

UNDERSTANDING
THE MENOPAUSE



HCAHealthcare UK



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Hot flushes, night sweats, menstrual irregularities and vaginal dryness, as well as a great variety of effects on physical and mental wellbeing. These are common symptoms in the peri-menopausal and post-menopausal phases of a woman's life, which may have a very significant impact.

The menopause is a natural part of ageing and occurs as a woman reaches the end of her reproductive life. It is retrospectively diagnosed and is defined as having one year or more of no periods if over 50 and two years or more of no periods if over 45.

The average age for the onset of the menopause in the UK is 51, although symptoms can precede the menopause by several years. An increasing number of women worldwide are now looking forward to living at least a third of their lives in the post menopausal state. With the great advances that have been made in the past 30 years in the synthesis of female hormones identical to those produced in nature, to the benefit of large numbers of women, a dialogue is gradually emerging that is demystifying the issue.

WHAT IS THE MENOPAUSE?



Around 3 out of 4 of all women **will experience some menopause symptoms.**



of women state symptoms **affect them at work.**

The menopause is a part of aging as a woman reaches the end of her reproductive life. It is retrospectively diagnosed and is defined as >1 year of no periods if over 50 and >2 years of no periods if over 45. The average age in the UK is 51 but symptoms can precede the menopause by several years.

It is the decrease and fluctuation in oestrogen levels that can cause problems like hot flushes and vaginal dryness, and may lead to long-term conditions including cardiovascular disease (CVD) and osteoporosis (brittle bones).

1% of women experience a premature menopause, with periods stopping before the age of 40 either spontaneously or as a result of a medical condition or its treatment.

Around 3 out of 4 of all women will experience some symptoms, and at least half of which will experience significant effects on the quality of their personal and social life - with 75% of women stating symptoms affect them at work. In most cases, symptoms can continue for up to seven years and in 1 in 10 women for up to 12 years or more.



SYMPTOMS

Symptoms can be both physical and psychological.

Physical symptoms:

- Hot flushes
- Night sweats
- Insomnia
- Joint pain
- Muscle ache
- Osteopenia/osteoporosis
- Palpitations
- Headache
- Nausea and digestive issues
- Bloating
- Weight gain (the “meno-middle”)
- Dry skin, hair loss, brittle nails
- Breast pain
- Vaginal dryness
- Urinary frequency
- Burning mouth
- Dental problems

Mental symptoms:

- Anxiety
- Panic disorder
- Mood swings
- Depression
- Difficulty concentrating
- Brain fog
- Memory loss
- Word finding difficulty
- Loss of self confidence

How the menopause can affect your work life

In and out of work, some symptoms can cause embarrassment, diminish confidence and can be stressful to deal with.

Below are some recent survey results relating to women of menopause age:

- 50% of women in Great Britain go through the menopause without consulting a health care professional.
- It is estimated that 4.3 million women aged 50 and over are in employment.
- Furthermore over the last 30 years, the proportion of women aged 55-59 in UK employment has gone up from 49% to 69% and for women aged 60-64 from 18% to 41%.
- According to the Faculty of Occupational Medicine (FOM), 8 out of 10 menopausal women are in work.
- The FOM research found that most women don't feel comfortable talking about their menopause with their line managers.
- Women are passing up promotions or reducing their hours or leaving their jobs due to symptoms, resulting in a loss of talent and experience. (1 in 4 consider this according to the Wellbeing of Women survey 2016).

The menopause has been regarded as a taboo subject, especially at work. But this is changing as employers gradually acknowledge the potential impact of the menopause on women and become aware of the simple steps they can take to be supportive.



8 out of 10 menopausal women are in work.



RECOGNISING THE SYMPTOMS AND SEEKING SUPPORT

Women need to have an understanding and awareness of the perimenopause as this can begin many years before the menopause. If they think they are experiencing the perimenopause based on changes in the patterns of their periods or other symptoms, they should speak to their GP or practice nurse.

