

Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?

Isla Suarez is a 55 year old female that complains of hot flashes, vaginal dryness, urinary incontinence, memory lapses, and mood swings for the past 6 months. Patient reports that her last menstrual period was 4 years ago. The patient has no known drug allergies and has a history of Type II Diabetes. She currently takes metformin to control her diabetes. The patient is currently prescribed metformin. She denies use of tobacco products and only drinks alcohol once a year. The patient is diagnosed with menopause. The patient still has her uterus. She prefers to take PO medications.

Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?

The patient should be started on hormone therapy due to her moderate to severe menopause symptoms. In patient's less than 60 years of age, the benefits of starting hormone therapy for her symptoms outweigh the associated risks of hormone therapy such as, breast cancer, stroke, heart disease, pulmonary embolism and dementia (Rosenthal & Burchum, 2021). The lowest most effective dose should be prescribed to the patient to minimize the risks associated with using hormone therapy (NAMS, 2022). For women that are menopausal, less than 60 years of age, still have their uterus and less than 10 years from onset of menopause, estrogen and progestin combinations are recommended for vasomotor symptoms and may prove beneficial in preventing bone loss (NAMS, 2022).

Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?

Isla Suarez meets criteria for pharmacological treatment of her menopausal symptoms because she is under the age of 60, has been menopausal for 4 years, and only has diabetes as a comorbidity. She meets criteria to start her on conjugated equine estrogens 0.3 mg/medroxyprogesterone acetate 1.5 mg (Prempro), one dose by mouth daily. The reasoning for starting her on Prempro is that she still has her uterus and the combination of estrogen and progesterone decreases her risk of uterine hyperplasia and potentially uterine cancer (NAMS, 2022).

Reflect on additional questions you have about your assigned client that may influence treatment. What else do you want to know? What follow-up assessments, labs, or conversations are required to ensure optimal health outcomes? The patient should be educated on the risks and benefits of taking the prescribed medication. The patient should follow up within two to four months to see if her symptoms have improved, receive diagnostic testing such as a HGB A1C to ensure optimal glucose control, and continue education on side effects and potential risks of taking this medication (Sathe, 2024). It should be explained to the patient that her glucose levels may rise and her metformin dose may have to be increased due to the potential effects of hormone therapy on glucose control (Sathe, 2024). The patient