



PERIMENOPAUSE

What is perimenopause

The time around (*peri*) and leading up to the menopause. The average age is usually mid-late 40s, but in fact can start years before a woman has her final period (and the time a formal diagnosis of menopause is made). During perimenopause, the hormones oestrogen, progesterones, and testosterone start to fluctuate. You may start to notice changes to your periods (more irregular, lighter, or heavier) and the start of some menopausal symptoms.

What are the symptoms?

Each woman's experience is different. Some get the 'classical' hot flushes or night sweats, but many women get non-specific symptoms such as joint and muscle pains; mood changes; migraines; poor sleep; weight gain; hair loss; skin changes; vulvovaginal and bladder irritation; and loss of libido. All these changes can be quite subtle at the beginning, especially if you continue to have your normal periods. It may not be obvious that they are connected to (peri)menopause, and often results in misdiagnosis. You might find it helpful to track your symptoms in a diary as this may identify emerging patterns that you can show your doctor.

Do I need blood tests?

Symptoms alone are usually diagnostic, and blood tests are often inaccurate due to fluctuating hormones. For this reason, we do not recommend blood tests especially over the age of 45. Occasionally, blood tests may be advised. For example, in those under age 45 if there is uncertainty of the diagnosis. This is because in these women, HRT significantly reduces risks of long-term health conditions such as osteoporosis and heart disease and so it is important not to miss the diagnosis and opportunity for disease-prevention treatments. Occasionally, other conditions (such as thyroid disease) present similarly to (peri)menopause, and blood tests may be valuable in these cases.

How do I know if I still need contraception?

It is still possible to get pregnant during perimenopause or the early months of menopause as ovulation (producing eggs) can still occur. You may also need contraception if you choose to start HRT, as hormone levels in most HRT preparations 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 progesterogen 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
- You are over the age of 55

We recommend you speak with your GP or specialist to address your contraceptive needs if you are under the age of 55.

Treatment options

You do not need to wait for your periods to stop to begin treatment!

Treatments include physical and psychotherapies, non-hormonal medications, and Hormone replacement therapy (HRT). Perimenopause is not a 'one size fits all'. Your doctor can help guide you through options that are safe and right for you.

Lifestyle modification

Some healthy lifestyle practices can help menopausal symptoms, improve mental well-being, and provide long-term physical health benefits. Not smoking or drinking excessively (keeping to the recommended 14 units or less) can reduce vasomotor symptoms (such as hot flushes and night sweats) and reduce the risk of osteoporosis, cardiovascular disease, and breast cancer. Reducing caffeine consumption and avoiding spicy foods can help with vasomotor symptoms. A





BERKSHIRE MENOPAUSE CLINIC

balanced Mediterranean style diet and regular exercise (which includes 30 minutes of moderate aerobic exercise five times a week and weight-bearing exercises) can help reduce the risk of breast cancer, cardiovascular disease, osteoporosis, and improve muscle and joint strength as well as mental health. Prioritising sleep and relaxation techniques can improve mood, anxiety, and stress.

Vitamins

Having a diet sufficient in calcium and vitamin D is important in helping reduce the risk of osteoporosis. You may find it beneficial to take these in supplement form in addition to menopause treatments.

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 treatments

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.

A note about complementary therapies

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.

A recap of terms:

- **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. As a woman gets older, the store of eggs in the ovaries naturally declines. Menopause occurs when there are no more eggs.
- **Post menopause.** When a woman has been diagnosed with menopause (i.e. has had no periods for 12 months) she is now referred to as post-menopausal for the rest of her life.
- **Early menopause.** Menopause that occurs before the age of 45.
- **Premature Ovarian Insufficiency (POI).** Menopause that occurs below the age of 40

