symptoms of estradiol and progesterone deficiency.

Objectives

To investigate menopausal vasomotor symptoms (VMS) experienced by an autistic woman and examine whether symptoms were linked to autistic traits and sensory issues.

Results

- **Magnetic resonance imaging (MRI) of the pituitary gland:** smooth-bordered oval focus with dimensions of approx. 4.5x3x4mm in the anterior part of the frontal lobe = **microadenoma**. A fluid focus of approx. 2.5mm between the upper parts of the pituitary lobes = like that in Rathke's pouch cyst.
- Initially, **hyperprolactinemia** was diagnosed with a level of 1425.25 mU/l (normal range: <557.1), and in the MCP test, there was no increase in prolactin concentration; levels of 1176.4 and 1033.1 mU/l - suggestive of prolactinoma.
- The initial **cortisol concentration** was **normal** at 360.2 nmol/l with an appropriate ACTH concentration of 13.3 pg/ml, and there was complete cortisol suppression at 32.7 nmol/l in the 1g DXA test.
- **Normal IGF concentration** of 130.9 ng/ml.
- **Normal electrolyte balance, blood glucose levels, TSH, FT3, FT4.**
- **Breast ultrasound:** Cysts, Ø approx. 4.2 to 11mm visible in both breasts. **Transvaginal ultrasound and cytological exam:** both unremarkable.
- **Difficulties in functioning and unusual sensory interests:** ADOS-2 (Module 4) SA+RRB (11), D1(2)/D2(1)/D4(2)/D5(1); SCQ Lifetime (26), AQ (33), I&B in ADI-R.
- **MENQOL:** hot flashes, night sweats, foggy thinking, vaginal dryness, mood swings and anxiety decreased while aching in muscles and joints, low backache, feeling tired, worn out persisted after HRT implementation.
- The patient **responded positively to Mindfulness meditation** and continued regular sessions beyond the project.
- Treatment: **System Conti** (3.2mg Estradiolum + 11.2mg Norethisteroni acetat) - 1 patch twice a week. Vitamin D3 supplementation; **Devikap 4000 IU** - 1 tabl./day. **Dostinex** (Cabergolinum 0.5mg) ½ tabl./week for the hyperprolactinemia, well tolerated by the patient.

Conclusions

Intensity of the menopausal VMS symptoms were observed in relation to strength of sensory issues. HRT alleviated majority of VMS experienced by the patient. Sensory perception and intellectual processing appeared to influence how VMS symptoms were interpreted, labeled, and reported. Since gynecologists often lack fundamental knowledge on ASD, this highlights the need for further research to inform treatment plans, including HRT and non-pharmacologic approaches that could be offered to autistic women during menopause.

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- (...) The financing of the ECHO project reflects its intention to help those in need, therefore the ECHO model programs cannot charge any fees or benefit from it. The ECHO Autism model in Poland is financed/funded like the programs from the USA and other countries in the world, for example from grants, competitions and other forms that may financially support the dissemination of diagnostic standards and best practices and medical care for patients with ASD (...). (Domarecki et al. 2022; Rynkiewicz et al. 2022; Sohl et al. 2022).



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