

Menopause

Overview

The menopause happens when we stop having periods, and is often referred to as 'the change of life.'¹ The average age for women in the UK to go through the menopause is 52 but it can happen earlier.¹ If it happens under the age of 45, it's called premature menopause and affects one percent of women under 40, and 0.1 percent of women under 30.²

The menopause happens because of falling levels of the hormone oestrogen which means we stop producing eggs.¹ However, you can still get pregnant two years after your last period if you're under 50, and for one year if you're over 50 so you need to carry on using contraception.²

The time leading up to menopause is known as peri-menopause when you may experience physical and emotional symptoms, sometimes three to four years before your periods stop completely.² You have reached the menopause if you haven't had a period for a year.² The time after menopause is known as post-menopausal.²

Around 80 percent of women in the UK experience symptoms leading up to the menopause, and about 45 percent will find their symptoms difficult to deal with.³ However, only around 10 percent of women seek help from their doctors.³ If you do suffer severe symptoms, there are plenty of treatments available.^{1,2}

Symptoms

Some symptoms like hot flushes will eventually stop on their own between two to five years after they start.^{1,2} The time varies from woman to woman and some can experience symptoms many years afterwards.² However, if you have vaginal problems then talk to your GP about available treatments because the symptoms may worsen.⁴

Irregular periods

This is usually the first sign that you're entering the menopause.² You may have periods every two to three weeks, or not have one for several months.² Bleeding may also be heavier than usual.²

Hot flushes

You may get hot flushes beginning on your face, neck or chest and spreading up or down your body.² The skin here may also become red and patchy, and you may start to sweat.² Hot flushes usually last up to five minutes and are thought to be

caused by a change in the temperature-controlling part of the brain.^{1,2} Around 20 percent of women say their hot flushes can be severe, and cause significant interference with work, sleep and quality of life.^{1,2}

They may actually start while you're still having your periods.³ Hot flushes usually go one year after your last period,² but for 10 percent of women, they can continue for more than 15 years.¹

Change in heart beat

You may also experience a change in heart beat.^{1,2} It may speed up (tachycardia), or become irregular and stronger than usual (palpitations).^{1,2}

Night sweats

These are the same as the hot flushes and usually happen in the first year after your last period.^{1,2} Although they only last a few minutes, they can be unpleasant and wake you up.^{1,2}

Vaginal problems

Vaginal dryness, itching, or discomfort can happen as you approach the menopause, and after the menopause.^{1,2,3,4} Sex can then become difficult, or painful.² All of these symptoms are known as vaginal atrophy.² Around 30 percent of women experience these symptoms during the early post-menopausal period.² Some 47 percent of women have them during the later post-menopausal period, and some women experience them more than ten years after their final period.²

Urinary problems

You may become more prone to:

- Recurrent urinary infections, such as cystitis
- Wanting urgently to pass urine
- Visiting the toilet more often than normal.^{1,2}

Other symptoms

Other symptoms associated with the menopause are thought to be caused by stress and lifestyle.^{2,3,4}

Sleeping badly

Night sweats may wake up some women but sleeping badly can also be due to anxiety, or insomnia.² Lack of sleep then causes irritability, short-term memory problems and poor concentration.²

Mood changes

Some women experience anxiety, irritability, and depression during menopause.² But doctors believe these symptoms are more likely to be associated with past problems and life stresses. Studies across populations show that most women don't experience major changes in mood during the menopause.^{2,3,4}

Muscle and joint pain

Some women say they feel muscle and joint pain in their hands and feet, knees, elbows, and the cervical spine. This has been linked to a decrease in oestrogen, but can be caused by osteoarthritis and rheumatoid arthritis.^{1,2}

Skin changes

Skin elasticity and skin thickness decrease after the menopause increasing wrinkling. However, doctors say it's too difficult to know if this is directly linked to the menopause without taking into account sun and smoking damage, and the natural ageing process.^{1,2}

Weight gain

Doctors don't believe weight gain is due to the menopause alone.⁵ Women tend to put on weight with age, especially beginning, at, or near the menopause.⁵ A US study of 418 women found that gaining weight was more likely to be due to drinking alcohol and not exercising.⁵

