What is the menopause and its associated symptoms?

The menopause, sometimes referred to as ‘the change’, is when a woman’s ovaries no longer function or produce hormones. This means she will no longer have periods or be able to have children. The menopause can occur at any age but the average age is 51 years.

The menopause has different stages:

Peri-menopause – which is the onset of earliest menopausal symptoms until twelve months after your last menstrual period.

Menopause - is described as the permanent stoppage of menstruation (periods).

Common symptoms of the menopause

- Infrequent or no periods.
- Vasomotor symptoms:
  - Hot flushes, these can occur at any time and many women find these distressing.
  - Night sweats - cause sleep pattern disturbance and ultimately fatigue.
- General aches and pains.
- Vaginal dryness/soreness, painful intercourse, prolapse, frequency and urgency of passing urine, urinary tract infection, incontinence.
- Problems with sexual function and sexual desire: Vaginal dryness, painful intercourse, loss of sexual desire, difficulty with orgasm.
- Psychological Symptoms: Low mood, anxiety, irritability, mood swings and lack of energy.
Lifestyle changes that can help

There are a number of simple measures that may reduce the impact of some symptoms of the menopause.

- **Stop smoking.** Smokers are more likely to experience hot flushes and night sweats and are at greater risk of an earlier menopause. Other significant increased health risks associated with smoking include developing osteoporosis, stroke, coronary heart disease and high cholesterol.

- **Eat a healthy balanced diet,** which is low in fat, low in salt and rich in calcium and vitamins. Drink plenty of water.

- **Undertake regular exercise,** such as running and swimming. Low intensity exercise such as walking and yoga is said to help hot flushes and general well-being.

- **Avoid: caffeine, alcohol and spicy foods.** These can be triggers for hot flushes and night sweats. Reducing your intake may significantly improve your symptoms.

- **Drink water:** Carry a bottle of water, water helps to keep the inner temperature lower.

What is Hormone Replacement Therapy (HRT)?

HRT therapy is a treatment used to relieve symptoms of menopause by replacing the female hormones which are no longer produced after the menopause. HRT mainly consists of the two hormones oestrogen and progesterone.

Oestrogen can be taken as a daily tablet, a weekly or twice weekly patch, daily gel, vaginal tablet, cream, ring pessary or a 6 monthly implant.

Progestogens can be given as a tablet, in a combined patch form or as an intrauterine system (Mirena coil).

Oestrogen alone can be given to women who have no uterus (womb), for example, women who have had a hysterectomy in the past. If the woman has a uterus, a combination of both hormones must be given in order to protect the lining of the womb.

For most women, the potential benefits of taking HRT might outweigh the risks, which are few when HRT is started within a few years of menopause. Maintaining a healthy lifestyle will also contribute to reducing your risk of getting certain diseases such as Coronary heart disease, diabetes, stroke and some types of cancers.

What are the side effects of taking HRT?

Oestrogen HRT side-effects:

- Breast tenderness.
- Leg cramps.
- Headaches.
- Nausea.
- Fluid retention - this is when fluid builds up in your tissue, which can cause some swelling.

Progesterone HRT side effects:

- Breast tenderness.
- Leg cramps.
- Headaches.
- Mood swings.
- Depression.
- Acne.
- Lower abdominal pain.

HRT has no effect on weight gain and most side-effects resolve within a short time frame. You will be encouraged to persist with your medication for at least three months to see if any side effects have resolved. If not we may need to consider alternatives to see if any symptoms are alleviated.

If you experience severe side effects such as migraines, calf pains and breathlessness, you must stop the medication and consult your GP.

**What are the risks associated with taking HRT?**

- **Breast cancer**

  Current opinion is that any HRT taken for 5 years does not significantly increase the risk of breast cancer, but studies have shown a small increased risk after 5 years.

  Oestrogen combined with progestogen HRT may be associated with an increased risk of breast cancer, however progestogen is still recommended for women who have a uterus (womb) to reduce the risk of endometrial cancer (cancer of the lining of the womb).

  The type of HRT taken affects the risk. Women taking oestrogen only HRT do not appear to have similar increased risk of breast cancer as those taking a combination of oestrogen and progesterone.

  Figures of increased risk are often quoted as:

  Breast cancer is thought to affect 22 per 1000 women. If HRT is taken for more than 5 years, 5 more women will develop breast cancer.

  If HRT is commenced at a young age because of early menopause (before the age of 40), then the use of HRT up to the age of 50 does not have any additional risk of breast cancer.

