Menopause Services NHS Glasgow and Clyde

Introduction

The menopause refers to the time in a women's life when she stops having periods and she is no longer able to get pregnant naturally.

During this time periods may become less predictable; lighter or heavier than previously more often or less frequently. Eventually your periods will stop completely.

This occurs between the ages of 45 and 55 and in the UK the average age is 51. Rarely, this can occur in women under the age of 40, and this is known as premature ovarian insufficiency.

The menopause can be a challenging time for many women. Whilst some will experience few symptoms and pass through this time easily, many will suffer from distressing and at times intolerable symptoms. These symptoms may be combined with troublesome bleeding patterns as well as concerns about available treatment options.

The menopause service within Greater Glasgow and Clyde aims to promote wellbeing during the menopausal transition by offering women help and advice and allowing them to make informed decisions about their care.

There are many aspects of the menopause which concern women. This leaflet covers the most common but clinic staff will be happy to discuss any other concerns that you may have during your appointment.

What is the menopause?

The menopause is due to a change in hormone levels, more specifically oestrogen. During a woman's fertile years oestrogen helps to release the egg from the ovaries, regulates periods and helps her to conceive. As a woman gets older her ability to conceive reduces and her store of eggs decreases. This results in less oestrogen production. Oestrogen production does not stop immediately and it is this gradual falling of the levels of hormones which can cause a range of physical and emotional symptoms. This gradual change is known as the "peri-menopause".

Symptoms

Flushing and Sweating

"Hot flushes" are a very common symptom, affecting 60-80% of menopausal women. This refers to a short, sudden feeling of heat, commonly affecting he face, neck or chest. These can vary greatly in severity and duration from one woman to another. For some women, these can be particularly troublesome and can cause significant interference with work, sleep and quality of life.

Flushes and sweating usually start around the time of the menopause, and last on average for 2 years but in a small number these can continue up to 15 years.
The most effective treatment is to replace falling levels of oestrogen by taking HRT but there are also a number of life-style measures and non-hormonal treatments that may also be effective.

Sexual Difficulties and Vaginal Dryness

Pain during sex and vaginal dryness are common complaints around the time of the menopause. These can occur whether a woman has a sexual partner or not. As both men and women get older, interest in sex may decrease which can be caused by a number of factors.

Often these symptoms can be helped with the use of vaginal oestrogens in the form of creams, pessaries or rings. Vaginal moisturisers and lubricants can also be very effective and many of these can be prescribed on the NHS.

Other treatment of menopausal symptoms can also indirectly improve libido by promoting a feeling of well-being, improving energy levels and improving sensation. Occasionally counselling may be helpful to explore psychological reasons for lowered sexual desire.

Mood Changes

It is not uncommon for women to experience mood changes in the peri-menopausal period. These are often similar to PMS symptoms.

It is very common for women to experience high levels of anxiety and often in situations that would previously have not been problematic. If mood changes, especially lowered mood, are your main symptoms then it may be worthwhile discussing non-hormonal management with your GP such as cognitive behavioural therapy or anti-depressants.

Bone health

Women can lose up to one-fifth (20%) of their bone density in the five to seven years after the menopause, this is caused by falling levels of oestrogen which normally protects bone strength.

Osteoporosis is a condition involving thinning and weakening of the bones meaning that they become fragile and more at risk of fractures. Other factors which can increase the risk of osteoporosis includes a family history of osteoporosis, increasing age, smoking, excess alcohol and lack of regular weight bearing exercise.

Adopting a healthy, bone-friendly lifestyle can help to reduce the risk of developing osteoporosis later in life.

- **Keep active-** cycling, brisk walking or climbing stairs. Avoid sitting for long periods of time
- **Weight bearing exercises-** running, aerobics and skipping are all great for strengthening muscles, joints and bones. Try to do some form of exercise at least 3 times a week for a minimum of 20 minutes
- **Eat a healthy balanced diet-** see dietary intakes
- **Stop smoking**
- **Reduce alcohol intake**

HRT can be used to maintain bone density and prevent osteoporosis.

Management

Life style changes

The menopause should be a time in your life to start living a better more healthy lifestyle.

- Clothing
  - Wear clothes made from cotton rather than man-made fibres
  - Wear loose thin layers of clothes rather than thick or tight fitting clothes
  - Keep your bedroom temperature low at night by leaving a door or window open or using a fan
- Weight loss
  - Losing weight has many health benefits. A higher body-mass index is associated with an increased incidence of moderate to severe hot flushes
- Exercise
  - Regular exercise has many health benefits including weight loss, reduced risk of heart disease, reduced risk of osteoporosis and reduced risk of breast cancer.
- Relaxation
  - Try to reduce stress levels through mindfulness or meditation. This can be helpful to reduce hot flushes
- Smoking
  - Smokers have more flushes than non-smokers. Smoking can also reduce the effectiveness of *HRT*

Dietary changes

The fall in hormone levels (particularly oestrogen) associated with the menopause can increase the risk of heart disease and osteoporosis. A healthy, balanced diet is essential.

