

your guide to menopause

Understanding menopause



Introduction

Menopause describes the years in a woman's life when her ovaries stop releasing eggs, hormone levels fluctuate (rise and fall irregularly), until they finally fall and periods stop completely. This usually happens between the ages of 45 and 55 but can happen earlier for some women. About 8 out of 10 women will experience some menopausal symptoms. These last, on average, for about 4 to 8 years. If you're experiencing symptoms that are having a negative effect on your quality of life, it's important to seek help and advice from your doctor. They should be able to offer you factual, evidence-based, non-biased information. This will help you to make informed choices about

managing your symptoms and your long-term health.

What is menopause?

This leaflet has information about common symptoms of menopause, available treatment, and ideas for getting help and support from your GP, family and employer. Menopause describes the stage of a woman's life when the ovaries stop releasing eggs and periods stop. Many women experience symptoms, due to changing hormone levels. Menopause is diagnosed after 12 consecutive months without a natural period.

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Stages of menopause

Perimenopause

The time when most women experience some physical, psychological or cognitive symptoms due to fluctuating hormone levels. Periods often change. They may become heavier, lighter, or more or less frequent.

Menopause

The day following 12 consecutive months without a period.

Postmenopause

The years following 12 consecutive months without a period.

Why does menopause happen?

Menopause happens because the ovaries are essentially running out of eggs; as the store of eggs declines, associated hormone levels begin to fluctuate and eventually fall which can result in menopause symptoms.

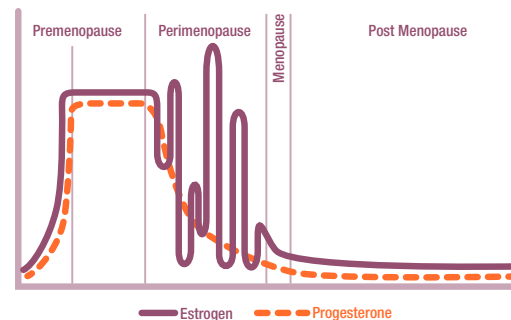
What's happening to my hormones?

Once the store of eggs in the ovaries is depleted, the associated hormones, estrogen and progesterone become more erratic, and it's these fluctuating hormone levels that can lead to menopause symptoms.

Hormone levels can fluctuate significantly during perimenopause as they continue to fall. You have estrogen receptors all over your body, which might help to explain why the symptoms can be physical, psychological or cognitive or some of each.

Progesterone levels are usually the first to fall. As well as helping to regulate monthly periods

and maintain pregnancy, progesterone can be sleep-inducing and calming so when this hormone starts to deplete, sometimes quite rapidly, sleep can become disrupted.



While the progesterone levels continue to fall, the estrogen levels start to rise and fall, sometimes dramatically, and this can lead to a host of symptoms. If these symptoms aren't recognised as being related to the perimenopause, they can appear to be unconnected. Some of the most common symptoms are anxiety, irritability, low mood, difficulty sleeping, brain fog, fatigue, muscle and joint pain, hot flushes, vaginal dryness, and soreness, increased urinary symptoms and dry itchy skin.

When does menopause happen?

The average age of menopause is 51 however it can happen earlier or later:

Early menopause is when menopause happens under the age of 45.

Premature menopause, also known as premature ovarian insufficiency (POI), is when menopause happens under the age of 40. In the UK, POI affects 1 in 100 women under 40, 1 in 1,000 under 30 and 1 in 10,000 under 20.

What's medical menopause?

Medical menopause, also known as medically induced menopause, can occur as a result of chemotherapy or radiotherapy which affects the ovaries. It may also occur when a woman is taking medication to suppress ovarian function, for example as part of some breast cancer treatments, or due to endometriosis or premenstrual dysphoric disorder (PMDD).

What's surgical menopause?

Surgical menopause happens when both ovaries are removed during surgery. This is called bilateral oophorectomy.

How's menopause diagnosed?

