# Misdiagnosing my perimenopause

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Two years ago, I was convinced I had lymphoma. I was experiencing dreadful night sweats and felt extremely tired. My husband kept telling me how awful I looked and that I needed to see my GP. I was also having worsening migraines and generally did not feel myself. I felt low in my mood, but I knew I was not depressed. I was also very irritable with my family, especially my husband, which was out of character with me. I had become more forgetful and was finding it more difficult to remember dates and friends' birthdays. I was also experiencing muscle and joint pains, so I was not doing my yoga practice as frequently. Even when I was not experiencing night sweats, I kept waking in the early hours of the morning and finding it hard to get back to sleep which was incredibly frustrating.

These symptoms occurred around the time of setting up my menopause website and also opening a menopause clinic. I presumed all these symptoms were related to me pushing myself too much at work and also having three children, but I was inwardly really worrying about the night sweats. I decided to delay seeing my doctor as I did not want any bad news at a time when I was trying to be very productive with my work.

After a few months of feeling like this, one of my daughters made my diagnosis. She told me she had had enough of me constantly being so irritable and she asked if my period might be due (as her friends often became more irritable before their periods occurred). I then realised that I had not had a period for around four months!

All my symptoms clearly were related to me being perimenopausal – but I had not related these symptoms to this. I was 46 years old at the time – the average age of the perimenopause is 45 (51 years for the menopause). I am often teaching and lecturing other healthcare professionals to think about other potential symptoms, especially psychological symptoms that may occur in addition or instead of the classic vasomotor symptoms during the perimenopause and menopause, but had missed my own! There are so many potential symptoms that can occur during the perimenopause and menopause (Figure 1).[1]

I have prescribed Hormone Replacement Therapy (HRT) for many women over the years and I was very encouraged when the National Institute for Health and Care Excellence (NICE) guidance was produced, showing that the benefits of HRT outweigh the risks for the majority of women.[2]

Fortunately, I saw a menopause specialist and I started using oestradiol patches and taking micronised progesterone. After three months, I was advised to use testosterone. I was rather apprehensive initially, but I was desperate for my brain to be engaged again and my wellbeing to improve. I also wanted my reduced libido to return.

I now feel the best I have felt for many years and I realise that I probably had been experiencing symptoms related to my fluctuating hormones for a long time.

**Figure 1 - Greene Climacteric Scale**

Please indicate the extent to which you are bothered at the moment by any of these symptoms by placing a tick in the appropriate box

| SYMPTOMS | Not at all 0 | A little 1 | Quite a bit 2 | Extremely 3 | Comment |
|---|---|---|---|---|---|
| Heart beating quickly or strongly | | | | | |
| Feeling tense or nervous | | | | | |
| Difficulty in sleeping | | | | | |
| Excitable | | | | | |
| Attacks of anxiety, panic | | | | | |
| Difficulty in concentrating | | | | | |
| Feeling tired or lacking in energy | | | | | |
| Loss of interest in most things | | | | | |
| Feeling unhappy or depressed | | | | | |
| Crying spells | | | | | |
| Irritability | | | | | |
| Feeling dizzy or faint | | | | | |
| Pressure or tightness in head | | | | | |
| Parts of body feel numb | | | | | |
| Headaches | | | | | |
| Muscle and joint pains | | | | | |
| Loss of feeling in hands or feet | | | | | |
| Breathing difficulties | | | | | |
| Hot flushes | | | | | |
| Sweating at night | | | | | |
| Loss of interest in sex | | | | | |
| SCORE | | | | | |

I was fortunate because I only experienced symptoms for a few months. Every day, when I run my menopause clinic, I feel sad and horrified with stories from women telling me that they have had symptoms for many years and never received adequate help, despite often seeing numerous doctors. Around 70% of women who come to my menopause clinic have been inappropriately given or offered antidepressants in the past by their GPs as their only form of potential treatment for their menopause. There is no evidence for the use of antidepressants in this way.[2,3]

Many women tell me that their doctors have even actively refused to give them HRT, some telling them it will give them cancer, others saying that it is purely a lifestyle treatment, and some simply informing their patients that they do not know enough about the menopause and HRT. I have even seen women who have been sectioned in the past, having been incorrectly diagnosed with bipolar depression and who have tried to commit suicide, all as a direct result of their psychological symptoms of their menopause, which subsequently improved with taking HRT.

Clearly the menopause is a natural process rather than an illness. However, as we go through the menopause there is an increased risk of cardiovascular disease, osteoporosis, type II diabetes, osteoarthritis and also probably dementia.[4] Taking HRT can reduce the risk of these very significant conditions and the evidence supports that the earlier HRT is started, the more effective it is at the reduction of risks of these chronic diseases.[5] It is a sobering thought that one in two women over the age of 50 will have a fragility fracture, yet many guidelines do not mention the effectiveness of oestrogen in reducing fracture rate and improving bone mineral density.

