



MYTH BUSTERS

FALSE

'Hot flushes are the most common symptom of menopause'

Hot flushes are just **one of MANY** symptoms. It's often the **'hidden'** or **'embarrassing'** symptoms that are left **untreated** and really affect quality of life. If something doesn't feel right, it's time to explore!

Perimenopause is the time leading to menopause, when women **still have periods**, but hormones start to decline, and **symptoms may begin**. In fact, **symptoms may start long before** you have your **final period** (and menopause is officially diagnosed). If you feel this maybe you, don't suffer, it's worth seeking help!

FALSE

'I **CAN'T** be having menopausal symptoms- I'm **still having periods**'

'I **don't** need **blood tests** to **diagnose** menopause'

TRUE

Symptoms alone are usually **diagnostic**. Blood tests over age 45 are often inaccurate due to fluctuating hormones. **Occasionally, blood tests may be advised**. **Under age 45**, it is important not to miss diagnosis (as treatments significantly reduces risks of long-term health conditions). Occasionally, diagnosis may not be clear as other conditions (such as thyroid disease) present like menopause.

Testosterone is **made** by the **ovaries** (and adrenal glands) in women, and like oestrogen and progesterone, levels fall around the menopause, leading to symptoms of **low sex drive; mood disorder; low energy, joint & muscle pains, poor memory, and sleep issues**.

For **some women**, oestrogen HRT can help but some continue to get symptoms and may **benefit from testosterone** (alongside oestrogen). In those who have had a surgical menopause (removal of your ovaries), or an early menopause, testosterone levels can drop abruptly, needing early testosterone replacement. Side effects are rarely seen with testosterone treatment in women, as doses are low, and levels are monitored regularly.

FALSE

'Testosterone is only for **men**'

FALSE

'If I take **HRT**, it is 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 you do not replenish levels.



It depends. Unfortunately, **menopause** is commonly **misdiagnosed as depression** with women being given antidepressants instead of HRT. **Antidepressants should NOT be prescribed** in the first instance for mood symptoms in menopause as the underlying cause is usually hormonal. **HOWEVER**, antidepressants have an important role (and there is good evidence) to **treat vasomotor symptoms** such as hot flushes and night sweats. They are especially valuable in those who cannot or do not wish to take HRT.

TRUE

'Antidepressants can be used to **treat menopause symptoms**'

'HRT can stop me getting **bone disease**'

TRUE

Oestrogen HRT remains the **first choice** for long term **osteoporosis (brittle bone) prevention** and treatment below the age of 60. This protective effect does decline after stopping treatment, but many studies have shown that even taking low dose HRT and for a few years around menopause can provide long-term protection.

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 less aches and pain, this can empower women to make healthier lifestyle choices.

FALSE

'HRT causes **weight gain**'

FALSE

'I **can't get pregnant**, I'm **menopausal**'

It is **still possible to get pregnant** in the early months of menopause as ovulation (egg production) can still occur. You may also need contraception with HRT as the hormone levels are low compared to that used in contraception. If you are **under 55**, it is important your contraceptive needs are addressed.

Vaginal oestrogens, moisturisers, and lubricants can be **safely continued long term**. In fact, for majority of women, symptoms return if treatment is stopped. Also, unlike systemic HRT, there is **no need for progestogens** to protect the womb lining when using vaginal oestrogens.

TRUE

'I can use **vaginal oestrogen forever** if I need'

'HRT should only be used for women **under 60 years**'

FALSE

HRT is most effective and has the **most health benefits** when started **within 10 years** of menopause **or under age 60**. It is not unusual to start HRT after the age of 60 as symptoms can last decades for some. **There is no maximum time limit for a woman to continue HRT**, but you should start with the lowest dose, preferably use transdermal and body identical preparations, and have regular reviews to monitor any changes to your own health and any changes to evidence-based recommendations.