Newson Health

# Menopause and Me

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# Menopause and me

Did you know? About three in four women will experience symptoms during their menopause

Your menopause is a not an illness or medical condition: it is a completely normal life event for women.

However, this means that the troublesome symptoms it can bring are all too often under recognised, undervalued and not taken seriously.

Symptoms such as hot flushes, fatigue, mood changes and brain fog can affect all aspects of life, including home life, relationships and careers.

This guide looks at what your menopause actually is and the symptoms you may experience, as well as the treatments and lifestyle changes that make a real difference.

The information in this guide is aimed at women aged 45 and over. If you are under 45, you should refer to the Menopause and Me for Younger Women guide.

## What is the menopause?

Did you know? The average age of the menopause is 51

Your menopause is when you stop having periods. It occurs when your ovaries stop producing eggs and as a result, levels of hormones called estrogen and progesterone fall.

**There are four key stages to be aware of:**

**Pre-menopause:** the time in your life before any menopausal symptoms occur.

**Perimenopause:** when you experience menopausal symptoms due to hormone changes, but still have your period.

**Menopause:** when you do not have a period for 12 consecutive months.

**Postmenopause:** the time in your life after you have not had a period for 12 consecutive months.

## How and when does your menopause happen?

The average age of the menopause is 51, and although symptoms of the perimenopause can often start at around 45 years of age.

If the menopause occurs when a woman is under 45 then it is called an early menopause. If it occurs before the age of 40 it is classed as premature ovarian insufficiency (POI).

Hormones estrogen and progesterone work together to regulate the menstrual cycle and production of eggs. Estrogen also plays an important role throughout a woman's body, including bones, memory, mood and even hair and skin.

During your perimenopause and menopause, hormone levels fluctuate greatly and this imbalance can result in a range of symptoms, from hot flushes to aches, pains and mood changes.

## Early Menopause

If your menopause occurs when you are under 45 it is known as an early menopause. Menopause in women under 40 years is usually referred to as Premature Ovarian Insufficiency (POI).

Certain circumstances can trigger an early menopause or POI. These include surgery involving the ovaries, having radiotherapy to the pelvic area as a treatment for cancer, or certain types of chemotherapy drugs to treat cancer (for more information on early menopause and POI, read the Menopause and Me for Younger Women booklet).

Did you know? Women spend on average a third of their life postmenopausal

## How is the menopause diagnosed?

If you are over 45, have irregular periods and other typical symptoms, then a health professional should be able to diagnose your menopause without the need for tests.

Did you know? Changes to periods can often be the first sign of your menopause

The majority of women will experience symptoms during their menopause, which can affect both their home and work lives.

The severity of symptoms varies tremendously between women. Some will only experience them for a few months, others can continue to suffer for years – even decades.

Common symptoms can include:

**Period changes:** This is often the first sign. You can experience a change in flow and your periods will become less frequent, before stopping completely.

**Hot flushes:** This is the most common symptom of all, affecting three out of four women. Hot flushes can come on suddenly at any time of day, spreading throughout your face, chest and body. For some women they may last for moments, for others several minutes. Hot flushes can have associated symptoms such as sweating, dizziness or even heart palpitations.

**Night sweats:** Many women find they wake up drenched in sweat and have to change their pyjamas or bed clothes. This can also be a disruptive symptom for partners too.

**Mood changes:** Some women who suffer from mood changes find they are very disruptive to work and home life. You may find mood changes more common if you have had premenstrual syndrome in the past.

**Fatigue and poor sleep:** Poor sleep can be related to night sweats, but you may find you are more tired during the day even if your sleep is not affected.

**Brain fog:** This is a collective term for symptoms such as memory slips, poor concentration, difficultly absorbing information and a feeling your brain is like 'cotton wool'. Brain fog can not only present a challenge while at work, it can also affect the simplest of tasks like reading a book or listening to the radio.

**Loss of sexual desire:** It is common to lose interest in and pleasure from sex around the time of the menopause; feeling tired, having a low mood and experiencing night sweats can all be contributing factors. There is also a hormonal reason why your libido may feel rock-bottom. Women have testosterone, as well as men, and this hormone can influence our sex-drive. Testosterone levels tend to decline in women during the menopause which may lead to less interest in sex.