National Institute for Health and Care Excellence (NICE) guidelines advise that for healthy women over the age of 45, menopause should be diagnosed based on symptoms, and without blood tests. In women under the age of 45 a blood test may be appropriate. For women under the age of 40 blood tests are required and at least two should be taken about 4-6 weeks apart.

Does everybody experience symptoms?

No. About 1 in 4 women will have almost no symptoms, and the only thing they'll notice is that they eventually stop having periods. About 3 in 4 women will have some symptoms and about 1 in 4 of all women will describe their symptoms as severely affecting their quality of life.

What are common symptoms of menopause?

Periods change	Brain fog
Anxiety	Crying spells
Difficulty concentrating	Difficulty sleeping
Digestive issues	Dry itchy skin
General loss of interest	Headaches
Hot flushes	Irritability
Loss of confidence	Loss of joy
Loss of libido (sex drive)	Low mood
Mood swings	Muscle or joint pain
Night sweats	Palpitations
Poor concentration	Poor memory
Urinary symptoms	Vaginal symptoms
Weight gain	Restless leg(s)
Tired or lacking energy	

What are the NICE menopause guidelines?

The National Institute for Health and Care Excellence (NICE) publishes national guidelines for menopause. They cover diagnosis and management and aim to improve the support and information provided to patients. The guidelines are for patients as well as healthcare professionals so, if you can, it's a good idea to familiarise yourself with them before making an appointment to see your doctor. Doctors are expected to be familiar with and follow the guidelines and to provide treatments based on the best available evidence.

What information should my doctor give me?

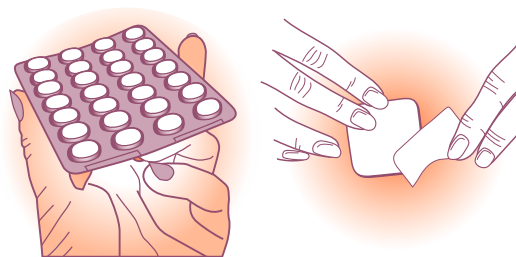
Your doctor should explain the stages of menopause, the possible symptoms and their method of diagnosis. They should discuss the benefits and risks of all treatment options, helpful lifestyle changes and the potential long-term health considerations related to falling estrogen levels which include bone and heart health.

Do I need to consider changes to my lifestyle?

Menopause can be an excellent time to review your lifestyle. This could include ensuring that you're eating a healthy balanced diet, and taking an average of two and a half hours moderate exercise every week, including some weight bearing exercise. Review your alcohol consumption, stop smoking and assess your stress levels and what you might be able to do to improve all these areas of your life. The government recommends that everyone should consider taking 10 micrograms of Vitamin D a day during autumn and winter to help keep bones and muscles healthy.

What's HRT?

HRT stands for hormone replacement therapy. This is the most effective treatment for menopause. HRT should be offered as the recommended first line treatment for symptoms related to perimenopause and menopause. HRT is designed to relieve the symptoms associated with estrogen deficiency and is available as tablets, patches, gels and a spray all of which need to be prescribed at the right dose for individual women; there is absolutely no one size fits all.



Most women use estrogen in conjunction with progesterone. This is known as combined HRT. Women with a uterus (womb) need combined HRT. Women who've had their womb removed (hysterectomy) usually only need estrogen. Women who've had their ovaries removed (surgical menopause) will need estrogen, and possibly progesterone too if they still have their womb. Some women will also require testosterone replacement (see page 12).

What type of HRT is right for me?

This depends on whether you're still having periods. HRT is available from your GP as tablets, patches, gels, and a spray. Some women may be offered an implant through a menopause specialist clinic, but this isn't a first line treatment. Some treatments are combined estrogen and progesterone; others are separate and allow the option of using a soft gel progesterone capsule or the the Mirena IUS (hormonal coil) as the progesterone part of your HRT and simply adding estrogen, usually as a patch, gel or spray.

If you're still having periods you should be offered a type of HRT called cyclical or sequential. This means that you use estrogen every day and progesterone for 12-14 days of each month. If you've not had a period for over 12 months you should be offered continuous combined HRT which is estrogen and progesterone used every day.

