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**Perimenopause and menopause**

So what exactly are the menopause and perimenopause ?

The **menopause** refers to the last menstrual period a woman has and signifies the end of her reproductive life.

The menopause is diagnosed after a year of having no periods. This is important because women can be having symptoms for many years before this as we’ll come to when we talk about the perimenopause.

The average age of the menopause in the UK is currently 51 years.

If the menopause occurs between 40-45 yrs this is classed as early menopause.

Menopause before the age of 40 yrs (known as premature menopause or premature ovarian insufficiency POI) is uncommon but very important to identify as women in this group need specific treatment and support.

Early menopause can also be triggered by hysterectomy (removing the uterus and often ovaries at the same time) or cancer treatment.

There are details of support on offer if you are experiencing premature menopause in the resources page of the menopause section on our website.

The **perimenopause** is important to know about as although the majority of women will have their menopause in their early 50s many will experience symptoms in their 40s.

This period of time is the build up to the menopause known as the perimenopause.

During the perimenopause the level of a hormone called oestrogen in a woman’s body is declining. This process can take years. Whilst previously thought to be about 2-3 years we now think the perimenopause can typically last for 7 years for many women.

Oestrogen does not decline in a steady way. This means that women can experience sporadic or intermittent symptoms of varying severity, all whilst still having periods (though these may become irregular). The variation in symptoms can make it difficult for a woman to know whether her symptoms are due to the perimenopause or not.

**Do I need a blood test to diagnose the menopause ?**

For most women the answer is no.

Doctors should treat/support women aged over 45 yrs who have symptoms of the perimenopause or menopause without the need for a blood test.

If you are under the age of 45 yrs and have symptoms it may be worth speaking to a doctor to see whether a blood test may be useful in this situation.

Blood tests (hormone tests) are often not reliable due to the fluctuating hormone levels. In some cases this may lead to women being wrongly told they are not “menopausal” when in fact they are in the perimenopause and if their symptoms require it might benefit from treatment/support.

For many women their contraceptive choice may affect their periods – for example women may not have any periods at all with the Mirena coil, the contraceptive implant, contraceptive injection or the progestogen only pill.

These methods will not prevent perimenopausal symptoms other than changing the bleeding pattern.

**Key points:**

* **Women can experience symptoms associated with falling oestrogen levels for a number of years before the menopause (perimenopause)**
* **Women often experience symptoms whilst they are still having periods**
* **Many women cannot rely on a change in their periods to inform them they are perimenopausal as many contraceptive choices can stop/reduce menstruation**
* **Blood tests are not recommended for women above the age of 45 years to diagnose the menopause – symptoms are the important factor here**

Why not have a look at the following video by the patient arm of the British Menopause society about what the menopause is and its potential consequences ?

<https://youtu.be/ddzdgEUOGlk>

**How might I feel during the perimenopause/menopause ?**

The first important point is that each woman’s experience of the menopause is different.

For some women they experience little in the way of symptoms.

Unfortunately for a significant number of women their experience of the menopause is not positive. 80% of women report symptoms that interfere with their quality of life.

Many women still find the menopause a difficult subject to talk about and feel they should just “cope” with symptoms and suffer in silence.

Being well informed about the symptoms you may experience and what can be done to help these will we hope empower women to make informed decisions about the way they want to manage their menopause.

**Lets talk about specific symptoms…**

There are many different symptoms of the perimenopause and menopause.

Although most women will associate hot flushes and sweats with the menopause there are many more symptoms than these – and lots of women don’t experience these hot flushes and sweats at all.

**Mental health and emotional symptoms of the menopause**

It is worth mentioning these symptoms specifically because we know that for many women the worst bit about the menopause is not the flushes and sweats but the effect on their mental and emotional wellbeing.

The effects can be wide ranging but anxiety features prominently. “Mood swings” is often a term used and many women report low mood, absence of feelings, lack of concentration, memory impairment, loss confidence and self-esteem. This can affect their personal lives as well as their working lives.

