



# Your Quick Guide to the Menopause and Perimenopause

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## What is perimenopause and menopause?

**Perimenopause** starts when the amount of oestrogen made by the ovaries starts to decline. It usually begins in your 40s and lasts an average of 4-7 years, although this can vary greatly.

**Menopause** refers to a year after your very last menstrual period.

Menopause is NOT the same for everyone. Each woman's experience of menopause is unique. As such, there is no 'one size fits all' when it comes to management.

## What are the symptoms?

The number, severity and duration of symptoms is different for each woman. You may not experience any at all!

They usually start months or years before your periods stop.

They can have a big impact on your daily life, including relationships, social life, family life and work.

Some of the more common symptoms are listed below.

- Hot flushes and night sweats
- Changes to your periods – they may become more or less frequent, heavier or lighter.
- Emotional changes – anxiety, low mood, irritability, depression, low self-esteem.
- Muscle and joint aches and pains
- Problems with memory or concentration (often referred to as "brain fog")
- Difficulty sleeping
- Palpitations (your heartbeats suddenly become more noticeable)
- Worsening headaches or migraines
- Reduced sex drive
- Vaginal dryness, discomfort or itching
- Urinary frequency or increased urinary infections

## Can I still get pregnant?

Yes! You can still get pregnant in the perimenopause. You need to continue to use contraception until 2 years after your last menstrual period (LMP) if you are under the age of 50 and for 1 year after your LMP if you are over 50.

## What if I'm using hormonal contraception?

Hormonal contraception including depot injections, subdermal implant, hormone-releasing intrauterine system (coil) and the progesterone only or combined pills will all affect your natural cycle. It can then be difficult to know when you have had your last menstrual period. In these instances, it is usual to continue to use contraception until the age of 55, at which point it is no longer required.

## How does the menopause affect my health?

Quite apart from any symptoms you may experience, the result of lower oestrogen levels in the body has an effect on your overall health. It is important you take part in breast and cervical screening when invited.

### **A special note about bones...**

After the menopause your bones can become more fragile and you are at a greater risk of a condition called osteoporosis, where bones are more liable to break. It is therefore important to consider your bone health during perimenopause. There are many things you can do to help look after your bones including:

- Eating a balanced, healthy diet containing calcium-rich foods.
- Ensuring adequate vitamin D – this is absorbed through the skin from sunlight and is in certain foods such as eggs, fish and fortified cereals.
- Taking regular weight-bearing exercise eg walking, jogging, aerobics.
- Stopping smoking
- Decreasing alcohol intake

Other health conditions that become more common after the menopause include heart disease, diabetes and urinary tract infections. This is why looking after your general health and wellbeing is so important.

## How can I 'menopause well'?

Do some reading. At the end of this leaflet you will find a list of excellent resources where you can find more detailed information about the perimenopause and menopause. Arm yourself with information so you can make the right choices for you.

Make healthy choices – evidence shows these can reduce symptoms of the perimenopause.

- Eat a healthy balanced diet – "Mediterranean" diet including fresh fish, vegetables and good fats such as olive oil is good for overall health.
- Exercise regularly – proven to help mood, sleep and hot flushes.
- Ensure good sleep habits – aim for 7 or 8 hours sleep at night if you can and if night sweats or insomnia keep you awake, speak to your doctor.
- Reduce alcohol and caffeine intake – improves sleep, reduces hot flushes.
- Relaxation time – take up breathing exercises, mindfulness or meditation

Speak to a health professional if you are struggling – some tips on how to prepare.

- Prior to your appointment have a think about what is most important to you, what affects you most, what have you tried so far.
- Track your symptoms to give more information. If still having periods, be ready to say when your last period was and what pattern they have been following.
- Brush up on your family history.
- Consider using a menopause symptom checker
- You are unlikely to get a blood test to "see where you are" in the menopause transition. There isn't one! Hormone blood tests are unreliable, especially in the perimenopause and are rarely used.

## What about HRT?

HRT stands for Hormone Replacement Therapy. This means using the hormone oestrogen to replace what your ovaries are no longer making as much of. It is the gold standard treatment for perimenopausal symptoms if they are affecting your quality of life.

HRT also has other positive effects on your health - it reduces your risk of developing osteoporosis and reduces your risk of cardiovascular disease (if started within 10 years of the menopause).

If you have a womb, using oestrogen alone can be harmful and will increase your risk of womb cancer. Therefore, it is given alongside the hormone progesterone, to prevent this from happening.

Oestrogen can be given in various forms:

- **Oral** – meaning you take a tablet every day. This can be a tablet combined with progesterone too.
- **Transdermal** – meaning "through the skin". This can be given as a gel, or spray which are applied daily, or as a patch which is usually changed twice weekly. Patches can also come combined with progesterone. If you are using a spray or gel you will need to have progesterone in another form – often as a tablet taken at night, or by having a Mirena coil fitted.

If you are still having periods, or have had periods in the last year, you will usually be given a HRT preparation that induces a monthly bleed (**cyclical HRT**).

