

WOMEN'S  
HEALTH

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# World Menopause Day Your 101 Myth Busters

**W**ORLD MENOPAUSE DAY is upon us, with the theme this year being menopause hormone therapy, more commonly known to us here in the UK as Hormone Replacement Therapy (HRT).

HRT has been used for treating menopause for more than 60 years, with over a million women in England currently on treatment. Yet there is still such confusion and controversy for its use. Now more than ever there is growing media coverage, and we are continually bombarded with sensationalist headlines and documentaries. No wonder women struggle to navigate the facts.

So, what is the truth? This month I'm busting some of those common HRT myths to help you feel more well informed.

## Myth #1 I can't have HRT, I'm still having periods

Perimenopause is the time leading to menopause, when women still have periods. During this time, hormones start to fluctuate and eventually decline, resulting in the start of symptoms for many women. In fact, symptoms may start

long before you have your final period (and menopause is officially diagnosed). If you feel this is maybe you, don't suffer, it's worth seeking help.

## Myth #2 HRT makes you put on weight

There is no evidence that HRT causes weight gain. Menopause itself and hormone changes affect the way we store fat (often centrally around the tummy). In later life, metabolism is reduced and we lose muscle mass (where muscle helps burn calories). These processes result in a tendency to store rather than burn fat.

In fact, HRT can indirectly help reduce weight gain by improving some menopause symptoms such as joint pain, fatigue, poor sleep and low mood, all of which can make exercising and healthy eating seem impossible. With more energy and fewer aches and pain, this can empower women to make healthier lifestyle choices.



**Myth #3 If I take HRT, it's just delaying the inevitable**

HRT does not delay or pause your menopause. If your symptoms return after stopping HRT, this just means it is working and you would have had symptoms the entire time if you were never taking it. Levels of oestrogen decline around the menopause and they remain permanently low if they are not replenished. HRT is just topping up the hormones that would otherwise decline.

**Myth #4 HRT should only be used for women under 60**

HRT is most effective and has the most health benefits when started within 10 years of menopause or under the age of 60. Most women do not need to stop HRT when they turn 60, and there is no maximum time limit to continue it. It is also not unusual to start HRT after the age of 60, as symptoms can start later for some.

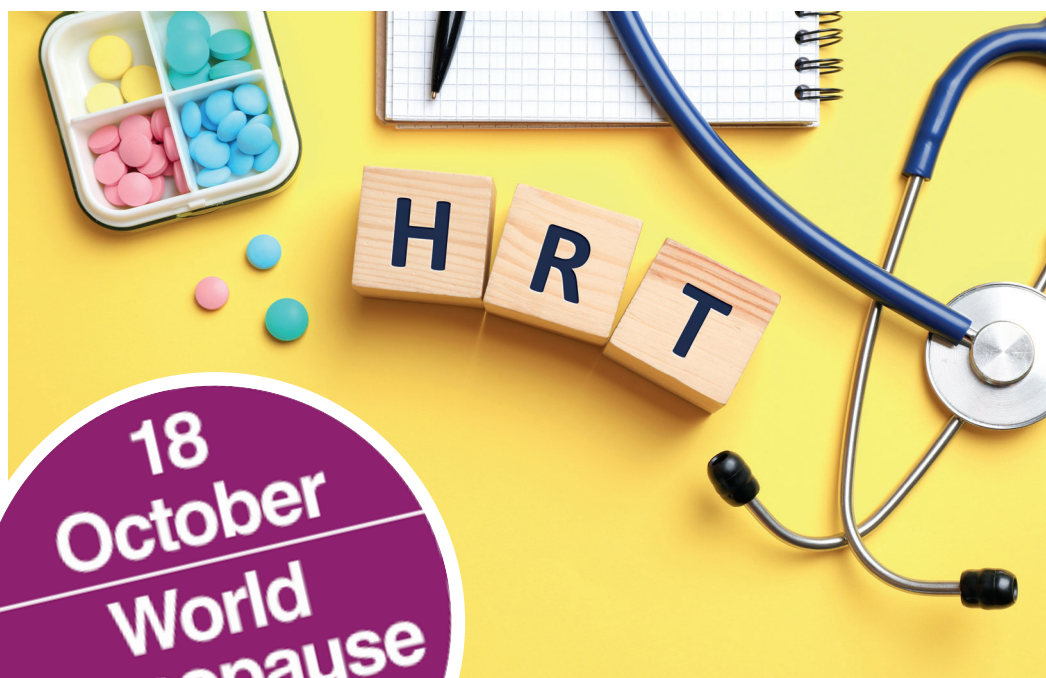
As we age, a woman's chance of developing health conditions such as heart disease, stroke and breast cancer increase. The benefit and risk balance of taking HRT varies for every individual woman and it is important to talk through with a specialist what your personal risk factors may be. The risk of HRT also varies depending on the type of hormones, the preparation, the dose and the route. Having regular reviews to monitor any changes to your own health and any changes to evidence-based recommendations can ensure you are on the safest treatments.

**Myth #5 I have had cancer, I've been told I can't have HRT**

Even if you have had cancer, you may be able to take HRT as long as you understand how HRT impacts your risk. In fact, HRT may be protective against some cancers. In science and medicine, we are guided by studies to prove safety. But how confidently we can use these to tell patient the safety profile of a medication depends on a number of factors including which patient population the study includes, the study size, and how detailed the study designs and methods are. Often, we are limited by how much research has been done. Some women may choose to take HRT even if evidence is limited, or if evidence proves some associated link to cancer, as the benefit to improving their quality of life outweighs the risks for them. It is important that you feel supported and have the time to talk through your concerns fully and understand what your options are, so that you can make informed choices. You may benefit from having a joint discussion with a menopause specialist who can guide you through the information.

**Myth #7 I can't get pregnant on HRT**

It is absolutely still possible to get pregnant on HRT, especially if you are perimenopausal (time leading up to and around menopause), or even in the early months of menopause as ovulation (egg production) can still occur. How



likely it is you will get pregnant will depend on your personal fertility history, how old you are and how many months it has been since your last period. If you are over 55, you can stop contraception.

Most HRT cannot be used as contraception as the hormone levels are lower than that in contraception. There are some HRTs such as the hormonal coil that may be used for both contraception and as part of HRT. Some women choose to take their contraception alongside the HRT, or switch to a type of HRT used for both cases.

**Myth #6 I need to wait until my symptoms are bad**

Menopause is not a 'one size fits all'. Some women sail through this important chapter. Sadly, for others, it has a huge negative impact on quality of life, resulting in breakdown in professional and personal relationships. Treatments should be tailored to your individual needs and aimed at improving quality of life. Don't minimise your symptoms. If any of this sounds familiar seek help early. There are also a wealth of benefits in taking treatments such as HRT, especially within 10 years of the menopause or under the age of 60. In fact, those having early or premature menopause are more at risk of long-term health conditions such as osteoporosis, heart disease and cognitive decline, where starting treatment early can prevent these detrimental effects.

**TAKE HOME MESSAGE**

Managing your menopause symptoms should be personalised. If you feel you need support navigating treatment options, seek help from a specialist who really takes the time to listen to your symptoms and concerns and can help you make informed choices. We are here to help.

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