

Understanding Menopause

Patient Information Leaflet

What is the menopause?

The menopause is when you stop having your periods. It happens when your ovaries stop releasing eggs or your ovaries have been removed and the amount of oestrogen hormone in your body falls.

Most women in the UK have their menopause between the ages of 45 and 55 years, with the average age being 51 years. Specifically, it is defined as when a woman has not had periods for 12 consecutive months.

Perimenopause

Perimenopause is the time that leads up to “menopause” where symptoms of menopause are often experienced, but a woman still has periods. The duration of time varies between people but can last anywhere from months to years. During this time your periods may change and become irregular and there is usually a variation of physical and emotional symptoms; some of which can be quite troublesome.

Premature Ovarian insufficiency

Menopause can occur earlier in some women. If it occurs before the age of 40 years, it is known as premature menopause or premature ovarian insufficiency. This may be due to having surgery to remove the ovaries (oophorectomy) or to remove the uterus (hysterectomy), in addition to radiation and chemotherapy.

Symptoms of Menopause

Symptoms can start a few years before a woman’s last period and can vary greatly between individuals, however, some of the more common symptoms include:

- Change in period pattern (varying from being irregular, lighter, or heavier)
- Hot flushes
- Night sweats
- Vaginal dryness
- Palpitations
- Memory and concentration
- Low mood and/or feeling anxious
- Joint and muscle pain
- Loss of interest in having sex

Contraception around the menopause

Contraception is needed for one year past the last natural period for women aged 50 or over and for two years for women between the ages of 40 and 49. HRT is not a contraceptive; hence alternatives need to be discussed with your doctor.

Do I need to see a doctor?

The menopause is not a disease. Every woman experiences the menopause differently. Some experience one or two symptoms, which may be mild, while others have more severe and distressing symptoms. Some women choose to go through the menopause without treatment, while others prefer some form of treatment to manage their symptoms, by using either hormone replacement therapy (HRT) or an alternative treatment.

If you are finding it difficult to cope with the symptoms you can seek help and advice from your GP or your hospital consultant. It is important that you talk openly about your problems with your doctor. The best choice about your treatment will be based on the risks and benefits of treatment, your individual circumstances, and personal wishes.

Do I need any hormone tests before I can start treatment?

If you have symptoms of the menopause and are over 45 years of age, you will not usually need any hormone tests to diagnose menopause. Blood tests may have value when early menopause before age 40 is suspected.

What are my options for the treatment of menopausal symptoms?

Treatment options for menopausal symptoms include lifestyle changes, nonprescribed treatments and prescribed treatments.

Lifestyle changes:

- Regular exercise such as aerobics, swimming, yoga and running to improve sleep and reduce hot flushes. It can also boost mood and keep bones strong.
- Having a healthy balanced diet to keep bones strong and maintain a healthy weight
- Give up smoking which will reduce menopausal symptoms and reduce the risk of heart disease, stroke, and cancer
- If you experience vaginal dryness, then you can purchase lubricants from the pharmacy
- Loose cotton clothing, fans, and cooling devices
- Reducing your intake of hot drink, especially with caffeine, spicy food, alcohol, and smoking may also help to reduce hot flushes and night sweats.

Non-prescribed treatments

Not every woman chooses HRT for menopausal symptoms. This may be because of your own or family history, or because you have concerns about the safety or side effects of HRT. Treatment options available without prescription are listed below.

Herbal medicines: Plants or plant extracts, such as St John's wort, black cohosh and isoflavones (soya products), can help reduce hot flushes and night sweats for some women. However, their safety is unknown, and they can react with other medicines that you may be taking for conditions such as breast cancer, epilepsy, heart disease or asthma. You should check with your healthcare professional before taking any herbal medicine. Unlike conventional medicine, there is no legal obligation for herbal medicines to be licensed.

Alternative therapy: Alternative therapies such as acupuncture, acupressure or homeopathy may help some women. More research is, however, required on the benefits from these therapies and, if they are used, this should be done with advice from qualified professionals.

