

# Managing symptoms of the menopause

Gynaecology

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Information for Patients

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## What is menopause?

Menopause is the time after your last period ever. A natural menopause is a slow process. It often happens between the ages of 45 and 55. The average age of menopause in the UK is 51 years. It happens when the ovaries stop making eggs. This causes a low level of the female hormone called oestrogen being made in the ovaries.

You may also have symptoms of menopause if:

- you have had an operation to remove your ovaries.
- you have had radiotherapy to your low tummy.
- some cancer treatments.

If you have had an operation to remove your womb (hysterectomy) but not ovaries, you will often not have symptoms of the menopause straight away. This will happen slowly as the ovaries run out of eggs and the levels of oestrogen hormones go down.

**Perimenopause** is the time when you are having symptoms of menopause before your final period. Some women get spaced out periods, or irregular bleeding before their final period.

## What are the symptoms of menopause?

You might have:

- hot flushes,
- night sweats,
- vaginal dryness; sex may be sore
- low mood, feeling anxious, angry or tearful
- joint and muscle pain,
- less interest in or pleasure having sex,
- trouble sleeping
- trouble concentrating or remembering
- leaking pee or peeing a lot

Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Is there a hormone test to diagnose menopause?

No. We do not do blood tests over the age of 45. We can be sure the cause is the menopause based just on your symptoms. We use hormone testing to diagnose premature menopause. This is for patients under the age of 40 with menopausal symptoms. For patients between age 40 and 45, your clinician may do a hormone blood test, but the levels can go up and down a lot. A normal level would not stop you from trying hormone therapy to see if it helps.

## Do I need to have a treatment for my menopausal symptoms?

Some women have a few mild symptoms and choose not to take treatment. Others prefer some type of treatment.

We recommend making lifestyle changes like having a balanced diet (mediterranean style). Try to do regular exercise like running, swimming and yoga to help with symptoms. Stopping smoking, drinking less alcohol and coffee can also help with symptoms of hot flushes and night sweats.

Your doctor should give you information about different treatment options such as hormonal and non-hormonal treatment. They should also give you the benefits and risks of each treatment.

## Treatment options

### Hormone replacement therapy (HRT)

HRT replaces oestrogen your ovaries have stopped making because of menopause. No other treatment is as good as HRT at treating the symptoms of the menopause.

You will have been given information about the benefits and risks of short term HRT (5 years) and long term HRT (5 years and more). Please ask your doctor if you have not.

We think HRT seems to be better than not taking HRT for:

- most women who are having symptoms,
- women are under the age of 60,
- women who are less than 10 years after their last period.

Over 8 out of 10 women find a big improvement in their symptoms and quality of life.

### Benefits:

- HRT is the most effective treatment for hot flushes and low mood related to menopause.
- It can help with sexual desire and satisfaction in certain women. If HRT alone does not help with sex, we may offer testosterone to improve sexual desire after full assessment.
- It makes vagina less dry and may help reduce pain during sex.
- It prevents thinning of the bones (osteoporosis). This lowers the risk of a fracture if you fall.
- It improves some urinary (pee) symptoms and risk of urine infections especially when given in the vagina.

- It does not increase the risk of heart (cardiovascular) disease when started in women aged under 60. It can protect your heart if started within 10 years of your last period. It does not increase the risk of dying from cardiovascular disease.

**Risks:**

- HRT (oestrogen) in the tablet form only slightly increases the risk of stroke. The risk of stroke is low if you are under the age of 60.
- HRT (oestrogen) given through the skin (patch, gel or spray) does not increase the risk of blood clot (DVT).
- The risk of breast cancer depends on individual risk factors. These factors include being overweight, over the age of 50, drinking 2 or more units of alcohol per day. These factors increase your risk of breast cancer more than the risk of breast cancer from combination HRT.

**Risk of getting breast cancer with HRT according to Medicine and Healthcare Products Regulatory Agency (MHRA):**

The MHRA advises that all HRT that goes through your whole body (HRT taken by mouth or through skin) slightly increases breast cancer risk after 1 year of use. Using vaginal oestrogen does not increase the breast cancer risk at all. It can now even be bought without a prescription.

In the UK, 1 in 16 patients who have never used HRT, get breast cancer age 50 to 69 years of age. This is nearly 6.3 in 100 cases.