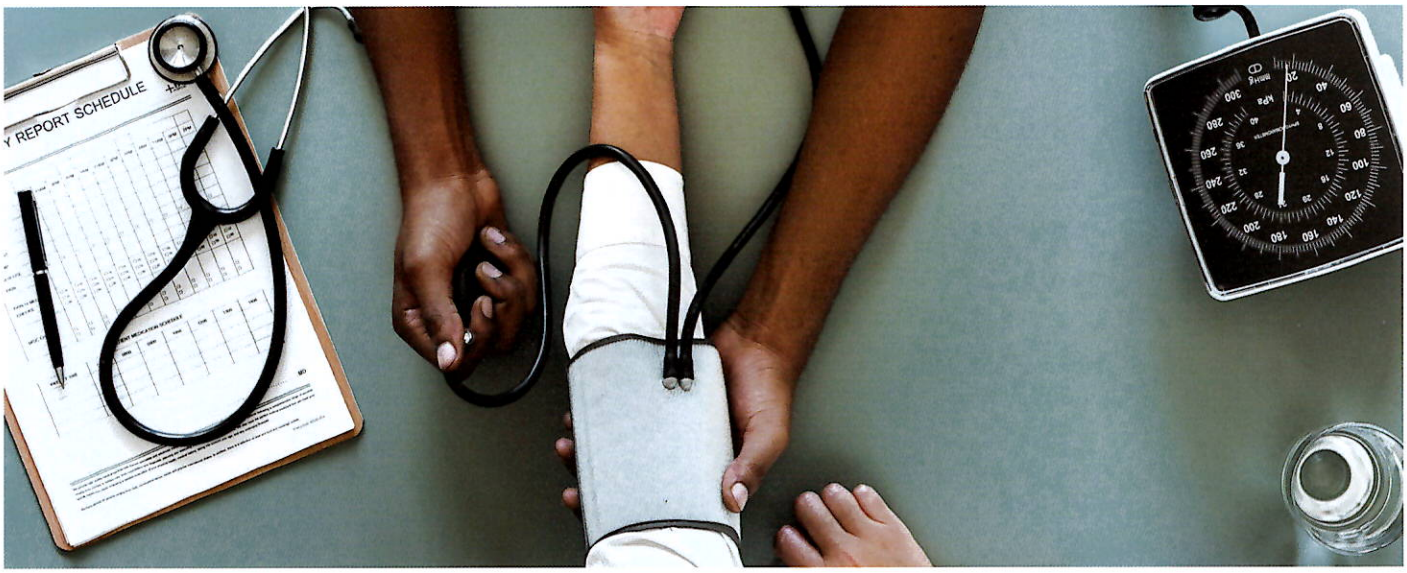

**Figure 2- Menopause and body identical HRT**

- Body identical HRT (same molecular structure as a woman's hormones) is the safest way of a woman having HRT
- Oestrogen through the skin as a patch or gel is the safest way of having oestrogen and is body identical
- Micronised progesterone is body identical progesterone which is given as an oral capsule and is safer than older types of progestogens
- Testosterone is a female hormone that can improve libido, mood, energy and concentration

There is still so much stigma associated with the menopause. Many of my friends were shocked to hear me telling them I had started HRT. Imagine being 26 or 36 years old and having Premature Ovarian Insufficiency (POI) – menopause under 40 years – which affects around one in a hundred women in the UK.[6] These young women have to have hormones (either in the form of HRT or the contraceptive pill) as they have an increased risk of chronic diseases and early mortality. Yet many women I have seen in my clinic, I have been told that they are too young to be menopausal, and are not offered any hormones. It would be a potential medicolegal case if a woman presented with an osteoporotic fracture and was found to have been menopausal from a young age without it being properly managed.

I work closely with West Midlands Police and the impact of the menopause in the workplace should not be underestimated. Research we undertook showed that around 30% of menopausal women had considered giving up work and nearly 80% of women had experienced menopausal symptoms which had negatively affected their ability at work. The three most common symptoms affecting them at work were fatigue, memory problems and anxiety. So offering menopausal women a fan in the workplace is not going to help!

I have undertaken some research looking at training and education on the menopause for healthcare professionals.[7] Sadly, the results highlighted that there is a huge need for improved menopause education, especially in primary care where the majority of menopause care should be delivered.

Clearly, I am not advocating that every woman should consider taking HRT but I do feel that women should be given an informed choice regarding taking HRT. Body identical HRT, the oestradiol given as a patch or gel and micronised progesterone is by far the safest way of prescribing HRT (Figure 2).[8] This type of HRT can be given to women with an increased risk of venous thromboembolism and obese women.

Women, who have had a hysterectomy and receive oestrogen only HRT, do not have an increased risk of breast cancer. Women who have micronised progesterone are likely to have a lower risk of breast cancer than women taking other progestogens.[9] However, the risk of breast cancer is similar to the breast cancer risk that a woman has if she is overweight, does not exercise or drinks a couple of glasses of wine a night.

Taking HRT is not a choice or option for every woman. Eating a healthy, balanced diet which is rich in calcium is very important for bone and cardiovascular health. Women should also exercise regularly and work to improve their sleep hygiene. For some women, medications such as antidepressants or gabapentin can improve symptoms, but their use can be limited by side effects.

With the menopause work I am involved in, I want to encourage more healthcare professionals to be educated on the current evidence and guidelines on the menopause to help more women make this a positive rather than negative experience of their lives.


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