A good podcast to listen to on this topic is Dr Rebecca Lewis (doctor with specialist interest in menopause care) talking to Liz Earle:

http://lizearlewellbeing.com/menopause-and-anxiety-with-dr-rebecca-lewis/

**Vaginal and urinary symptoms**

When oestrogen levels decline it can affect the tissue of the vulva, vagina and urinary tract.

A thinning effect of the tissue lining the vulva and vagina (sometimes called vaginal atrophy) can cause symptoms such as dryness, soreness, irritation, discomfort with intercourse.

Women can also notice a desire to pass urine more frequently or more urgently. Frequency of cystitis symptoms (symptoms of infection) can also increase.

Local oestrogen products can improve these symptoms significantly.

It is not the same thing as regular hormone replacement therapy (HRT), it is a product used directly on the skin for its local action and is safe to use long term if needed.

It comes in the form of a cream or pessary inserted into the vagina. There is also a ring which can be left in place to have the same effect.

Your HRT taken through the skin (transdermal such as a patch or gel) or oral should also help these symptoms but some women need local oestrogen as well as their usual HRT.

Vaginal moisturisers and lubricants can be helpful. They can be bought from pharmacies.

Moisturisers are used daily to provide comfort whereas vaginal lubricants are used before intercourse.

The following webpage has a very informative video explaining more about this particular topic and includes a demonstration of the types of treatment available:

<https://www.menopausedoctor.co.uk/menopause/vaginal-dryness-and-menopause-related-urinary-symptoms>

Hormone replacement therapy

Hormone replacement therapy is first line treatment recommended for women for a variety of menopausal and perimenopausal symptoms. It is highly effective and for the vast majority of women safe to use.

For those who still have their uterus/womb (ie those who have not had a hysterectomy), HRT is made up of oestrogen and progestogen hormones. The oestrogen improves the symptoms of the perimenopause or menopause by adding back the oestrogen lacking and the progestogen is needed to keep the lining of the uterus/womb at the right level.

If you have had a hysterectomy or have a mirena coil that is being changed every 5 years you would only need the oestrogen component of HRT.

There is much written and said about HRT, often inaccurately. The best way to find out more is to look at reputable resources.

Why not have a look at the following video by Womens Health Concern (the patient arm of the British Menopause Society) about HRT ?

<https://www.youtube.com/watch?v=Pm4LLz8Yhss>

I would also recommend the following podcast with Dr Louise Newson

<https://lizearlewellbeing.com/episode-12-the-menopause-with-dr-louise-newson/>

**What are the benefits of taking HRT?**

Apart from the improved quality of life (physical and emotional wellbeing) there are some additional benefits to taking HRT.

It reduces the risk of osteoporosis and this can keep women stronger and less frail going into later years of life. This is because oestrogen contributes to bone strength.

Another important benefit of HRT is that of cardiovascular health. Starting HRT below the age of 60 years reduces women’s risk of cardiovascular disease. Its worth remembering that the biggest cause of death in women over the age of 50 is cardiovascular disease.

**HRT risks**

It really pays to do your research properly and make sure you are well informed about the true risks of HRT as for most women the benefits far outweigh the risks.

It is also important to put those risks into perspective.

I think a really good example of this is a diagram produced by the British Menopause Society showing the increased risk of breast cancer associated with a variety of lifestyle choices compared with taking HRT:

<https://www.womens-health-concern.org/wp-content/uploads/2019/10/WHC-UnderstandingRisksofBreastCancer-MARCH2017.pdf>

There is also a video specifically on this topic:

[https//www.youtube.com/watch?v=rEBPlNMxrwY](https://www.youtube.com/watch?v=rEBPlNMxrwY)

There are a number of interesting podcasts on the topic of HRT and breast cancer which are well worth a listen

Professor Michael Baum is a leading breast cancer specialist and there are a number of videos and podcasts in which he explains his thoughts about HRT (Womens Health Concern have a video with him and there is a two part detailed podcast on Liz Earle’s wellbeing website)

The following podcast , discussion between Dr Louise Newson and Liz Earle is enlightening particularly focussing on the confusing way in which HRT is reported in the media:

<https://www.menopausedoctor.co.uk/menopause/s1e13-hrt-and-breast-cancer-dr-louise-newson-and-liz-earle-mbe>

For women taking some types of HRT there is a small increased risk of developing a blood clot in your veins (thrombosis) or a stroke. Lifestyle factors such as smoking and obesity can also increase the risk.