Complementary therapy: You may wish to try a complementary therapy, such as aromatherapy, although the effects of these therapies specifically on your menopausal symptoms are not well known.

Bioidentical hormones: Commercially available 'bioidentical' hormones are not regulated or licensed in the UK owing to lack of evidence that they are effective or safe to use.

Prescribed treatments:

- Hormone replacement therapy (HRT)
- Non-hormonal medical treatment
- Nonhormonal medical treatments, which would need to be prescribed by your doctor, include clonidine or gabapentin for hot flushes. Some low dose antidepressants can also reduce hot flushes by 60%. Another medication used to control epilepsy is also used to reduce hot flushes. You can discuss the benefits and risks of each of these with your doctor who will tell you if any are suitable for you.

Psychological treatments: Cognitive behavioural therapy (CBT) is a type of psychological treatment. You may be offered CBT for low mood or anxiety related to menopause.

What is Hormone replacement therapy (HRT)

HRT is the most common form of prescribed treatment for menopausal symptoms. It helps to replace the hormone oestrogen in your body, which decreases around your menopause. You may sometimes also need other hormones (such as progestogen and testosterone) that your body is no longer producing.

If you are interested in taking HRT, your healthcare professional should discuss the benefits and risks with you before you start the treatment.

What are the benefits of HRT?

It is an effective treatment for hot flushes and low mood associated with the menopause. It can improve sexual desire and reduce vaginal dryness. It helps keep your bones strong by preventing osteoporosis. There is limited evidence about its effect on dementia.

What are the risks of HRT?

- **Breast Cancer:** HRT with oestrogen alone (used for women who have no uterus) is associated with little or no increased risk of

breast cancer. HRT with oestrogen and progestogen can increase your risk of breast cancer. This risk is higher the longer you stay on it and reduces when you stop HR. Your individual risk of developing breast cancer depends on underlying risk factors, such as your body weight and your drinking and smoking habits.

- **Clots:** HRT taken as a tablet increases your risk of developing a blood clot, which is not the case if HRT is taken as a patch or gel.
- **Stroke:** HRT in tablet form slightly increases your risk of stroke, although the overall risk of stroke is very low if you are under the age of 60 years.

Your healthcare professional should discuss your individual risks based on the research evidence at your consultation.

Contraindications to taking HRT

You should discuss with your doctor if you have any of the following:

- History of blood clots (deep venous thrombosis, stroke, pulmonary embolism)
- Current, past, or suspected gynaecological, breast or hormone receptor positive cancers
- Liver disease or abnormal liver tests
- Pregnancy
- Poorly controlled high blood pressure
- Thrombophilic disorder

If you fall within this group, it may be helpful to have a discussion with your doctor to discuss options.

Side effects of HRT

Side effects with HRT are not very common, however, can affect some women and usually pass in the first few weeks. Common side effects are:

- Breast tenderness or discomfort
- Leg cramps
- Feeling sick (nausea)
- Indigestion or bloating
- Vaginal bleeding
- Weight gain

Can I find out more?

You can find out more from the following web links:

Women's Health Concern

www.womens-health-concern.org

Royal College of Obstetricians and Gynaecologists (RCOG)

<https://www.rcog.org.uk/for-the-public/menopause-and-later-life/>

Menopause Matters

<https://www.menopausematters.co.uk/>

The Menopause Exchange

<https://www.menopause-exchange.co.uk/>

National Osteoporosis Society

<https://theros.org.uk/>

The Daisy Network

<https://www.daisynetwork.org/>

Sexual Advice Association

<https://www.sexualadviceassociation.co.uk/>

Leaflets cannot take the place of talks with health professionals. If there is anything you do not understand, you are concerned about any part of the procedure, or you are worried afterwards, please contact:

Early Pregnancy Assessment Clinic on 01384 244584 (8.30am to 5pm, Monday to Friday)

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/obstetrics-and-gynaecology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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