- **Reduce salt and saturated fats** to reduce blood pressure
- Eat foods rich in **Calcium and Vitamin D** to maintain bone strength

- The National Osteoporosis Society (NOS) suggests that menopausal women should increase their calcium intake to 1200mg/day. This may come from food as part of a well-balanced diet or from supplements. Below are some examples of foods rich in calcium

		mg calcium
Whole milk	300ml glass	354
Semi-skimmed milk	300ml glass	360
Plain low-fat yoghurt	150 mg pot	210
Cheddar cheese	50g	370
Non-dairy ice-cream	120g (2 scoops)	59
White bread	30g slice	33
Wholemeal bread	30g slice	35
Canned sardines in oil	50g tin drained	300
Dried figs	4 (80g)	208
Broccoli boiled	50g	20
Baked beans	1/3 tin (135g)	85

- **Avoid hot, spicy foods and caffeine** which can cause a raised core body temperature, and increased frequency of hot flushes.
- Increase intake of "**phyto-oestrogens**" (isoflavones). Phyto-oestrogens are chemicals naturally found in plants which are structurally similar to oestrogen.
    - Phyto-oestrogens are also available as over the counter supplements such as sage leaf or red clover (tablets or seeds)
    - Current evidence is not clear about the oestrogenic effects of phyto-oestreogens and they should therefore be used with caution in women with breast cancer or a history of breast cancer
    - Common food stuffs containing Phyto-oestrogens are listed below

Legumes	Peas, beans, lentils
Soy Products	Soy beans, milk, flour, tofu, yoghurts
Vegetables	Celery, fennel, green and yellow vegetables
Bread	Buren bread (all major supermarkets)

Alternative Therapies

- **Cognitive Behavioural Therapy (CBT)**
  CBT has traditionally been used for management of low mood and anxiety, however, we now have evidence that CBT can improve hot flushes and sweats. CBT combines relaxation techniques, sleep hygiene and positive thoughts towards menopausal symptoms. See resource section.
- **Homeopathy/Reflexology/Acupuncture**
  Can be helpful for some women although studies have not shown a direct benefit of these treatments

- **Herbal treatments**
  When considering herbal supplements please look for the "THR" (Traditional Herbal Medicines) logo. This shows that a product has been approved as being the correct dose, high quality with correct product information. Please also be aware that some herbal medicines have unpredictable purity and strength and can have interactions with other medications.
  Black Cohosh - This traditional herb can improve hot flushes in some women. It does not improve anxiety or low mood
  St John's Wort – Can help improve low mood. It does however have some important drug interactions which must be checked before starting.
  Red clover is an excellent source of isoflavones and has been shown to help reduce the number of flushes and sweats and improve bone density.

Hormone Replacement Therapy (HRT)

What is HRT?

Hormone Replacement Therapy (HRT) is the most effective treatment of menopausal symptoms. It aims to replace the hormones that that the body naturally stops producing during the menopause.
HRT is available is many different forms and different preparations of HRT may be more suitable than others for you. This is based on a number of factors such as date of last period, previous hysterectomy, medical conditions and family history.

HRT preparations include

- Oral tablets (most common)
- Transdermal patches or gel (absorbed through the skin)
- Intrauterine systems (IUS). "Mirena"
- "Local" relief using vaginal creams, tablets or rings

Some women may experience short-term side effects with HRT. These may include breast tenderness, nausea, bloating, irritability and low mood. Irregular bleeding or light spotting can occur during the first 4-6 months of taking continuous HRT and can be quite normal. However, if this becomes heavy or lasts longer than 6 months or if bleeding starts suddenly after a period of time without bleeding please discuss this with your doctor.

What are the benefits and risks of HRT

The most obvious benefit of HRT is a reduction in the frequency and severity of flushes and sweats which can lead to overall improved quality of life.
HRT also treats and prevents bone thinning and osteoporosis.

