How Does Menopause Affect Sleep?

Hormone Levels

During menopause, hormone levels, especially oestrogen, interact with other hormones like **melatonin**, which regulates sleep patterns.

Melatonin levels decline with age, affecting sleep as we get older. Additionally, the decline in progesterone and oestrogen can disrupt the secretion levels of melatonin, further impacting our sleep cycles.

Progesterone has a naturally calming effect on the brain, so its reduction may make our brains more active during times when rest is expected.

Other Menopausal Symptoms

Various menopausal symptoms can interfere with sleep, such as:

- **Vasomotor symptoms**: Feeling hot or cold and excessive sweating can easily disrupt sleep.
- **Urinary issues:** Frequent urination can disturb restful sleep.
- **Joint or muscle pain**: Discomfort from pain can inhibit sleep.
- **Anxiety or low mood** is also known to cause non-restorative sleep by keeping us in the lighter and more alert phases of sleep, leading to frequent awakenings and insufficient rest.

Consider Hormone Replacement Therapy (HRT)

HRT treats a variety of systemic symptoms of menopause. For some women, it reduces the symptoms that inhibit decent sleep.

The Benefits of HRT

HRT can effectively manage various menopausal symptoms and offers several benefits:

- Relief from short-term symptoms like hot flashes, night sweats, vaginal atrophy, mood swings, cognitive issues, and insomnia

- Protection against long-term risks, such as heart disease and osteoporosis. Studies show that HRT can continue to benefit bone health even after discontinuation.
- Potential protective effects against Alzheimer's, although more research is required
- Improved quality of life and wellbeing
- No arbitrary limits on the duration of treatment
- It is essential to understand that the decision to start HRT is personal and should be discussed with a healthcare professional. Regular check-ups and reviews with your doctor are also crucial during HRT treatment.

HRT is not a one-size-fits-all solution, and its efficacy may vary from person to person. Alongside HRT, you can explore non-hormonal treatments and make dietary and lifestyle changes to manage menopause symptoms effectively.

HRT Regimens

There are over 50 different combinations of HRT. These can be divided into two groups:

- **Oestrogen-only** therapy: Suitable for individuals without a uterus or womb
- **Oestrogen and progesterone therapy** (**combined therapy**): Necessary for individuals with a uterus, as oestrogen alone can stimulate the endometrial lining of the uterus, requiring progesterone to maintain uterine health.
- **Combined HRT** can be taken on a cyclical basis or continuously, depending on the menopausal phase:
- **Cyclical HRT:** Recommended for perimenopausal individuals experiencing menopausal symptoms years before their periods stop. It usually involves continuous oestrogen intake with progesterone added from days 12 to 22 of the cycle, mimicking a natural menstrual cycle with a bleed.
- **Continuous HRT**: Recommended for postmenopausal individuals, involving continuous intake of both oestrogen and progesterone without a bleed.

Dosages may vary, and younger individuals or those with surgical menopause may require higher HRT doses. By around the age of 54, approximately 80% of people have usually stopped menstruating, making it an appropriate time to switch from cyclical to continuous HRT.

Recent research suggests that the best time to start HRT is around **18 months before or after periods stop** when the endothelium (part of the womb lining) remains active and responsive to HRT.

Vaginal oestrogen may be effective for treating symptoms of vaginal atrophy and can be used with or without systemic HRT. It is available as pessaries or creams.

How to take HRT

There are a variety of ways to take HRT. Options for different routes of both oestrogen and progesterone include:

- **Oral tablets** – the most cost-effective but also has the most side effects as the medication has to be metabolized in the liver
- **Transdermal** – delivered through the skin via gel or patch
- **Intrauterine device** – like the Mirena Coil, but delivers progesterone-only
- **Vaginal** – also delivers progesterone-only
- **Subcutaneous** – delivered via implants
- **Body-Identical vs. Bio-Identical HRT**
- The terms 'body identical' and 'bio-identical' HRT can be confusing.
- The estrogen most commonly prescribed in the UK is known as **body-identical HRT**. It has the same molecular structure as estrogen inside the body and contains 17 beta-estradiol. It is derived from diosgenin, a plant chemical extracted from yams and root vegetables, and is made into hormones such as estrogen.
- The new type of micronized progesterone, commercially branded as **Utrogestan** in the UK, is body-identical progesterone. It also has the same molecular structure as the progesterone in our bodies.
- Micronized progesterone is associated with fewer side effects. There is no evidence of an increased risk of breast cancer for the first five years of taking it, with lower risks of breast cancer after this time, compared to older forms of progesterone, known as a synthetic progestogen. It has also been shown to help with insomnia.
- **Bio-Identical hormones** are hormone preparations with the same molecular structure as body-identical hormones. They are only available at private clinics and are compounded by pharmacists for each patient. As a result, these hormone preparations are not regulated or subject to the same quality control and clinical trials as body-identical hormones.
- Bio-identical compounds may contain other hormones, such as DHEA and testosterone.
- There is no evidence that bio-identical hormones have fewer side effects or are more effective than body-identical HRT.
- **Starting & Stopping HRT**
- ***Starting HRT***
- When starting HRT, some vaginal bleeding in the first three months is common for individuals with a uterus. Inform your doctor if you experience unexpected bleeding during this period.

