

MENOPAUSE NEWSLETTER

WHAT IS MENOPAUSE?

This is when a woman stops having menstrual periods due to lower hormone levels. This normally happens between the ages of 45 and 55. It can sometimes happen earlier naturally, or for reasons such as surgery to remove the ovaries (oophorectomy) or the uterus (hysterectomy), cancer treatments such as chemotherapy, for a genetic reason and sometimes it is unknown. As menopausal symptoms are typically experienced for several years, it has been described as a transition period rather than a one off event.

WHEN DOES IT OCCUR?

- The menopause typically happens between the age of 45 and 55 but for some women it can be later.
- The average age for a woman to undergo the menopause in the UK is 51.
 - Around 1 in 100 women experience it before the age of 40 which is known as early menopause. Often there is no clear cause for this.

WHAT ARE THE STAGES OF MENOPAUSE?

- Perimenopause is the time leading up to menopause, it describes a time when hormones start to decline and a woman's menstrual cycle becomes erratic and irregular. You may also start to experience some side effects of the menopause.
- Menopause occurs when you have stopped producing the hormones that cause your menstrual period and you have gone without a period for a full calendar year.
 - Post Menopause is the time after the menopause has occurred. Women in post menopause are at an increased risk of certain health conditions like osteoporosis and heart disease. The menopause symptoms you have experienced in the past may become milder or go away completely, some may experience the symptoms for longer.

SYMPTOMS?

These are the most common symptoms of menopause. However, each woman may experience symptoms differently. Some have few and less severe symptoms, while others have more frequent and stressful ones.

The signs and symptoms of the menopause may include:

- Hot Flashes are by far the most common symptom of menopause. About 75% of all women have these sudden brief, periodic increases in their body temperature. Usually hot flashes start before a woman's last period. For 80% of women, hot flashes occur for two years or less. A small percentage of women experience hot flashes for more than two years. These flushes seem to be directly related to decreasing levels of oestrogen. Hot flushes vary in frequency and intensity for each woman. In addition to the increase in the temperature of the skin, a hot flush may cause an increase in a woman's heart rate. This causes sudden perspiration as the body tries to reduce its temperature. This symptom may also be accompanied by heart palpitations and dizziness.
- Hot flushes that happen at night are called night sweats. A woman may wake up drenched in sweat and have to change her night clothes and bedding.
- Psychological issues such as anxiety, depression, memory loss, panic attacks, loss of confidence and reduced concentration.
- Sleep disturbances including night sweats that can make you feel tired and irritable.
- Extreme PMS or heavy bleeding, that may cause pain or embarrassment.
- Muscle and joint stiffness, aches and pains.
- Bladder problems, including recurrent urinary tract infections and cystitis as well as dryness.
- Relaxation of the pelvic muscles.
- Headaches and migraines that are worse than usual.
- Changes to body shape and weight gain.
- Skin changes, dryness and itchiness.
- Cardiac effects intermittent dizziness, an abnormal sensation, such as numbness, prickling, tingling, and/or heightened sensitivity, cardiac palpitations, and fast heart rhythm may occur as symptoms of menopause.
- Hair growth as changing hormones can cause some women to have an increase in facial hair or a thinning of the hair on the scalp.

NHS ENGLAND ADVISE LIFESTYLE CHANGES TO HELP MENOPAUSE AND PERIMENOPAUSE.

Eating well, exercising and looking after your mental wellbeing can help with symptoms during the perimenopause and menopause.

DO

- Get plenty of rest, including keeping to regular sleep routines.
- Eat a healthy diet.
- Have calcium rich food like milk, yoghurt and kale to keep bones healthy.
- Exercise regularly, try including weight bearing activities where your feet and legs support your weight like walking, running or dancing.
- Do relaxing things like yoga, tai chi or meditation.
- Talk to other people going through the same thing, like family, friends or colleagues.
- Talk to your Doctor before taking herbal supplements or complementary medicines.

DO NOT

- Do not smoke.
- Do not drink more alcohol than the recommended limit.



TREATMENT FOR MENOPAUSE AND PERIMENOPAUSE

The main medicine used in the treatment of menopause and perimenopause symptoms is hormone replacement therapy (HRT), which replaces the hormones that are at low levels. There are other treatments if you cannot, or choose not to have HRT.

HORMONE REPLACEMENT THERAPY (HRT)

HRT is a safe and effective treatment for most women. Your GP will discuss any risks with you. It uses oestrogen to replace your body's own levels around the time of the menopause. There are different types and doses of HRT. Using the right dose and type usually means your symptoms improve. It comes in the form of skin patches, a gel or spray to put on the skin, implants or tablets. The main benefit is that it can help relieve most menopause and perimenopause symptoms as well as reduce the risk of hormone related problems. The risks of HRT are small and are often out-weighed by the benefits.

NON-HORMONE MEDICINES

There are non-hormone treatments if your symptoms are having a big impact on your life and you cannot or choose not to have HRT.

Blood pressure medicine called Clonidine and epilepsy medicine called Gabapentin can help with hot flushes and night sweats.

Antidepressants can help with mood symptoms if you have been diagnosed with depression or anxiety. Cognitive behavioural therapy (CBT) can help with low mood and anxiety caused by menopause and perimenopause. It can also help with physical symptoms like hot flushes and joint pain.

COMPLIMENTARY AND ALTERNATIVE THERAPIES

Treatments such as herbal remedies and compound bioidentical ("natural") hormones, are not recommended for symptoms of the menopause or perimenopause. This is because it is not clear how safe they are. They can also interact with other medicines and cause side effects. Ask your GP or Pharmacist for advice if you are thinking about using complementary therapy.

Red Clover and Black Cohosh are herbal remedies but there is no strong evidence that they work. Compounded bioidentical hormones are sometimes offered in private clinics as HRT. They are not recommended because it is not known how well they work and how safe they are. They are also not available on the NHS. Regulated Bioidentical Hormones, also called body identical hormones are available on the NHS as HRT. They have been tested to see how well they work and how safe they are.

A GP, nurse or Pharmacist can give you advice and help with your menopause or perimenopause symptoms. There are also menopause specialists who have experience supporting anyone going through menopause or perimenopause.

OTHER RESOURCES

Menopause Matters www.menopausematters.co.uk this is an independent website providing information about symptoms and treatment options.

Daisy Network www.daisynetwork.org offers support for women experiencing early menopause.
Women's Health Concern www.womens-health-concern.org this is the patient arm of the British Menopause Society.

Healthtalk.org has videos of women talking about living with the menopause and perimenopause and what helped them. It covers many topics such as changes in periods, memory and concentration, HRT and more.perimeno-pause.

