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Managing symptoms of the menopause

Gynaecology

Information for Patients

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What is menopause?

Menopause is when a woman has her last period. A natural menopause is a gradual process which usually takes place between the ages of 45 and 55. The average age of menopause in the UK is 51 years. It happens when the ovaries stop producing eggs, causing reduced levels of the female sex hormone called oestrogen.

You may also have symptoms of the menopause if:

- you have had an operation to remove your ovaries.
- you have had radiotherapy to your pelvic area or some chemotherapy medicine to treat cancer.

If you have had a hysterectomy (removal of womb but not ovaries) before your menopause, you won't have symptoms of the menopause straight away but this will happen gradually as the levels of oestrogen hormone lower.

Perimenopause is the time when you are having symptoms of menopause before your final period.

What are the symptoms of menopause?

You might experience: hot flushes, night sweats, vaginal dryness, low mood and/or feeling anxious, joint and muscle pain or loss of interest in having sex. Some women get spaced out periods, or irregular or erratic bleeding before their final period.

Is there a hormone test to diagnose menopause?

No, diagnosis in women over 45 is based on symptoms alone. Hormone testing is used to diagnose premature ovarian insufficiency for women under the age of 40 with menopausal symptoms. For women between age 40 and 45, your clinician might consider a hormone blood test.

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

Some women experience few and mild symptoms and choose not to take treatment while others prefer some form of treatment.

Lifestyle changes including a balanced diet (mediterranean style), regular exercise, such as running, swimming and yoga are highly recommended for managing menopausal symptoms. Stopping smoking, drinking less alcohol and coffee can also help with symptoms of hot flushes and night sweats.

Your doctor should provide you with information about different treatment options such as hormonal and non-hormonal treatment, along with their benefits and risks.

Treatments

Hormone replacement therapy (HRT)

Hormone replacement therapy (HRT) works to replace the oestrogen hormone that is lost due to menopause. No other treatment is as effective as HRT at treating the symptoms of the menopause.

Benefits and risks of HRT - you should be provided with information about the benefits and risks of short term HRT (5years) and long term HRT (5 years and more).

The benefits of HRT appear to outweigh its risks for most people who are having symptoms and are either under the age of 60, or less than 10 years away from their menopause. Over 8 out of 10 women find a significant improvement in symptom control and quality of life.

- HRT is the most effective treatment for hot flushes and low mood associated with the menopause.
- A decline in sexual function is due to lack of oestrogen. HRT can improve sexual desire and can also reduce vaginal dryness and pain during sex.
- It prevents osteoporosis (thinning of bone), thereby reducing risk of falls and associated fractures.
- HRT reduces some urinary symptoms and risk of urine infections particularly when given in the vagina.
- HRT does not increase the risk of cardiovascular disease when started in women aged under 60, and does not affect the risk of dying from cardiovascular disease.

- Risk of stroke is low if you are under the age of 60, and HRT in the tablet form only slightly increases the risk of stroke.
- There is evidence that the risk of developing a blood clot (DVT) on HRT is not increased if you use a patch or gel, but risk is higher with the tablet form HRT.
- HRT with oestrogen alone (used for women who have no uterus) is associated with little increased risk of breast cancer. Combined HRT with oestrogen and progestogen may increase your risk of breast cancer. The risk is higher the longer you stay on it and reduces when you stop HRT. The risk of breast cancer depends on individual risk factors and being overweight, over the age of 50 or drinking 2 or more units of alcohol per day, increases your risk of breast cancer more than the risk of breast cancer due to combined HRT.

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

- In the UK 1 in 16 women who never use HRT develop breast cancer age 50 to 69 years of age. Which is nearly 6.3 in 100 cases.
- The risk of breast cancer is 13 in 200 which increases to 14 in 200 if women use oestrogen only HRT (after hysterectomy).
- The risk of breast cancer is 4 in 70 which increases to 5 in 70 if women use sequential combined HRT (bleeding HRT).
- The risk of breast cancer is 3 in 50 which increases to 4 in 50 if women use continuous combined HRT (no bleeding HRT).

Do I still need to use contraception when taking HRT?

Your ability to become pregnant reduces with age. You should use effective contraception for 1 year after your last period if menopause happens after the age of 50 years. If your last period was before the age of 50 years then you need to continue using contraception for 2 years.

Hormone replacement therapy (HRT) options

HRT is available in various forms including patches, gel, tablets and vaginal pessaries and creams. If you have a uterus, you will be prescribed a combined HRT (oestrogen and progestogen/ progesterone) because oestrogen alone stimulates abnormal thickening of the lining of the womb.

- **Sequential HRT** - this is recommended when starting within 12 months of your last period to minimise the risk of irregular bleeding patterns. You will have a monthly bleed with this type.
- **Continuous combined HRT (ccHRT)** - used if you have not had a period for 12 months. You can switch to ccHRT after 5 years of sequential HRT or at the age of 54 (by which time 80% of women will have had their last period) - whichever is sooner. You may have some irregular bleeding in the first 3 months of treatment.