When can I start HRT?

Ideally HRT should be started as soon as your perimenopausal symptoms begin to have a negative effect on your quality of life. There's no need to wait until you've stopped having periods or have reached the age of 51.

Does HRT delay menopause?

No, HRT doesn't delay menopause. It relieves symptoms and helps to protect long-term health.

Am I too old to take HRT?

No. Many women are wrongly told that they can't have HRT, but there are no defined age limits. However, HRT is safest when started below the age of 60 and within 10 years of your final period. Some women may need to start HRT after the age of 60, if the benefits for that individual outweigh the risks. This decision should be made by you with the help of a doctor or nurse with a special interest in menopause, or a menopause specialist.

How long can I take HRT for?

There's currently no defined time period or upper limit, yet many women are wrongly told that they can use HRT for a maximum of 5 years or until the age of natural menopause. This decision should be based on your own informed choice and be reviewed annually with your health care provider.

What's the difference between body identical and bioidentical HRT?

Body identical HRT describes licensed, regulated hormones - usually derived from the yam root vegetable - which are chemically identical to the hormones produced naturally by the body. These

can be prescribed by NHS and private GPs or menopause specialists. Bioidentical is a marketing term for unlicensed, unregulated hormone preparations prescribed in some private clinics. These are not approved or recommended for use by the British Menopause Society (BMS).

What are the benefits and risks of HRT?

Taking HRT can relieve your menopause symptoms and help to protect your long-term bone health reducing your risk of osteoporosis (thinning of the bones) and bone fracture. According to the Royal Osteoporosis Society, the lifetime risk of bone fracture for women over the age of 50 is about 1 in 2, compared to 1 in 5 for men. It's important to consider this during perimenopause when estrogen levels are falling.

Evidence suggests that starting HRT within 10 years of menopause under the age of 60 reduces the risk of cardiovascular disease. You can read more about this on the British Heart Foundation website under menopause and your heart. The Alzheimer's Society state that worldwide, women with dementia outnumber men 2 to 1. There are some interesting research projects underway considering how estrogen may help to protect long-term brain health in women and initial findings certainly warrant further investigation.

The subject of HRT often raises concerns about breast cancer as a result of news headlines that appeared after the Women's Health Initiative study was published in 2002. The long-term follow up from that study has recently been published showing that for most women the benefits of HRT outweigh the risks. You can read more about this on the British Menopause Society (BMS) website.

What's local estrogen?

Local estrogen is tiny doses of estrogen hormone, applied directly to the vulva and vagina. It's used to manage urinary, vaginal and vulval symptoms, including dryness, soreness, irritation, urinary urgency (a sudden need to pee), and repeated urinary tract infections. Local estrogen is available as creams, pessaries, gels, or a vaginal ring and is safe to take lifelong.

Can I have HRT and local estrogen?

Yes, you can use local estrogen alongside HRT. It's estimated that about 1 in 5 women need to use both.

What about testosterone?

Testosterone is usually associated with male health and sex drive. However, it has an important role to play in the lives of both men and women - but it's not all about libido. Testosterone supports bone strength, muscle strength, energy levels, cognitive (brain) function and confidence. Women, like men, experience a reduction in testosterone production as they age and like men, some women will be more affected than others. Those in surgical menopause will experience a rapid reduction in testosterone when their ovaries are removed. NICE guidelines are clear that testosterone should be considered, particularly for women experiencing low sexual desire, if HRT alone is not effective.

What else can my doctor prescribe?

Your doctor should discuss all available options to manage your symptoms. There are alternative medications for those women who aren't able to use HRT or for those who choose not to. However, these are all regarded as second line options. Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) must not be prescribed for menopausal symptoms unless clinical depression has been formally diagnosed. However, these drugs can help alleviate hot flushes in women who aren't able to take HRT. Some doctors can refer you for cognitive behavioural therapy (CBT) which has been shown to help some women cope with their menopause symptoms.

What about menopause clinics?

