

Figure 13.1. Resources for Patients Demonstrating Peripartum or Postpartum Depression: Websites and Books

Type	Location	Description
Websites	National Institute of Mental Health http://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml	Patient materials defining peripartum and postpartum and symptoms. Information on treatment and how family and friends can help.
	U.S. National Library of Medicine (Medline Plus) https://www.nlm.nih.gov/medlineplus/postpartumdepression.html	Patient information on peripartum and postpartum symptoms, treatment.
	Mayo Clinic http://www.mayoclinic.org/diseases-conditions/postpartum-depression/basics/definition/con-20029130	Information on symptoms, causes, risk factors, complications, treatments, coping and support.
Books	Overcoming Depression and Low Mood (4th ed) Williams, C. (2015).	Helps patient understand why they may feel low, anxious, angry, or guilty. It teaches proven cognitive and behavioral practical skills to help improve mood and function. helpful changes to your life..

	<p>Postpartum Depression Demystified: An Essential Guide for Understanding and Overcoming the Most Common Complication After Childbirth</p> <p>Venis, J. A., & McCloskey, S. (2007)</p>	<p>Covers PPD and how it differs from other perinatal mood disorders. Discusses how to identify and manage symptoms, key risk factors and how to minimize them, and effective medications and therapies. Reviews how to get support from partner, family, and friends, how PPD can affect their relationship with their partner and baby and how to take care of themselves during this period.</p>
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Figure 13.2. Resources for Patients Demonstrating Chronic Pelvic Pain: Websites, Mobile Applications, and Books

Type	Location	Description
Websites	UpToDate http://www.uptodate.com/contents/chronic-pelvic-pain-in-women-beyond-the-basics	Information on causes, diagnosis, treatment and coping. Links to information by disease.
	WebMD http://www.webmd.com/women/tc/chronic-female-pelvic-pain-topic-overview	Information on cause, symptoms, risks, exams and tests, prevention, medication and treatment.
Mobile Applications	WebMD Pain Coach https://play.google.com/store/apps/details?id=com.webmd.paincoach&hl=en https://itunes.apple.com/us/app/webmd-pain-coach/id536303342?mt=8	A free mobile application designed to help users manage chronic pain. The app delivers daily tips for specific pain conditions. It also helps users monitor personal patterns to improve their understanding of pain triggers, set goals, and share progress health care providers.
Books	Managing Pain Before it Manages You (4th ed)	Details 10 steps that can change the way pain sufferers feel, both physically and emotionally. Includes treatments to coping with

	Caudill, M. A. (2015)	flareups, solving everyday problems, and using power of relaxation techniques. It Has content on mindfulness, a "Quick Skill" section in each chapter with simple exercises, supplementary reading and resources (including smartphone apps), and more. Practical tools include MP3 audio downloads and easy-to-use worksheets that purchasers can now download and print.
	Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook (Treatments That Work) Otis, J. D., (2007)	Covers proven-effective CBT methods for patient use, such as stress management, sleep hygiene, relaxation therapy and cognitive restructuring.

Figure 13.3. Additional Functional Assessment Questions for Women Going Through Menopause

“Women experiencing menopause may have a variety of problem symptoms. Some of the most common are hot flashes, sleep problems and vaginal dryness. Do you have any of these or other bothersome symptoms?”

Hot Flashes

- Inquire about stressful environments and other triggers

“Over the last month, do you find you are stressed, worried, anxious, frustrated or agitated?”

If yes then:

“What times and situations do you feel this way?”

“What are the physical symptoms you notice?”

“What thoughts do you have in these situations?”

“How do others respond to you?”

“What do you do to manage these symptoms?”

“Is there anything that makes the symptoms better or worse?”

“Were there other times in your life when you felt this way?”

-If not specifically identified, assess caffeine & alcohol use, hot drinks, hot environments as triggers.

Sleep Problems/Night Sweats

- Use the standard sleep behavior assessment from Chapter 5

“When do night sweats wake you?”

“Once awake, what do you do to manage?”

“What thoughts typically go through your mind when you can’t sleep?”

“Is there anything that makes your night sweats better or worse?”

“Does room temperature seem to have an impact on the number of night sweats?”

Sexual Difficulties Related to Decreased Lubrication

“Do you have problems with vaginal lubrication (too dry during sex)?”

If yes then inquire specifically about the problem/s then ask:

“Have you done anything to help improve vaginal lubrication?”

Expectations/Interpretations

“On a 0-10 scale with 0=worst coping ever and 10=best coping ever how would you rate your ability to cope with your symptoms?”

“Sometimes women feel embarrassed about their symptoms. Do you feel that way?”

“Do you worry about not being in control of your symptoms?”

“What do you know about menopause?”

Figure 13.4. Hot Flash Symptom Diary

Date	Time	Severity 0-10	Length	Situation/ Triggers	Action Taken

Please use this form to record all hot flashes. Severity scale ranges from 0 (no symptoms) to 10 (the most extreme hot flash symptoms you can imagine). “Situation/Triggers” could include stressors, activities, thoughts, alcohol, or other factors you believe may be trigger or worsen your hot flashes. “Action Taken” refers to what you did when the hot flash occurred (e.g., left the room, removed clothing, took some deep breaths, told yourself calming thoughts, etc.).

Figure 13.5. Managing Menopausal Hot Flashes with Reassuring Thinking

Stressful, alarming thoughts may increase the severity of menopausal hot flashes.