Diagnosis is usually made based on age, symptoms and cycle changes and there isn't usually a need for any additional blood tests to make a diagnosis, however these may be offered in some circumstances. Response to HRT therapy is usually diagnostic.



Managing the menopause

The new NICE (National Institute for Clinical excellence) guidelines were released in November 2015.

The guidelines consider HRT to be the first line of treatment for menopausal symptoms and advise that lifestyle advice is also central to managing symptoms.

Menopause is a hormone deficient state that requires replacement therapy to best manage symptoms and prevent long-term consequences of oestrogen deficiency.

The guidelines encourage doctors to partake in individualised care with more active diagnosis of the perimenopause and menopause, as well as new information regarding management and the risks and benefits of HRT.



HRT (Hormone Replacement Therapy)

Benefits: HRT is effective and safe.

NICE recommends in otherwise healthy women aged over 45 years of age that HRT should be the first line of treatment for menopausal symptoms. There is good evidence that HRT is effective at treating the vasomotor effects of the menopause (flushes and sweats), as well as vaginal dryness, poor libido and mood and concentration issues. It has been proven to reduce osteoporosis and the risk of fractures, which often leads to serious complications in older patients.

A reduction in cardiovascular disease, strokes and heart attacks, especially with oestrogen-only therapy, is now established. Data has also shown that it benefits connective tissues such as skin, elastic tissue, joints and intervertebral discs and may help with generalised musculoskeletal symptoms. It has also been shown to reduce the risk of colon cancer.

There is also growing evidence that it may be associated with a reduced risk of developing Alzheimer's disease.



Short-term management:

HRT is the most effective treatment for vasomotor symptoms such as hot flushes and mood symptoms.

Long-term benefits and dispelling the myths about risks:

- **Venous thromboembolism** - there is a slight increase in incidence of deep vein thrombosis with oral HRT but not with transdermal HRT. This risk increases with a higher BMI (body mass index) and possible family history of DVT.
- **Cardiovascular disease** - risk does not increase with HRT when started below the age of 60 years. In fact HRT reduces risk of heart disease and stroke.
- **Breast cancer** - oestrogen-only HRT is not associated with any additional risk. In fact oestrogen alone has been shown to reduce the risk of breast cancer. However, combined HRT (oestrogen and progesterone) is associated with small additional risk if taken for more than five years. This level of risk is considerably lower than other risk factors for breast cancer such as obesity, alcohol and smoking.

The message that HRT should be given in the smallest possible dose for the shortest possible time is no longer considered to be appropriate advice, but the situation should be discussed on an individual basis.

Many women have now been taking HRT for more than 20 years, and often intend to do so for life. There should be no "one size fits all" policy. It would be very helpful if initial discussions could take place at an early stage before the situation is reached where quality of life has already been adversely affected for a considerable length of time, as is sadly often the case.

Many women have now been taking HRT for more than **20 years**



Types of HRT

Oestrogen is the key hormone replacement needed. This can be applied vaginally for local symptoms where there is minimal systemic absorption.

For the remaining symptoms, systemic oestrogen is required which historically has been in tablet form. However more commonly this is now prescribed topically via a patch or in gel form, which reduces the small risks associated with HRT. If no uterus remains following hysterectomy, then HRT can be oestrogen alone, orally or via gel or patch.

If a woman still has her uterus, she will need to use a combined oestrogen and progesterone HRT. The latter can be delivered via a tablet, patch or the intrauterine Mirena device.

Most hormones prescribed today are 'body identical/bioidentical' and have a much lower risk of side effects.

If HRT is ineffective in treating low libido in menopause, then testosterone could help boost this. Testosterone can be prescribed as a patch, cream or gel.

Oestrogen is the key hormone replacement needed.



For women experiencing an early menopause - Premature Ovarian Insufficiency (POI)

Menopause can occur earlier than expected for some women.

If this happens before the age of 40. It is known as POI. This typically occurs in around one in every 100 women between 30 and 40 years old, and in one in 1000 at an even younger age. For some women this occurs as a result of some form of surgical or medical treatment and sometimes it can run in families.