- **HRT patches/ gel** - HRT can be given in the form of a patch which is changed once or twice a week, or a gel applied to the skin daily. Patches and gels are safer than tablets. Patches may be oestrogen only or combined oestrogen and progesterone. If you still have your womb you must take progestogen/ progesterone hormone (tablet or Mirena) alongside the oestrogen gel or use a combined patch to protect the lining of the womb. Reports show lower rates of clots in legs and lungs, stroke, heart disease and breast cancer with patches compared to tablets. They are also the preferred choice if you have migraines, diabetes, hypertension, high cholesterol, gall bladder disease, obesity, are a smoker, had a previous blood clot (DVT), varicose veins or high body mass index (BMI).

- **Tibolone** - is its own class of HRT. It's risk profile is broadly the same as ccHRT.

- **Vaginal oestrogen** - vaginal pessaries or creams can help with vaginal and urinary symptoms. Vagifem pessaries are usually safe to use even in women with a past history of breast cancer as the levels of oestrogen in the blood do not rise.

How long should I take HRT?

There is no time limit for use of HRT for menopausal symptoms. You will be seen 3 months after the start of HRT and if all is fine, you will have yearly follow-ups with your GP to review risks and benefits.

When it is time to stop, gradually reducing the dose of HRT helps to prevent short term symptoms. Whether you stop it abruptly or gradually would not affect the long term symptoms.

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

You may not want to use HRT due to a personal or family history, or if you have concerns about safety or side effects of the drugs.

- **Vaginal lubricants and moisturiser** - symptoms of soreness with intercourse due to dryness can be treated with lubricants such as Yes VM or Yes WB* (water based, both available on NHS Prescription), or Yes OB (oil based, Yes OB is not currently available on NHS prescription).

- **Alternative therapy** - the role of alternative therapies such as, acupressure, acupuncture, reflexology or homeopathy is not known in managing menopausal symptoms.

- **Herbal medicines** - these medicines are not regulated by the medicine authority and their safety is unknown. 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 sweets, such as 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 to ensure that what you are buying has been checked for purity. You should buy these from a trusted source.

- **Bioidentical hormones** - bioidentical hormones come from soya and plant extracts and are modified 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 contained in these preparations is not monitored and varies widely from batch to batch and the effect on the body varies from one batch to another. That's why these medications are not recommended by UK or USA gynaecologists and are not licensed in the UK.

- **Psychological treatments** - cognitive behavioral therapy (CBT) can raise low mood or anxiety related to menopause.

Other medical treatment options

- **Androgen therapy** - it is unclear whether a fall in sex drive (libido) is related to age or a reduction in testosterone during the menopause. However there is good evidence that some women with very low levels benefit from replacement therapy.

  Testosterone is currently not licensed to women in the UK. The use of testosterone gel (Tostran 2%) for menopausal women who have a low sex drive is 'off label' which means that the manufacturer of the medicine has not applied for a license or has not specified that it can be used in this way. However, it has proven benefits in numerous clinical trials and is also recommended by the British Menopause Society. Tostran 2% has been approved by Leicester, Leicestershire and Rutland Therapeutic Advisory Service (LLR TAS).

- **Other medical treatment** - other medical treatments that may be prescribed by your doctor include clonidine or gabapentin for hot flushes.

What is premature menopause?

Premature menopause or premature ovarian insufficiency is the condition when your periods stop before the age of 40.

It affects about 1 in 100 women before the age of 40 and 5 in 100 women before the age of 45. You may have less regular periods due to reduced levels of oestrogen hormone in your body. This is confirmed when blood hormone test (FSH) levels are more than 40 MIU/ML at least twice, tested 4 to 6 weeks apart.

In many cases no cause is found. Some genetic conditions such as Turner syndrome, Down's syndrome and autoimmune conditions where your immune system attacks your eggs, could be responsible for premature menopause.

Are there any health risks related to premature menopause?

- Premature menopause affects fertility and your chance of getting pregnant naturally will be reduced.
- You may have symptoms of menopause, such as vaginal dryness, hot flushes and mood changes.
- There is an increased risk of developing osteoporosis which makes your bones at risk of fracture.
- Due to reduced level of oestrogen hormone your risk of cardiac disease increases later in life.

What is the treatment for premature menopause?

Treatment for premature menopause is usually to replace the hormones in the form of either HRT or the combined oral contraceptive pill (generally safe).

- Both are effective in treating hot flushes and keeping your bones strong.
- The combined oral contraceptive pill has the advantage of also providing contraception.
- HRT 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, or 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.

Further information

https://www.nhs.uk/conditions/menopause/

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