Alarming thoughts about the hot flashes may also lead to more difficulty coping effectively with the symptoms. One tool to help better manage menopausal symptoms is to change or disrupt a pattern of alarming thoughts by replacing them with more reassuring or supportive statements.

1. Identify Your Negative Self-Talk

The first step in changing alarming thinking is to identify your negative, alarming self-talk related to menopausal symptoms. Here are some examples of common thoughts women may have about these symptoms. Place a check mark next to any thoughts that seem relevant to you:

- ☐ “Oh no – here it comes”
- ☐ “Everyone is noticing how much I’m sweating right now”
- ☐ “I can’t deal with this right now”
- ☐ “People will think I’m strange/anxious/old/etc.”
- ☐ “Something is physically wrong with me”
- ☐ “I can’t stand this”
- ☐ “This sweating is so embarrassing”

What other alarming or negative self-talk might you notice when you experience hot flashes?

Please list them below:

2. Develop Reassuring Coping Statements

The second step in changing alarming thinking is to accept what’s happening by making reassuring, calming statements to yourself. This may help to keep your initial symptoms from

escalating to higher levels and can give you a greater sense of control over the situation.

Some people find it helpful to write several coping statements on a 3x5 index card. When hot flash symptoms begin, pull this card out and repeat the coping statements to yourself to help manage the symptoms and your reaction in a more healthy manner.

Here are some examples of positive coping statements that people have found helpful when they first feel the symptoms of hot flashes coming on. *Put a check in the boxes of coping statements you believe could be most helpful for you.*

- ☐ I don't like feeling this way, but I can accept it.
- ☐ I can feel like this and still be okay.
- ☐ I can handle these symptoms or sensations.
- ☐ These symptoms are natural – I'm perfectly healthy.
- ☐ I'm going to go on with what I'm doing and wait for my symptoms to decrease.
- ☐ I'll just let my body do its thing. This will pass.
- ☐ I can do my coping strategies (e.g., relaxation) and allow this to pass.
- ☐ Fighting and resisting isn't going to help—so I'll just let it flow.
- ☐ My symptoms are not very noticeable – they feel stronger than they look to others.
- ☐ So what?

What additional coping statements do you believe would be helpful for you to combat your own alarming self-talk? _____

Figure 13.6. Resources for Patients with Menopause: Websites, Mobile Applications, and Books

Type	Location	Description
Website	The North American Menopause Society http://www.menopause.org/for-women	Information on symptoms, treatment and coping.
Mobile Applications	MenoPro https://itunes.apple.com/us/app/menopro-by-north-american/id922540237?mt=8&ign-mpt=uo%3D4 https://play.google.com/store/apps/details?id=org.menopause.menopro	<p>A free mobile application to help patients work with their provider to personalize treatment decisions (e.g., hormone vs nonhormone options). It includes links to education materials, including a downloadable <i>MenoNote</i> on behavioral and lifestyle modifications to reduce hot flashes, and information pages on the pros and cons of hormone versus nonhormone therapy options, a discussion of pill versus patch therapy, and information on treatment options for vaginal dryness and pain with sexual activities, with links to tables with information about different medications.</p>
	myPause https://itunes.apple.com/us/app/mypause/id338425889?mt=8 with your network of healthcare professionals,	<p>Journal: Track the 35+ symptoms that may affect you over the entire period of perimenopause and menopause.</p> <p>Plan: Create a treatment plan so you can minimize any effect on your quality of life. Trends: Check how your symptoms are affected by the</p>

	friends, and family	treatment plan and make adjustments accordingly. Knowledge: Expand your understanding of key menopause terms and information. Email: Share your symptoms and treatments
Books	Managing Hot Flushes and Night Sweats: A Cognitive Behavioural Self-Help Guide to the Menopause Hunter, M., & Smith, M. (2014).	An interactive four-week program using cognitive behavioral strategies. Includes exercises and worksheets designed to develop strategies for managing menopausal symptoms. Based on the authors' research and shown to be effective in clinical research trials.
	The Cleveland Clinic Guide to Menopause Thacker, H. L. (2009)	Reviews myths and misinformation and provides scientifically based information to manage menopause more effectively. Strategies focus on improving sleep, energy and sex life.
	The Menopause Book Wingert, P., & Kantrowitz, B. (2009)	Provides information on hormones and hormone therapy; hot flashes; heart disease and stroke; breast cancer in older women; and the subtle symptoms of ovarian cancer. It also reviews information findings on why it's hard for menopausal women to lose weight; osteoporosis and estrogen; the interplay between migraines and hormones; and panic attacks.

Women's Health Chronic Pelvic Pain, Sexual/Physical Abuse History "Advise" Phase Script

Chapter 13

One of the things I recommend is that we set you up with an appointment with a provider outside of primary care who can spend more time with you to further assess and treat the difficulties you are experiencing with your past physical and sexual abuse. We can do a lot together in the 30-minute consult appointments to help you manage your pain and I'm going to lay out what some of those things are in a minute. However, 30-minute appointments typically are not long enough to treat difficulties with past physical or sexual abuse. At the same time, effective treatment for past abuse is an important part of maximizing your pain management plan. Ongoing communication between myself, your PCP, and the provider outside this clinic may be important to maximize your treatment response. With your permission, we would communicate with each other as part of a team effort to assist you in managing your symptoms and improving your functioning.