If your periods finished more than a year ago you will usually be given a "no bleed" preparation where you have the same dose of both hormones every day (**continuous HRT**).

The Mirena coil can be used in perimenopause and is a great way to manage problem periods, provide contraception, and aim for a "no bleed" (or fewer / lighter bleeds) regime as well as providing the progesterone needed in order to have oestrogen replacement. It is also useful if you experience side effects from progesterone as it is a low dose and minimally absorbed into the general blood stream. It is suitable for most women and can be fitted at Willington Surgery.

## But HRT is risky, isn't it?

For the majority of women under the age of 60, HRT is a safe and effective treatment for menopausal symptoms. However in a minority of women it should not be used. This may be because they have had certain types of hormone-dependent cancers. Not every woman wants to take HRT and there are non-hormonal alternatives out there, however trials have found that they are not as effective.

It is important to know that both the risks and benefits of taking HRT are individual to you as a person - depending on your age, ethnicity, medical conditions, family history, weight and lifestyle choices. Before prescribing you HRT your doctor will do an individualised risk assessment with you.

**If you're under 60 years old, have menopause symptoms, and are not at high risk of breast cancer or blood clots, the benefits of HRT are likely to outweigh the risks.**

So, what *are* the risks?

- **Possible side effects early on** – tender breasts, nausea, erratic bleeding for example. Patches may cause skin irritation. Side effects usually settle within the first 2 months or can be mitigated by using different brands or preparations.
- **Venous thromboembolism (blood clots in the veins)** – this association is ONLY with oral HRT. Using a patch or gel / spray does not increase your risk of VTE. You are more likely to develop a blood clot if you are obese, a smoker, or have had a blood clot in the past.
- **Breast cancer** – the risk of developing breast cancer is greater for women on all types of HRT, however the overall risk is low. There are around 5 extra cases of breast cancer in every 1,000 women who take combined HRT for 5 years. The risk increases the longer you take it, and the older you are. It falls again after you stop taking it. You can reduce the risk of breast cancer by not taking HRT for longer than you need it to control your symptoms.
- **Stroke** – HRT tablets (but not patches, sprays or gels) slightly increase your risk of stroke but the risk is still very low, particularly under the age of 60.

Ongoing research has shown that taking HRT has little or no effect on the risk of getting coronary heart disease. More research is being done to find out how taking HRT affects some other conditions, such as dementia and diabetes. HRT does not increase the risk of developing type 2 diabetes. Some recent studies have suggested that it may even slightly reduce the risk.

### **A note about vaginal oestrogen...**

Vaginal oestrogen is used to treat **genitourinary symptoms of the menopause** – a term that encompasses symptoms such as frequent urine infections, emptying your bladder more often, getting up to wee more in the night, vaginal dryness, soreness, itching or discomfort during intercourse. Vaginal oestrogen does not increase your risk of cancers, blood clots or strokes as virtually none is absorbed into the blood stream. It is safe to use for a long time.

## Alternatives to HRT

We have already looked at how lifestyle changes can improve your perimenopause experience. There are also prescribed medications that can be used for women who cannot or don't want to use hormonal treatment. These may include antidepressants which can help with hot flushes and mood changes. Gabapentin may be used in some women to ease menopausal flushing. Cognitive behavioural therapy (CBT) has been shown to have a positive effect on symptoms and mood as well.

### **Herbal remedies**

There is very little evidence that herbal preparations help, and in some cases they can even be harmful. 'Herbal' does not mean 'safe'. Herbal remedies are not regulated by a medicine authority in the same way as prescribed medicines are. Many herbal medicines have unpredictable doses and purity. In addition, some products have significant side-effects and can interfere with other medicines.

Commonly used herbal preparations include

- Red Clover
- Black Cohosh
- St John's Wort.

Red Clover and soy-based products can increase your risk if you have a history of breast cancer. Black Cohosh has been associated with an increased risk of liver disease. There is evidence to show that St John's Wort can help with mild anxiety and depression symptoms, but it interacts with many other medications and you should always tell your doctor if you are taking this.

## Further resources:

### A word of warning...

The menopause has gained a lot of media attention in recent years and there is an awful lot of information out there. However, be careful to only read information that is evidence based and “fact checked”. Unfortunately for all the positives that come from menopause being talked about more openly there are negatives too, and this includes the spread of misinformation, false claims and ways for businesses to make money. Be wary of being sold things to help. If unsure, speak to your GP or menopause specialist.

### Websites:

[www.patient.co.uk](http://www.patient.co.uk)

[www.rockmymenopause.com](http://www.rockmymenopause.com)

[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

[www.newsonhealth.co.uk](http://www.newsonhealth.co.uk)

[www.womens-health-concern.org](http://www.womens-health-concern.org)

### Apps:

Balance app – menopause support – information, symptom tracker, peer support.

NHS squeeze app – to help with pelvic floor exercises

### Books:

The Complete Guide to the menopause – Dr Annice Mukherjee

The definitive guide to the Perimenopause and Menopause – Dr Louise Newson

The Menopause Manifesto – Dr Jen Gunter

Me and My Menopausal Vagina – Jane Lewis