**Joint pains and muscle aches:** Estrogen is very important in providing lubrication for your joints and preventing inflammation, so low levels can leave your joints sore and aching.

**Hair and skin changes**: Estrogen helps to build collagen - the protein that protects the structure of our skin. Lower levels of estrogen can lead to reduced elasticity, fine lines and dryness. Some women find their skin becomes itchier, or they develop acne. Changing hormones can also make your hair thinner and less glossy, and you may notice increased facial hair growth.

**Worsening migraines**: If you suffer from migraines, you may find they become more severe and closer together.

**Vaginal and urinary symptoms:** Low estrogen can cause the tissues around the vagina to become thinner, dry, itchy and inflamed- known as vaginal atrophy or atrophic vaginitis. Your vagina also expands less easily during sex, making sex uncomfortable or painful. Low estrogen also thins the lining of the bladder, leading to the urge to urinate more frequently. Some women find they have recurrent urinary tract infections.

## Osteoporosis

Did you know? Women lose up to 10% of their bone-strength in the first five years after menopause

Osteoporosis is a condition that weakens the bones and makes them more likely to break.

People with osteoporosis have an increased risk of fractures, even with little or no trauma – meaning that normal stresses on the bones from standing, coughing or even hugging, can result in fractures.

Estrogen helps keep our bones strong and healthy but as this hormone reduces during the menopause women are at greater risk of developing osteoporosis than men. Women can lose up to 10% of their bone density in the five years after the menopause.

Other factors that increase the risk of bone-weakening are a family history of osteoporosis, smoking and heavy drinking.

## Cardiovascular disease

This refers to conditions affecting the heart and blood vessels, such as coronary heart disease, congenital heart disease, stroke and vascular dementia. Estrogen helps keep our blood vessels healthy and helps control cholesterol, so fluctuating levels of estrogen can increase your chances of getting cardiovascular disease.

Other factors that increase your risk of getting cardiovascular disease include high blood pressure, smoking, being overweight and a family history of cardiovascular disease.

## Vaginal dryness and urinary symptoms

Did you know? Symptoms of vaginal dryness can get worse as you get older

As mentioned, one of the symptoms of the menopause is vaginal dryness and other urinary complications due to reduced estrogen in the body.

These symptoms can occur during the perimenopause or menopause but tend to get more noticeable after the menopause – during the postmenopausal phase – and can get quite troublesome for many women.

There are a range of treatments available to help manage your menopause symptoms and, in many cases, vastly improve your quality of life.

Your first step should be talking to a health professional about the options available to you, so you can make an informed decision about the potential benefits and risks. Don't wait until symptoms become unmanageable before you seek advice.

A trusted source of information is the 2015 guidelines on menopause by medicines regulator the National Institute for Health and Care Excellence (NICE). It contains information on treatments that can help your symptoms, what sort of information you should expect during an appointment with a health professional, and questions you can ask (www.nice.org.uk/guidance/ng23).

## Hormone Replacement Therapy (HRT)

HRT is a treatment that relieves symptoms by replacing the estrogen your body stops making after the menopause. The type of estrogen most commonly used these days is 17 beta-estradiol. Many women also need to take a progestogen alongside estrogen – known as combined HRT. Some women also take testosterone as part of their HRT.

Estrogen available as a skin patch, gel applied to the skin or as a tablet, HRT remains the most effective treatment to relieve symptoms. Yet it is thought that in some parts of the UK only one in ten women who would benefit from HRT actually take it.

## HRT benefits

**Your symptoms will improve**
Many women find their symptoms improve within a few months of starting HRT and feel like they have their 'old life' back, improving their overall quality of life.

Hot flushes and night sweats usually stop within a few weeks of starting HRT. Many of the vaginal and urinary symptoms usually resolve within three months, but it can take up to a year in some cases.

You should also find that symptoms such as mood changes, difficulty concentrating, aches and pains in your joints and the appearance of your skin will also improve.