Your GP may feel that they need to refer you to an NHS menopause clinic if you have a complex medical history or they're uncertain about the most suitable treatment for you. You can search for NHS and private accredited menopause specialists on the British Menopause Society (BMS) website.

Can I use alternative treatments?

There are hundreds of over-the-counter treatments marketed for menopause but there's little independent scientific research available to show these are effective. If you're considering what are often referred to as 'natural' products, be aware that natural doesn't always mean safe. Some herbs, vitamins and minerals have contraindications (reasons you shouldn't use them), side effects, and interactions (they may not work well with other medication). It's important to take professional advice before using alternative treatments.

Do I need to continue with contraception?

The current guidelines indicate that women under 50 should use contraception for at least two years following their final menstrual period. Women over 50 should use contraception for at least one year following their final menstrual period.

How can I get the most from my doctor's appointment?

1. Do your research, read the NICE guidelines on menopause. This will help you to understand what your doctor can offer and what you should expect, and enable you to have an informed conversation.
2. When booking your appointment ask the receptionist if there's a doctor or practice nurse who takes a special interest in menopause; request a double appointment if possible.
3. Make a list of all your symptoms. Having everything written down can be so helpful. You can print a symptom checker from menopausesupport.co.uk
4. Take a supportive friend or family member with you if you're feeling anxious. Having support can be invaluable.
5. Be prepared to wait for answers; your doctor may feel that they need to contact a colleague or menopause specialist before advising you.

How often should my treatment be reviewed?

Initially treatment should be reviewed at three months and annually going forwards.

How can I explain menopause to my family?

Communication is key during menopause; if you don't understand what's going on, it stands to reason that your partner, family and friends probably don't either. Menopause can have an impact on our most intimate relationships and it's vital to keep the lines of communication open. Loved ones often try to work out how they can help but it won't always be what you need. Do share how you're feeling if you can and tell your family and friends how they can help you through this time in your life.

How can I seek support for menopause at work?

There are currently 4.4 million women over the age of 50 in the workplace and this number is rising. It makes sense to raise awareness and offer support for menopausal women in the workplace. About 1 in 4 women consider leaving the workplace during menopause and some do. If you've identified that you're struggling with menopause symptoms and they're affecting you at work, do seek help.

Unfortunately, many workplaces don't have menopause guidelines, but the Health and Safety at Work Legislation and the 2010 Equality Act are there to protect you. Speak to your line manager or HR department about possible reasonable adjustments and how they can help you to remain at work. There are some excellent resources available from The Faculty of Occupational Medicine, ACAS, and the Chartered Institute of Personal Development (CIPD). See back cover.

A final word

This leaflet is aimed at women but we recognise that not everyone who goes through the menopause identifies as a woman. This booklet can only give you general information. The information is based on evidence-guided research from the National Institute for Health and Care Excellence (NICE) and British Menopause Society.

This booklet was written by Diane Danzebrink on behalf of FPA the Sexual Health Company. It was reviewed by two menopause experts, an NHS general practitioner (GP) and tested by women aged between 40 and 60 years old.

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Further information

ACAS: [.acas.org.uk](http://acas.org.uk)
British Heart Foundation:
bhf.org.uk/information-support/heart-matters-magazine/medical/women/menopause-and-your-heart
British Menopause Society: thebms.org.uk
Find a menopause specialist: thebms.org.uk/find-a-menopause-specialist
Chartered Institute of Personal Development (CIPD): cipd.co.uk
Daisy Network: daisynetwork.org
Endometriosis UK: endometriosis-uk.org
Faculty of Occupational Medicine: fom.ac.uk
FPA the Sexual Health Company: Your Guide to the IUS: fpa.org.uk
International Association for Premenstrual Disorders (IAPMD) iapmd.org
Menopause Matters: menopausematters.co.uk
Menopause Support: menopausesupport.co.uk
NHS website: nhs.uk/conditions/menopause
NICE guidelines: nice.org.uk/guidance/ng23
Women's Health Concern: womens-health-concern.org



the sexual health company

www.fpa.org.uk

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