It is important to know that if you take oestrogen transdermally (through the skin via patch or gel) there is no increased risk of blood clots or stroke.

This makes it the ideal route to take HRT for many women. If you currently take HRT via the oral route (tablets) and would like to discuss changing to transdermal route please make a telephone appointment with your doctor and we would be happy to talk to you about it.

**Can I get side effects from HRT?**

A few women get side effects such as nausea, leg cramps and breast tenderness when they start HRT but these very often settle after a few weeks.

If not, its worth speaking to your doctor about trying and alternative preparation.

If you develop any unexpected bleeding on HRT (some preparations will cause a monthly bleed, others don’t) please speak to your doctor. Again this is often easily sorted with a change of preparation.

**How quickly will I see benefits for my symptoms ?**

Most women will notice improvement in their symptoms within a few weeks of starting HRT but some benefits may take a little longer, perhaps 3 months.

**I’ve heard there are different types of HRT ?**

Yes, there are different ways of taking HRT as well as different types.

The route may be transdermal (through the skin) such as a patch or gel. You may need to take the progestogen component as a separate tablet. This transdermal route has some benefits (ideal if migraines and has no risk thrombosis/clot or stroke) but progestogen is not well absorbed through the skin so needs to be taken as a tablet. A modern form of progestogen is utrogestan which is derived from the wild Yam plant.

Oral preparations may still be suitable and may be preferred by some women. Both the oestrogen and progestogen are combined in one tablet. The choice of preparation will be a discussion between you and your health care professional.

If you have had a period within the last year you are likely to be offered a cyclical form of HRT which means you will still have a monthly bleed. This is because if you were offered the combined continuous type straight away you would be likely to experience erratic bleeding.

If you have not had a period for some time you would be more suitable for the continuous combined type of HRT.

A very popular way to take HRT now is using more “body identical” hormones, for example taking oestrogen through the skin via a patch or gel in combination with utrogestan tablet at night.

It is important not to confuse this with “bioidentical” hormones which are often promoted by companies hoping to make money by suggesting they can tailor hormones to an individual. These “bioidentical” hormones are unregulated and not recommended. Their safety is unknown. There is more information about this topic on the websites included in the resources section.

**Key points:**

* **For the majority of women the benefits of HRT outweigh the risk**
* **HRT can provide bone health and cardiovascular benefits**
* **It is important to put the risks of HRT into perspective – do your research from reputable sources rather than listening to opinions or media coverage**
* **If you have any HRT questions, please ask !**

**Alternatives to HRT**

**I don’t want to take HRT, is there anything else I can do ?**

Yes, absolutely.

Whilst it is important to acknowledge HRT is likely to help symptoms significantly more than other options, it is not for everyone. The decision whether to take HRT is a personal one.

CBT

Cognitive behavioural therapy is a specialist form of counselling which is now recommended as a treatment option for anxiety in peri menopausal and menopausal women

The following fact sheet by Dr Myra Hunter is excellent with lots of practical advice and tips for how you can try a bit of CBT yourself.

<https://www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms/>

Herbal remedies

Many women try herbal remedies for their symptoms.

Remember to look for the “THR” logo which shows the product has been approved and you can be confident it has correct dosage, suitable information.

NICE (National Institute for Clinical Excellence) do remind us that many herbal products have unpredictable dose purity and there are some significant drug interactions.

Black Cohosh and St Johns Wort are two commonly tried herbal treatments.

Both can help to some extent with vasomotor symptoms (flushes/sweats) though not as much as HRT.