**Your risk of cardiovascular disease will reduce**
There is some evidence that taking HRT, particularly estrogen-only HRT, reduces your risk of cardiovascular disease. The benefits are greatest in women who start HRT within ten years of their menopause.

**Your risk of osteoporosis will reduce**
Taking HRT can help prevent and reverse bone loss, even for women who take lower doses of HRT, so it can reduce your risk of bone fracture due to osteoporosis.

**Your risk of other diseases will reduce**
Studies have shown that women who take HRT also have a lower future risk of type 2 diabetes, osteoarthritis, bowel cancer, depression and dementia.

## HRT risks

For the majority of women who start taking HRT under 60, the benefits outweigh the risks.

The type of HRT that is suitable for you usually depends on 4 factors:
- your medical history
- any existing conditions
- whether you still have your womb (uterus) or not
- and if you are still having periods.

If you still have a uterus, then you will need to take a progestogen (a synthetic type of the hormone progesterone) or body identical progesterone alongside estrogen, known as combined HRT. This is because taking estrogen on its own can increase the risk of uterine cancer, but taking a progestogen reverses this risk.

There are two small risks for some women who take HRT - the risk of breast cancer and the risk of a blood clot. The one that worries most women is breast cancer. Your actual risk depends on many factors including age, family history and your general health and not on whether you take HRT alone. That is why it is crucial you discuss your individual circumstances with a health professional.

Studies have shown that women who take estrogen-only HRT do not have an increased risk of breast cancer. Taking combined HRT (estrogen and progestogen) may be associated with a small risk of developing breast cancer. Some studies show this risk reduces if using a type of progestogen called micronised progesterone, which is derived from plants. The risk of breast cancer with taking combined HRT is very low. Women who are obese actually have far greater risk of developing breast cancer, than women of a healthy weight taking combined HRT.

If you have a history of blood clots, liver disease or migraine then you can still take HRT but you may be recommended to use an estrogen patch or gel as this is associated with no risk of clots. If you need progestogen then this is usually still given as a tablet or a Mirena coil can be used instead.

**Side effects of HRT** The most common side effects include nausea, some breast discomfort or leg cramps. Side effects are most likely to occur when you first start taking HRT and then usually settle with time.

Different brands of HRT use different estrogens and progestogens, so you may find that changing brands helps with the side effects. Switching the delivery method of HRT – for example from tablets to patches – can also help.

Some women find that HRT patches can irritate the skin, so talk to a health professional about switching brands.

## Body-identical and bioidentical hormones: what you need to know

These days the NHS and private menopause specialists offer a more modern type of HRT containing estrogen that is derived from plants, such as yams. This is known as body-identical estrogen, as it has the same molecular structure as the estrogen produced by our bodies.

However, some private clinics offer a type of HRT known as bioidentical HRT. Like body-identical estrogen, it is derived from plants. But the crucial difference is that some clinics offer bioidentical treatment that is 'compounded' or custom-blended following hormone testing.

According to the British Menopause Society, bioidentical HRT products are not authorised by the Medicines and Healthcare Products Regulatory Agency (MHRA).

They are marketed as natural supplements and do not require approval by the MHRA. As a result, they have not been through the rigorous process of drug development, which conventional medicines and products undergo.

Compounded or bioidentical hormones have not been scientifically evaluated in clinical trials for effectiveness and safety, and there is no evidence that they are more effective than licensed types of HRT.

## Testosterone

Did you know? Women produce three times as much testosterone than estrogen before the menopause

As well as regulating sex drive, testosterone helps with your mood, memory and concentration. Not all women will need testosterone but talk to your health professional if you find HRT alone is not helping with these symptoms. Testosterone is given as a cream or gel, or sometimes as an implant.

## Treatments for vaginal dryness and urinary symptoms

To ease these symptoms, estrogen can be given directly to the vagina in the form of a cream, a tablet (pessary) or a silicon ring inserted into the vagina.

Using estrogen in this way is not the same as taking HRT, so it does not have the same associated risks. Estrogen applied directly to the vagina can be safely used by most women on a regular basis for a long period of time, which is important as symptoms can continue when you are postmenopausal and they often return when you stop treatment.