It can be very difficult for women to come to terms with this diagnosis, especially if they have not yet had a family and were planning to do so in the future. Treatment in the form of HRT or the combined oral contraceptive pill to replace ovarian hormones should be mandatory, at least until the average age of menopause, and is safe with no long-term consequences. This will both manage the menopausal symptoms and reduce long-term risks of oestrogen deficiency such as cardiovascular disease, Alzheimer's and osteoporosis.

Menopause and mental health

As previously noted, the effects on general wellbeing and emotional state during a prolonged period of hormone deficiency have historically been greatly underestimated, and the impression given that all a woman can do is to “put up with it.”

While this may once have been true when no hormonal therapy/replacement was available, this has not been the case for many years. Unfortunately, a cultural resistance to HRT has greatly slowed the acceptance that this is an appropriate treatment which vastly improves not only menopausal symptoms, but many aspects of long-term health. In recent years the situation has improved considerably, although publications still appear which deal mainly with possible long-term risks, without much reference to benefits and often with great accompanying publicity.

Psychological symptoms associated with the menopause may be very varied, and often best described as “brain fog”. If these symptoms are indeed related to the menopause, then a trial of HRT will rapidly confirm the diagnosis, usually within a week or two. No blood tests are required before this trial of therapy.

Only symptoms associated with the hormone deficiency state will respond to treatment, and other issues requiring a different approach may then be identified. Many women find their overall state of wellbeing is maintained for the long term with continuing therapy.



Alternatives to HRT:

There is very little evidence to support that any of these work to any significant extent:

- **Isoflavones (soya) and black cohosh** may help with hot flushes.
- **SSRI's** (a type of anti-depressant) is not as effective for hot flushes as HRT and should only to be tried if there is medical reason not to have HRT.
- **CBT** is useful for low mood or anxiety associated with the menopause.

Lifestyle advice:

- Regular exercise
- Avoid/reduce alcohol
- Avoid/reduce caffeine
- Stop smoking
- Maintain a healthy body weight
- Reduce stress
- Avoid triggers for hot flushes, e.g. spicy foods
- Relaxation exercises
- Good sleep hygiene

PRACTICAL TIPS FOR SYMPTOMS AT WORK

The majority of women are unwilling to disclose menopause-related health problems to line managers, many of whom are men or younger than them.

The following points should be considered:

- Managers need to have an understanding that the menopause can present difficulties for many women at work.
- Review control of workplace temperature and ventilation and see how they might be adapted to meet the needs of individuals. This might include having a desktop fan in an office, or locating a workstation near an opening window or away from a heat source.
- Consider flexible working hours or shift changes. If sleep is disturbed, later start times might be helpful.
- Provide access to cold drinking water in all work situations, including offsite venues.
- Ensure access to washroom facilities and toilets, including when travelling or working in temporary locations.
- Where uniforms are compulsory, flexibility is helpful. This might include the use of thermally comfortable fabrics, optional layers, being allowed to remove neckties or jackets, as well as the provision of changing facilities

Some useful resources

General information

General information from the British menopause society: thebms.org.uk

Women's health: womens-health-concern.org

General information from the NHS: nhs.uk

Information from the Royal College of Obstetricians and Gynaecologists: rcog.org.uk

Charity

Manage my menopause: managemymenopause.co.uk

Women's Health Concern: womens-health-concern.org

Mental health

Postmenopausal depression: patient.info

Menopausal mood swings: How the menopause makes your angry: menopausematters.co.uk

Cognitive Behavioural Therapy for menopausal symptoms: womens-health-concern.org

Treatment

NHS information of treatments: nhs.uk

Information from the Royal College of Obstetricians and Gynaecologists on treatments: rcog.org.uk

The National Institute for Health and Care Excellence guidance on diagnosis and treatment: nice.org.uk

Information on HRT from Women's Health Concern: womens-health-concern.org

Information on bone health in the menopause: theros.org.uk

Information on complementary/alternative therapies from Women's Health Concern: womens-health-concern.org

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