Both can interact with other drugs so there are some concerns about safety especially for those taking other medication.

Isoflavones and soya products

These are plant substances found in the diet (including red clover supplements).

There are many studies looking at the value of these substances in our diet. So far they have shown to be of limited benefit.

It is likely more important to focus on our overall diet being nutritious rather than including specific food substances (see section on diet through the menopause)

Acupuncture

Acupuncture has been shown to have a significant placebo effect in studies. This doesn’t matter, if it works for you and its not causing harm then it is a viable option.

Non-hormonal prescribed medications

SSRI (selective serotonin reuptake inhibitors) such as paroxetine, fluoxetine and citalopram can help vasomotor symptoms (flushes/sweats) in some women.

These medications are known more commonly for their use in treating anxiety and depression.

Venlafaxine is another SSRI-like medication which can be useful to use in women who take tamoxifen following breast cancer.

SSRIs are not recommended for vasomotor symptoms unless HRT cannot be given. HRT remains first line treatment for these symptoms (NICE guidance).

Gabapentin

Gabapentin is another medication which can be used for vasomotor symptoms. It can be sedating and its use might be limited by side effects in some women.

Clonidine

Clonidine is licensed for use treating hot flushes but its use can be limited by side effects. Some women do seem to get benefit from this medication.

You will notice reading about alternative treatments to HRT that they are often specific to one set of symptoms such as vasomotor. However we know that few women experience just one symptom and that the symptoms recorded by women as being most intrusive are frequently the emotional/mood related symptoms such as anxiety. It is worth bearing this in mind when thinking about the management of your menopause.

**Lifestyle for mid life women**

We believe at Bilbrook medical Centre that lifestyle should underpin medicine and be the primary building block to good health.

Think of it as the crucial base on which to build everything else.

We are bombarded aren’t we with information and differing views on how to be “healthy” making it very confusing.

It doesn’t have to be this way. Keep it simple and achievable.

Lifestyle is not just about diet and exercise.

For a long term healthy lifestyle we need to consider sleep/relaxation/mindset and movement too (note movement is different to exercise).

**Nutrition**

Perhaps the word nutrition is preferable to “diet” and a really good way to think about food to start with is rather than thinking about what you need to cut out, think about what you need to put in.

This idea of positive nutrition is to encourage you to look for nutritious foods to maintain good body/gut health.

Focusing on making just some small achievable steps will make not only the task realistic and sustainable, but evidence shows when we make a small positive change often others will follow as we gain confidence. A sort of “ripple effect”.

An example might be:

Rather than overhauling my whole diet. I’m going to start taking a healthy snack to work each day.

Potential effect – you feel positive about having the better choice snack to hand and although you are not “banning” other foods you find yourself less likely to reach for the crisps and chocolate in the vending machine.

You get home from work and feeling enthusiastic about your better food choices in the day you decide to make some positive changes to your evening meal by adding an extra portion of vegetables.

So the focus is on putting in nutritious food rather than removing foods.

Of course that’s not to say there aren’t some food we could all do with reducing (top of the list being heavily processed foods) but why not try changing your approach and see if it works ?

Two big themes in healthy eating are the “Mediterranean-style” diet which has been proven to be one of the healthiest ways of eating and “good gut health” which involves keeping our gut microbiome happy (the trillions of bacteria in our gut important for our general physical and mental wellbeing not just our gut health).

Happily these can coexist alongside each other as they both have very similar approaches to the food we eat.

As we continue to lose oestrogen we are at increased risk of cardiovascular disease (heart disease/strokes) and osteoporosis (more fragile bones increasing the risk of breakage).

We can take this into account in our diets by making sure we include some heart friendly foods such as oily fish, healthy fats, increase our consumption of whole foods/fibre and reducing processed foods and salt. Keeping our weight (many women find their weight increases especially around the waist around the menopause) at a healthy level is important, as is obviously not smoking/drinking too much alcohol.