topping HRT

The decision to stop HRT is personal and can be made in consultation with your doctor. You can either stop immediately or gradually reduce your dose. The current guidelines state that there is no right or wrong age. Menopausal symptoms may recur after stopping HRT, though a gradual reduction may delay their return.

Risks Of HRT

There are risks associated with taking HRT, as is the case with all medications. These include increased risk of:

- breast cancer
- blood clots, although not with patches or gels
- heart disease, although it's minimal if HRT is started before 65

Breast Cancer

It is essential to consider individual risk factors, lifestyle choices, and other health aspects when deciding to start HRT. For some, the risks may be outweighed by the benefits of symptom relief, improved quality of life, and long-term health protection.

Regarding breast cancer risk, lifestyle factors like obesity, smoking, lack of exercise, and alcohol consumption present higher risks than HRT alone. Additional research is needed to evaluate the risk of breast cancer concerning specific HRT types and regimens.

The recent research published in The Lancet in September 2019, which was widely reported in the media, used data from observational and unpublished studies. The Lancet meta-analysis is complex and includes data from a large number of studies. This is not new data, but it was presented differently from previous research papers.

The statistics suggest that taking combined HRT is associated with an extra five breast cancer cases per 1000 after 7.5 years if you are over 50.

These studies were based on older forms of HRT and did not include the newer forms of HRT, such as micronized progesterone and transdermal estrogen. Transdermal HRT appears to reduce the risk of deep vein thrombosis and stroke.

Furthermore, the studies did not consider the death rate associated with breast cancer but only the incidence of breast cancer.

Previous long-term studies from the Women's Health Initiative showed no significant difference in cancer deaths in the HRT arms of the study compared with that of a control group taking a placebo.

The risk of breast cancer in relation to the type of progesterone used and the type of regimen (continues or cyclical) requires further research and evaluation.

The 2019 Lancet study showed that when you stop taking HRT, the increased risk of breast cancer diminishes, but a small risk persists for around ten years afterward. HRT seems to be an accelerator or promoter rather than an initiator of breast cancer.

What is clear is that further research is needed.

You need to make an informed decision by weighing your individual benefits versus risks with the support of a healthcare professional.

Heart Disease & Stroke Risk

Studies show that:

- If you start HRT before 60, it does not increase your risk of cardiovascular disease.
- HRT does not affect your risk of dying from cardiovascular disease.
- HRT tablets taken orally (but not transdermal patches or gels) slightly raise the risk of stroke. However, the risk of stroke in women under 60 is very low.

Note that the BIGGEST cause of death in women is cardiovascular disease, not breast cancer. If you are already at higher risk of cardiovascular disease, it may still be possible for you to take HRT, but it depends on your individual circumstances. Your doctor can give you more information.

HRT should not be taken if you:

- are pregnant
- have undiagnosed vaginal bleeding
- have a history of stroke
- experienced a heart attack or angina
- have active breast cancer or endometrial cancer
- have active liver disease

Whichever treatment route you choose, you should not mix treatments. For example, if you are on HRT, you should not take phytoestrogen supplements. If you are taking phytoestrogen supplements, you should not take herbal remedies. But if you are on HRT, phytoestrogens are fine if taken as a food source.

Conclusion

You need to make an informed and educated decision whether HRT is right for you with the support of your doctor.

HRT is individual. One regimen may work for one person but may not be right for another. Your doctor can help you find the right HRT regimen regarding the type, dose, and delivery method.

If you decide to take HRT, it is important to have regular check-ups so that your doctor can ensure that she is fit and healthy. For those with a history of cancer, the risks and benefits are different for everyone, and this decision can be assessed by your doctor.

The choice to take HRT must always be considered in combination with lifestyle choices so that you can take ownership of your menopause journey. The risks for each need to be considered, alongside the benefits in the form of symptom relief, quality of life, and long-term health.

NICE Guidelines

Psychological symptoms

1.4.5 Consider HRT to alleviate low mood that arises as a result of the menopause.

1.4.6 Consider CBT to alleviate low mood or anxiety that arise as a result of the menopause.

1.4.7 Ensure that menopausal women and healthcare professionals involved in their care understand that there is no clear evidence for SSRIs or SNRIs to ease low mood in menopausal women who have not been diagnosed with depression