  **Other risk factors associated with an increased risk of breast cancer include early onset of periods, late onset of menopause, excessive alcohol intake, obesity and family history of breast cancer.**
Women who had their ovaries removed before their menopause will have a much reduced risk of developing breast cancer overall.

- **Clotting problems**

  There is a small increase in the risk of blood clots, such as deep vein thrombosis or pulmonary embolism (a clot in the lung). This risk is higher within the first year of taking HRT in a tablet form. If there is a past history of blood clots then using HRT may not be advised and may need discussing with a specialist.

  **The risk of having a blood clot also increases with age, if you are overweight and if you smoke.**

- **Cardio-vascular disease**

  There is a small risk of heart attack or stroke, but this dependant on the age at which HRT is commenced, the type of HRT and the presence of other risk factors. Starting HRT over the age of 60 years increases your risk. Starting HRT before the age of 60 years is beneficial for the cardiovascular system, especially when started around the time of menopause.

  Using HRT in the early menopausal years for the control of symptoms is very unlikely to cause problems and could be beneficial in terms of heart disease.

  **You are at increased risk of cardio-vascular disease if you smoke, have never had children, eat a poor diet, have high blood pressure are overweight and do not exercise.**

- **Endometrial Cancer**

  Women who have a uterus are prescribed oestrogen combined with progestogen.

  Long term use of consecutive HRT, particularly long cycle HRT (when progestogens are taken on a monthly basis or less frequently) may increase the risk of endometrial cancer. Using continuous combined HRT (when oestrogen and progestogens are taken together on a daily basis) is associated with a lower risk of endometrial cancer than women who do not take HRT.

  **You are at increased risk of endometrial cancer if you are obese, have diabetes or have polycystic ovaries.**

- **Ovarian Cancer**

  There continues to be uncertainty about the possibility of increased risk of ovarian cancer with use of HRT. Many studies have given inconclusive results; the Women's Health Initiative trial showed no increase in users of HRT, yet the million Women study suggested an increased risk. This increase was of the order of 1 extra case for every 2,500 women taking HRT for 5 years and so if there is an association, this risk is very small.
The most significant risk of ovarian cancer is in certain populations who have a genetic defect, some of those women are also at a higher risk of developing breast cancer.

Discuss the risks with your doctor/nurse before starting any treatment. You should review your treatment with your doctor/nurse every year.

Benefits

HRT is primarily prescribed for the relief of menopausal symptoms.

Systemic (affecting the whole body) HRT can be very effective in relieving symptoms such as hot flushes, sweats, mood swings, irritability, insomnia, palpitations, joint aches, vaginal dryness and discomfort and urinary frequency and is still the most effective treatment available. For the vaginal and bladder symptoms, vaginal oestrogen alone can be used. Systemic HRT has also been shown to be beneficial for treatment and prevention of osteoporosis for women who have, or are thought to be, at risk of osteoporosis. Many studies have shown some improvements and prevention in the decrease of bone density with HRT and the Women’s Health Initiative study showed a significant decrease in osteoporotic fracture with HRT use.

Other potential benefits of HRT

- HRT has been shown to reduce the risk of bowel cancer.
- Some evidence implies that HRT used by younger women around the time of menopause is associated with lower risk of Alzheimer’s disease.

Alternatives to hormonal therapy:

Mechanical devices to help with vasomotor symptoms:

- Moisture wicking fabrics: Available as bedding and nightwear to draw the moisture away from the body, preventing sleep disturbance during night sweats.
- Cooling sprays/pillows to help keep the skin cool.

Vaginal moisturisers/lubricants to help alleviate dryness:

Vaginal lubricants and moisturisers can help with vaginal dryness and soreness by replacing natural vaginal secretions. These are better than water based products.
Helpful contact numbers:

Menopause Service at Saint Marys Hospital:
Dr Mourad Seif, Consultant Gynaecologist
Mrs Angela Panteli, Advanced Nurse Practitioner
Mrs Luciya Whyte, Specialist Nurse Practitioner

Team Secretary: (0161) 276 6279
(Monday - Friday, 9.00 am – 5.00 pm)

Other support:
Women’s Health Concern Ltd 0845 123 2319
Nurse Counselling Service www.womens-health-concern.org
British Menopause Society www.thebms.org.uk
Menopause Matters www.menopausematters.co.uk
The Menopause Exchange www.menopause-exchange.co.uk
Manchester Contraception (0161) 701 1555
and Sexual Health Service
NHS Choices www.nhs.uk