- Breast cancer- A number of large scale, highly publicised studies have previously raised concerns about the risk of breast cancer associated with HRT. However, the most up to date evidence is that HRT taken for less than 5 years does not significantly increase risk. After 5 years there is a slowly increasing risk of developing breast cancer, this risk returns back to baseline after stopping HRT. Women with breast cancer can still experience

menopausal symptoms and in some cases it may be appropriate to prescribe HRT

Breast Cancer risk over 7.5 years per 1000 women		Women on Estrogen only HRT	Women on Estrogen plus Progestogen
Baseline population risk	22.48		
Current HRT user		4 fewer * (-11 to 8)	5 more * (-4 to 36)
Treatment duration less than 5 years		4 more ** (1 to 9)	12 more ** (6 to 19)
Treatment duration 5-10 years		5 more ** (-1 to 14)	21 more ** (9 to 37)
More than 5 years since stopping HRT		5 fewer * (-11 to 2)	8 more * (1 to 17)

* estimate from randomized controlled trials

** estimate from observational studies

- Blood clots (Venous thromboembolism)- The risk of blood clots is increased slightly by taking HRT. This is slightly greater with oral preparations rather than transdermal patches. This risk is greatest in the first year of use and is higher in women who have additional risk factors (high BMI, smoking, past medical history)

- Cardiovascular disease- HRT is known to affect the risks of stroke and cardiovascular disease

Coronary Heart Disease risk over 7.5 years per 1000 women		Women on Estrogen only HRT	Women on Estrogen plus Progestogen
Baseline population Risk	26.3		
Current HRT user		6 fewer * (-10 to 1)	5 more * (-3 to 18)
Treatment duration less than 5 years		No data available	No data available
Treatment duration 5 – 10 years		No data available	No data available
More than 5 years		6 fewer *	4 more *

since stopping HRT		(-9 to -2)	(-1 to 11)

- Endometrial Cancer - oestrogen only HRT can increase the risk of cancer of the womb lining (endometrium) in women who have not had a hysterectomy. Adding progesterone for days 10-14 each month reduces this risk but does not entirely eliminate it.

The risks/benefits of HRT is very individualised and varies depending on age, symptoms and medical history. For women who become menopausal early or prematurely the benefits of taking HRT greatly outweigh the risks.

How long should I take HRT?
Most women will only need to take HRT for a few years but for some women longer treatment may be needed. If you are considering taking HRT beyond your late 50s it may be worthwhile reviewing the risks and benefits of this with your GP.

Non-hormonal prescribed treatment

- **Selective Serotonin re-uptake inhibitors (SSRIs) and Serotonin Noradrenaline re-uptake inhibitors (SNRIs)**
  Historically SSRIs and SNRIs are known for their treatment of anxiety and depression, however, evidence has shown that some of these medicines can improve hot flushes for some women. These can be used for women who HRT is not suitable for or not acceptable.
- **Gamm aminobutyric acid (Gabapentin)**
  Can improve hot flushes and sweats
- **Clonidine**
  A non-hormonal drug licensed for treatment of hot flushes.

Premature Ovarian Insufficiency

The average age of the menopause in this country is around 51 years. Occasionally, a woman experiences the menopause at an earlier age (less than 40 years). Surgical treatment (removal of ovaries) and/or treatment for cancer (chemotherapy or radiotherapy) can also lead to premature ovarian insufficiency. POI occurs in 1% of women under the age of 40 years and 0.1% of women under the age of 30 years. There are significant implications of this happening, including effects on fertility, risk of fractures, cardiovascular health and effects on a healthy sex life. In these circumstances, women should consult a Menopause Specialist and most will be advised to take HRT at least until the natural age of the menopause. It is not thought that these women increase their breast cancer risk compared to women who have not experienced a premature menopause. Help and advice is also available through the Daisy Network (see below).

Contraception

Although fertility does naturally decline from a women's 30s, it is important to remember that contraception should be continued for at least one year if your period stops after the age of 50, and for two years if your period stops before 50.

Some methods of contraception may mean that you have no periods or only occasional periods and it can therefore be difficult to tell if you are menopausal. Equally, some methods of contraception and HRT can mean that you will experience monthly periods/withdrawal bleeds masking the signs of the menopause. It is important to be aware that HRT is not a method of contraception. Many methods of contraception can safely be continued either alone or alongside HRT until the age of 55 at which time the majority of women will be menopausal. Please speak with your GP about options for ongoing contraception.

When to see your GP

If you have troublesome menopausal symptoms please arrange to see your GP who will be able to discuss management options with you further.

If you are taking HRT, an annual review should be arranged with your GP.

Useful Resources

Menopause Matters
https://www.menopausematters.co.uk/

Daisy Network
https://www.daisynetwork.org.uk/

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

British Menopause Society
https://thebms.org.uk/

British complementary medicine association
www.bcma.co.uk

National Osteoporosis Society
www.nos.org.uk
Women's Health Concern
www.womens-health-concern.org