- Oestrogen-only HRT (used for women who have no womb) has very little increased risk of breast cancer. Using combined HRT with oestrogen and progestogen may increase your risk of breast cancer. The risk is higher the longer you stay on it. The risk goes back down when you stop HRT. Using body identical progesterones or the hormone coil may have a lower breast cancer risk than in some older types of HRT that use synthetic progestogens.
- For women who take oestrogen-only HRT after they have had a hysterectomy, their risk increases from 13 in 200 to 14 in 200 women.
- For women, who use sequential combined HRT (with regular bleeding on HRT), their risk of breast cancer increases from 4 in 70 to 5 in 70 women.
- For women, who use continuous combined HRT (bleed-free HRT), their risk of breast cancer increases from 3 in 50 to 4 in 50 women.

If you still have your womb, we will prescribe you combined HRT. Combined HRT is made up of oestrogen and progestogen/progesterone. This is because using oestrogen alone causes the lining of the womb to grow thick and could turn to cancer without progesterone to balance it out.

**Sequential HRT**

We recommend this when you are starting within 12 months of your last period. This helps to lower the risk of irregular bleeding patterns. You will have a monthly bleed with this type.

## Continuous combined HRT (ccHRT)

We use this if you have not had a period for 12 months after 50 years of age. You can change to this type of HRT:

- after 5 years of sequential HRT
- after the age of 54 as 8 out of 10 women will have had their last period by then.

## What way is HRT is given?

To treat all the symptoms of the menopause, HRT needs to go through the whole body. This is called systemic HRT. Systemic HRT is given either by mouth or through the skin:

- patches
- tablets
- spray
- gel

## Systemic HRT patches, gel or spray

Patches stick to your skin. You will need to change the patches 1 or 2 times a week depending on type of patch. Gel or spray is applied or sprayed onto the skin everyday. Patches, gels and spray are safer than tablets form of oestrogen. Patches may be oestrogen only or combined oestrogen and progesterone. If you still have your womb, you must take progesterone/ progesterone with oestrogen:

- you can take progesterone/ progesterone tablet or Mirena coil with the oestrogen gel, spray or patch,
- or use a combined patch to protect the lining of the womb.

### Compared to tablets, reports show patches, gels and spray have a lower risk of:

- clots in legs and lungs
- stroke
- heart disease

## Tibolone

This is an artificial hormone in a tablet. It works in a similar way to oestrogens, progesterone, and testosterone. It has the same risks as tablet form of ccHRT. The risk includes blood clot, stroke and breast cancer.

## Vaginal oestrogen (called local HRT)

We can give vaginal oestrogen to treat vaginal and bladder symptoms. We can give this alone or alongside systemic HRT. If we use local oestrogen alone you do not need progesterone with it as the dose is too low to affect the womb lining. This comes as:

- vaginal cream or gel.
- tablets that go inside your vagina (vaginal pessaries).
- a soft ring that goes in the vagina and slowly releases oestrogen over 3 months.

## Vaginal DHEA

DHEA is a hormone naturally made in the body. Intrarosa is a small tablet that is placed inside the vagina. It is used to help with vaginal symptoms. We use this if oestrogen alone is not **effective for vaginal treatment**.

## Do I still need to use contraception when taking HRT?

Your ability to become pregnant reduces with age. If your periods stop after the age of 50, you need to use effective contraception for 1 year after your last period.

If your last period was before the age of 50 years, you need to continue using contraception for 2 years.

## How long should I take HRT?

There is no set amount of time to use HRT and no age limit. You can keep using HRT as long as it is safe for you. We will suggest that you have a review 3 months after you start HRT. If all is fine, you will have yearly follow-ups with your GP to review risks and benefits.

When you decide to stop, we advise you to slowly lower the dose of HRT. This helps to stop short term symptoms. Stopping it suddenly all together or slowly does not affect the long term symptoms.

## What non-hormonal (non-HRT) treatment options are available?

You may not want to use HRT because of personal or family history reasons or you have concerns about safety or side effects of HRT:

- Personal or family history of breast cancer,
- Migraines,
- Diabetes,
- Hypertension/heart problems,
- High cholesterol,
- Liver or gall bladder disease,
- Personal or family history of previous blood clot (DVT),
- High body mass index (BMI)/ Obesity,
- Smoker,
- Varicose veins,
- Personal or family history of stroke,
- Epilepsy or neurological diseases,

## Vaginal moisturiser and lubricant

You may have symptoms of soreness when you are having sex. This is because your vagina does not get wet by itself. You can treat this with moisturisers to make the vagina less dry and stop soreness:

- Yes VM or Yes WB (water based) is used regularly in the vagina 2 or 3 times a week. You can get this on NHS prescription. You can also use it for sex.

- Yes OB (oil based) can be used to make sex more comfortable. You cannot get this on NHS prescription.

## Psychological treatments

Cognitive behavioral therapy (CBT) can help to raise low mood or anxiety related to menopause in 75% cases. We can refer you for this if needed. For talking therapy, you can do a self referral through Vita-health website.