To look after our bone health ensure you have plenty of calcium and vitamin D (vitamin D is the vitamin which predominantly needs sunshine to be made but we can get some through our diets too). Again as with cardiovascular health – not smoking, reducing alcohol if needed and physical activity is also important.

We know that for many women reducing alcohol intake, caffeine and not smoking can help particularly vasomotor symptoms like flushes.

So in the spirit of keeping it simple, here are some key points

**Top nutrition tips**

* **Try to cook from scratch using whole foods where possible, it immediately reduces processed foods which contain often high levels of salt/sugar/unhealthy fats/calories**
* **Increase fibre – again eating whole foods is an easy way to do this**
* **Think “Mediterranean” with a diet focussing on plants, healthy fats such as olive oil/avocado including some nuts/seeds**
* **Choose quality protein such as meat, fish, eggs, tofu, pulses**
* **Watch your portion of carbohydrates (we tend to eat more of this food group than we need to) – try to choose high fibre/low-processed carbs and remember we get plenty of carbohydrates from vegetables too**
* **Try to eat a wide variety of foods especially vegetables and fruit (your gut microbiome will thank you) and you may wish to try fermented foods such as kefir, kimchee**

In summary we are focusing on general wellbeing but also specifically heart health and bone health at this time of life.

There are a number of interesting podcasts on the topics of nutrition and specifically gut health.

<https://www.menopausedoctor.co.uk/menopause/047-fermented-foods-gut-health-emma-ellice-flint-dr-louise-newson>

If you want a “deep dive” into gut health then Professor Tim Spector’s book The Diet Myth is a detailed but fascinating read.

**Movement**

There is a reason to call this section movement rather than exercise. Exercise tends to conjour up thoughts of high intensity sessions, lapsed gym memberships and failed exercise plans.

Movement refers to our general physical activity.

If we move more, we maintain muscle and bone strength, maintain a healthy weight more easily, improve our balance. Even standing at work as opposed to sitting can help.

Many people find devices they can wear on their wrist to monitor their activity and “step count” can motivate them to move more.

A day doing housework, gardening, errands can all contribute significantly to keeping us active and healthy.

Specific exercise can be beneficial – but only if you enjoy it enough to keep it up !

Choose something you enjoy and prioritise it in your lifestyle. Make it achievable for you. Doing 10 minutes of strength exercises like squats and lunges at home every day is much more effective than starting a set hour of complicated exercises which then trail off as motivation eventually wanes. Don’t get focused on set guidance (amounts of exercise and intensity) – if its “better than before” it’s a step in the right direction and you can always build on that in the future.

Specifically for midlife women the focus is on cardiovascular health (so good to do movement that causes a rise in the heart rate and keep our weight at a healthy level) and bone health (some weight bearing movement and strength exercises to help balance and reduce frailty in older age).

Remember as well the other benefits of exercise – not only for our physical wellbeing but our mental wellbeing too.

Movement and exercise can help symptoms of the menopause and in particular it is proven to improve mental wellbeing.

If you were to combine your movement with nature, such as a regular walk outside you will also get the increased benefits of being in green spaces.

**Top tips for movement:**

* **Make sure it is something you enjoy and can incorporate into your lifestyle**
* **Start small, think “better than before”**
* **Increasing our general physical movement (walking and standing more) is better for us than doing energetic exercise sessions but leading a sedentary life the rest of the time**
* **Try to do some strength building if you can, even a small amount (we lose muscle mass after the menopause)**
* **Weight bearing exercise is good for our bones (walking is a great example)**
* **Don’t forget the forgotten benefit of exercise – on our mental wellbeing**

**Resources**

**Womens Health Concern** <https://www.womens-health-concern.org/>

(Patient arm of the British Menopause Society)

**Menopause Matters** <https://www.menopausematters.co.uk/>

<https://www.menopausedoctor.co.uk/> Dr Louise Newson – information leaflets, videos and podcasts

<https://lizearlewellbeing.com/category/healthy-living/the-menopause/> menopause wellbeing information, podcasts

<https://www.daisynetwork.org/> support for women experiencing premature menopause