



MENOPAUSE

What is menopause?

Also known as 'the change' or 'the climacteric', menopause refers to the time a woman permanently stops having periods. The diagnosis is usually made retrospectively at the point a woman's periods have stopped for 12 consecutive months. The average age of the menopause in the UK is 51 years.

Perimenopause is the time around (*peri*) and leading up to the menopause. The average age is usually mid-late 40s, but it can start years before a woman has her final period. During perimenopause, hormones (mainly oestrogen, progesterone, testosterone) start to fluctuate resulting in menstrual cycle changes, and in some, the start of menopausal symptoms. These initial changes may be subtle, making the diagnosis difficult.

Why does menopause occur and what are the consequences?

As a woman gets older, the store of eggs in the ovaries naturally declines. Menopause occurs when there are no more eggs. Some women are forced into early menopause due to surgery (when the ovaries are removed) or due to certain medicines and cancer treatments which stop the ovaries working. As a result, there is a fall in important female hormones such as oestrogen, progesterone, and testosterone. These hormones control the menstrual cycle. They also have receptors in most parts of the body- resulting in huge effects on cardiovascular, brain, musculoskeletal, skin, urinary tract, and genital systems. As a result, women experience a wide range of symptoms such as flushes, mood disorder, brain fog, joint and muscle aches, sleep issues, vaginal and urinary tract problems, low sex drive and low energy.

How do you diagnose menopause?

Normally, symptoms alone can be used to diagnose menopause. Diagnostic blood tests are not advised from the age of 45 as fluctuating hormones can cause inaccurate test results. Occasionally the diagnosis may not be clear as some other conditions such as thyroid disease present similarly, and in these cases blood tests may be valuable.

Early menopause occurs between the age of 40 and 45, and Premature Ovarian Insufficiency (POI) under the age of 40. If you are younger than the age of 45, HRT is strongly recommended until at least the natural age of menopause (approximately age 51) as it replaces the hormones that should otherwise be present and significantly reduces the long-term risks of heart disease, osteoporosis, and dementia. Therefore, diagnostic blood tests may be advised in younger women to avoid missing diagnosis. Blood tests include measuring levels of the hormone Follicle Stimulating Hormone (FSH). If this is raised (on 2 occasions, 4-6 weeks apart), then it is very likely that you are in menopause. If you are under 40 years, you may be referred to a specialist to investigate underlying causes for early menopause.

Can you diagnose menopause on contraception?

Contraception can disrupt or stop your periods giving a false impression you may or may not be in menopause. Blood tests are often inaccurate, particularly in those on oestrogen contraception or perimenopausal, as fluctuating hormone levels can give inaccurate test results. Having a definitive diagnosis of menopause does not dictate whether treatment is recommended, and decisions should be made based on quality of life. Therefore, diagnosis on contraception is only really beneficial in young patients where missed diagnosis can have detriment on long term health OR if a patient wants to know if they can safely stop contraception. For these women, a trial of non-hormonal contraception may be advised under the age of 50, OR the use of preferred contraception until the age of 50 and then switch to a non-hormonal or progesterone contraception followed by diagnostic blood tests (as discussed in the next section)

How do I know if I still need contraception?

It is still possible to get pregnant in the early months of menopause as ovulation (producing eggs) can still occur. If you are using HRT, you may also need contraception as most hormone levels in HRT are too low for contraceptive use.

Generally, it is safe to stop using contraception if:

- You are under the age of 50 AND not on any hormones AND have not had any periods for more than two years OR
- You are over the age of 50 AND are not on any hormones AND have not had any periods for more than one year OR
- You are over the age of 50 AND on progesterone only contraception/HRT AND it has been more than one year since having blood tests (on 2 occasions, 4-6 weeks apart) that indicate menopause OR





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- *You are over the age of 55*

How long does menopause last?

Once menopause occurs (12 months from the last period) you are termed post-menopausal. The duration women experience symptoms is variable, with the average being approximately 5-7 years. Some women go through menopause with no symptoms, whilst others can suffer for many years. For this reason, treatment should be based on an individual's quality of life and their specific symptoms.

What are the treatments

There are many options available including lifestyle and nutritional advice, non-hormonal treatments, and HRT. Treatment decisions should be based on available choices combined with an individual risks and benefits assessment for each person.

In younger women, HRT treatment is recommended regardless of having symptoms as it is replacing the hormones that should have otherwise been present, and in turn significantly reduces the long-term risks of heart disease, osteoporosis, and dementia.

Healthy lifestyle choices are recommended separate to menopause symptoms treatment as these can have huge benefits on mental wellbeing and prevention of long-term conditions such as heart disease, stroke, diabetes, breast cancer, and osteoporosis. Some examples include not smoking, drinking alcohol in moderation, Mediterranean diets, and regular exercise.

In addition to menopause treatment, you may wish to take supplements such as vitamin D and calcium to help with bone and muscle health.

Hormone Replacement Therapy (HRT)

HRT refers to treatment used to replace the hormones that your body is no longer producing. In women, this tends to be oestrogen, progestogens (if you still have a uterus), and sometimes testosterone. HRT is the most effective way to treat symptoms of the perimenopause and menopause. Furthermore, it has a breadth of health benefits such as reducing risk of developing heart disease, osteoporosis, diabetes, and cognitive decline. See our 'HRT' leaflet for more information.

Non hormonal treatment

For some women, HRT is not advisable, recommended, or an option they wish to choose. The National Institute of Clinical Effectiveness (NICE) has carefully looked in alternative treatments, and based on evidence, have recommended several options. Most of these provide relief from vasomotor symptoms such as hot flushes, but some have added benefit to improve mood and sleep. There are both prescription-based treatments (such as some anti-depressants, Gabapentin, Clonidine and Oxybutynin), and non-prescribed treatments such as Cognitive Behavioural Therapy (CBT). There are also many treatments for vaginal and bladder symptoms such as moisturisers, lubricants, pelvic floor massage and exercise and CO2 laser therapy.

Some women may want to explore complementary (herbal) medicines as an alternative to hormones for menopausal symptom relief. Unfortunately, very few studies that can currently confirm their safety, and they tend not to be regulated by a medicine authority, or subject to quality control. Similar warnings are given for compounded bio-identical hormones. These are different to body-identical hormones, which mimic the body's natural hormones, are evidence based, and recommended by NICE and the BMS.