## Alternative therapy

Therapies like acupressure, acupuncture, reflexology, and homeopathy are not known for managing menopausal symptoms.

## Herbal medicines

These medicines are not regulated by the medicine authority. Their safety is not known. These can react with drugs used for treatment of breast cancer, epilepsy, asthma and heart disease.

There are reports that some plant preparations can help to reduce the symptoms of hot flushes and night sweats. These are St. John's wort, black cohosh and iso-flavones (contained in soya beans).

If you buy herbal products, look for a product license or traditional herbal registration (THR) number on the label. This make sure that what you are buying has been checked for purity. You should buy these from a trusted source. Do not use any of herbal medicine if you had personal history of breast cancer and take an advice from medical health professional.

## Bioidentical hormones

Bioidentical hormones come from soya and plant extracts. These are changed to be structurally identical to natural body hormones. The same approach is used for most approved and commercially available menopausal hormone preparations. However, the amount of active ingredient in these preparations are not monitored. It can be very different from batch to batch. The effect this can have on your body is different from one batch to another. This is why these medications are not recommended by UK or USA gynaecologists. They are not licensed in the UK.

## Other medical treatment options:

- **Testosterone therapy:** It is unclear if a lower sex drive (libido) or satisfaction is because of age or lower testosterone during menopause. There is good evidence that some women benefit from replacement therapy when HRT does not help them enough with their sex life.

Testosterone is not licensed to women in the UK. You can use testosterone gel (Tostran 2%) if you have a low sex drive. This use is 'off label'. This means that the manufacturer of the medicine has not applied for a license or has not specified it can be used in this way. It has proven benefits in many clinical trials. It is recommended by the British Menopause Society. Tostran 2% has been approved by Leicester, Leicestershire and Rutland Therapeutic Advisory Service (LLR TAS). This can only be recommended by a gynaecologist. There is a separate leaflet for testosterone treatment.

- **Other medical treatment:** Your doctor can prescribe you Clonidine or Venlafaxine. These are licensed for hot flushes. You can also get 'off-label' use of medications like gabapentin, pregabalin, citalopram, fluoxetine and sertraline. These may also help with hot flushes.
- Newer medications for hot flushes such as fezolinetant and Elinzanetant are approved by MHRA. They are still waiting for approval from the National Institute for Health and Care Excellence (NICE). Currently, these products are not available on the NHS.

## What is premature menopause?

Premature menopause or premature ovarian insufficiency is when your periods stop before the age of 40 because your ovaries are no longer making eggs. It affects about 1 in 100 patients before the age of 40. Early menopause happen in 5 in 100 patients before the age of 45. This is not premature menopause.

Your periods may come less often because you do not make an egg every month. This means your ovaries make less oestrogen. We confirm this when your blood hormone test (FSH) levels are more than 40 MIU/ML at least 2 times. We do the test 4 to 6 weeks apart.

In many cases we do not know why you have premature menopause. Some genetic conditions where your immune system attacks your eggs, could be the reason for premature menopause. This can be Turner syndrome, Down's syndrome and other autoimmune conditions. Sometimes it runs in your family.

## Are there any health risks to premature menopause?

- Premature menopause means your chance of getting pregnant naturally is lower.
- You may have symptoms of menopause.
- There is an higher risk of developing weak bones called osteoporosis. This makes your bones at risk of breaking if you fall over.
- Your risk of heart disease is higher later in life because of oestrogen protects your heart.

## What is the treatment for premature menopause?

We treat this by replacing the hormones through HRT or the combined oral contraceptive pill. This is generally safe.

- Both are effective in treating hot flushes and keeping your bones strong.
- The combined oral contraceptive pill has the advantage of also giving contraception.
- Women with premature ovarian insufficiency (POI) can have Mirena for contraception with additional oestrogen.
- Oestrogen given through skin as patch, gel or spray is a safer option if you have high blood pressure.
- It is important for you to continue the treatment at least until the average age of natural menopause which is 51 years in UK. You can do this for longer if you wish.



- If you are thinking about getting pregnant, you will need a referral to a fertility specialist. Your healthcare professional may also suggest referral to a menopause specialist.

### More information can be found at:

- [www.nhs.uk/conditions/menopause/](http://www.nhs.uk/conditions/menopause/)
- [www.womens-health-concern.org/](http://www.womens-health-concern.org/) or scan the QR code:



### Contact details:

Please speak to your GP or a specialist nurse at your GP for more information on HRT.

If needed they will refer you to Gynaecology or specialist Menopause team.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
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