Another option for dryness is vaginal moisturisers and lubricants during sex. These products can be bought over the counter and can be used either alongside vaginal estrogen treatments or on their own.

Your symptoms should improve within a few weeks of treatment. See a health professional if symptoms do not improve, as these can be due to other conditions.

## Cognitive Behavioural Therapy (CBT)

CBT is a talking therapy recommended by NICE as a treatment for low mood associated with menopause. It focuses on changing the way you think and behave, with sessions either in groups or one-to-one with a therapist. You can be referred via your GP, but many women find it is quicker to organise privately.

## Other treatments

There are some alternative prescription medications that can be used for symptoms if HRT cannot be given or is not preferred. These include antidepressants such as citalopram or venlafaxine - which can improve hot flushes but often have side effects, such as nausea.

## Herbal medicines

Some women consider taking herbal medicines alongside or instead of conventional medicines.

There is a huge market out there for menopausal symptoms, including St John's wort, red clover and black cohosh. Herbal medicines though natural, are not necessarily safer. There is much variety in their effectiveness and potency. In addition, some come with side effects and can interfere with other medicines you may be taking.

It is also worth remembering that although herbal medicines might help some of your symptoms, they won't address your hormone levels and in turn won't protect your bones or reduce your risk of cardiovascular disease.

If you are considering herbal medicines, speak to a health professional.

**Traditional Herbal Registration (THR) certification mark**.

The MHRA oversees a scheme called the THR certification mark. If you are thinking of using herbal medicines, you should look out for this logo, as it means it has been deemed safe when used as intended, manufactured to set quality standards and has reliable and accurate product information. The authorised usage and dosage of the medicine is based on evidence of its traditional use, but the effectiveness of the product has not been assessed by the MHRA.

## Lifestyle changes

Did you know? Alcohol, caffeine and spicy foods can all trigger hot flushes

Maintaining a healthy lifestyle is important for women of all ages, but particularly during your menopause. You should be aiming to:

**Eat a healthy, balanced diet:** a diet rich in calcium helps protect your bones and reduce the risk of osteoporosis.

**Exercise regularly:** NHS guidelines state you should try and aim for 30 minutes of moderate exercise five times a week. Weight-bearing exercises, such as walking or running, are also important to maintain bone strength.

**Limit alcohol and cigarettes:** alcohol can interrupt sleep and exacerbate hot flushes. If you do smoke, cut down with the aim of quitting altogether.

**Get enough vitamin D:** vitamin D also plays a part in keeping your bones strong and healthy. You should get all the vitamin D you need from sunlight and the small amounts found in food, but you may also want to take a supplement.

**Relax:** If work is proving stressful, take time out for yourself. Do something you enjoy that lifts your mood, such as yoga, having an aromatherapy massage or just spending time with loved ones.

## Common HRT myths busted

**Myth:** You should wait for your symptoms to be unbearable before seeing a health professional about HRT
**False. You can start taking HRT from when symptoms start, even when you are perimenopausal.**

**Myth:** HRT delays the menopause
**False. If you experience menopausal symptoms after stopping HRT, you would have experienced them even if you had never taken HRT.**

**Myth:** You should stop taking HRT after five years
**False. There is no maximum amount of time you should take HRT for. It depends on your individual circumstances, risks and benefits and personal choice.**

**Myth:** HRT is not suitable if you suffer from migraines
**False. If you have a history of migraine, you should opt for HRT in the form of a patch or gel rather than a tablet. Women who have migraines with aura (visual disturbances such as flashing or seeing spots) have a small increased risk of stroke when taking estrogen in tablet form, but not as a patch or gel.**

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Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK. She has written and developed the website www.menopausedoctor.co.uk and is the founder of the 'balance' menopause app.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available.

Her aim is for women to acquire more knowledge and confidence to approach their own GP to ask for help and advice.

The team at Newson Health are passionate about improving awareness of safe prescribing of HRT to ladies at all stages of the perimenopause and menopause and also offering holistic treatments for the perimenopause and menopause.

Louise is also the director of the not-for-profit company Newson Health Research and Education.



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