Causes

The menopause happens because of falling levels of oestrogen, which regulates menstruation.² In turn, we stop producing eggs.² Very rarely, women under 45 suffer premature menopause, known as premature ovarian failure.² In many cases, doctors can't find any cause.² In around five to 15 percent of cases, your ovaries still release eggs occasionally, which mean you may still be able to get pregnant.²

Rare causes of premature ovarian failure include:²

- Down's syndrome, and Turner's syndrome, chromosomal conditions; Addison's disease, and hypothyroidism; autoimmune conditions which sees the body attacking itself.²
- Medical treatments and procedures which trigger premature ovarian failure by mistake, such as removal of ovaries; radiotherapy in the pelvic area; chemotherapy and removal of the womb (hysterectomy).²
- Infections such as tuberculosis or mumps. With mumps, the damage is usually only temporary.²
- More rarely, malaria, chickenpox and shingles, and shigella can cause premature ovarian failure.²

Diagnosis

Visit your GP if you feel you cannot cope with any menopausal symptoms.^{1,2} Your GP will ask you about your symptoms and if you are still having any periods before making a diagnosis.^{1,2} If there's any doubt, doctors can measure the level of follicle-stimulating hormone (FSH) in your blood. The level of FSH rises in women who are menopausal.^{1,2}

Treatment

The type of treatment will be tailored to your symptoms, medical history and your preferences. Your GP may suggest treatment with, or without hormone replacement therapy (HRT).^{1,2} Remember that most drugs can cause side effects, so always ask your GP to explain the benefits and risks of each treatment.^{1,2}

Hormone replacement therapy (HRT)

This treats the most common menopausal symptoms, including hot flushes and night sweats, vaginal dryness and itching, and recurrent urinary infections.^{1,2} HRT contains the hormone oestrogen on its own, or is combined with another female sex hormone called progestogen.^{1,2} A review of randomised trials showed a 75 percent reduction in flushes - 18 fewer per week - with HRT compared with a 50 percent reduction in women who took a placebo.³ It comes in tablets, patches, gels and vaginal cream and dosage depends on the stage of menopause and symptoms.^{1,2}

Tibolone

Tibolone is a synthetic steroid that mimics the hormones oestrogen and progesterone. It works in a very similar way to HRT and treats symptoms, such as hot flushes, night sweats and can help prevent spine fractures. It may also improve sexual problems, including loss of libido.^{1,2} It's used as an alternative to traditional combined HRT for post-menopausal women who want to end their periods.^{1,2} Risks include small increased risks of breast cancer, cancer of the womb and stroke. It's not suitable for women over the age of 60.^{1,2}

Progestogen tablets

HRT usually refers to replacing the oestrogen hormone but progestogen hormone has also been shown to reduce flushing in some women, although to a lesser extent than oestrogen.^{1,2} There are fewer risks in taking progestogen hormone than oestrogen.¹

Antidepressants

These drugs are normally prescribed for depression but they can help to treat hot flushes.^{1,2} They are widely used for reducing flushes in women who have had breast cancer.⁶ Some common ones include imipramine, nortriptyline, fluoxetine and sertraline.⁶ Side effects can include dry mouth, fluid retention, blurred vision, constipation, weight gain among others.⁶

Clonidine

This drug is sometimes prescribed to treat hot flushes and night sweats but is usually prescribed for high blood pressure and migraine. ⁶ You'll need to take it for a trial period of two to four weeks. If your symptoms don't improve during this time, or if you experience side effects, you should stop treatment and visit your GP. ² Side effects include drowsiness and dizziness. ²

Gabapentin

Gabapentin is usually used to control epileptic fits and pain but research has shown that it may ease hot flushes. ¹ It may also ease aches, pains and paraesthesia (burning or prickling sensation) which some menopausal women suffer. ¹ Possible side effects include dizziness, tiredness, tremor and weight gain. ¹

Vaginal lubricants

Your GP can prescribe a vaginal lubricant, or moisturiser, to help alleviate dryness. ^{1,2} or these can be bought from your pharmacy.

Alternative therapies

Some women have been concerned about the health risks of taking HRT and have turned to alternative treatments to ease symptoms. ⁷ But it's worth bearing in mind that there are very few scientific studies to show that complementary and herbal therapies can help menopausal symptoms. ⁷ Popular herbal remedies include black cohosh, but a study in 2006 found that it worked no better than placebo for relieving menopausal hot flushes. ¹

Phytoestrogens

These are plant products that are found commonly in soya products. ^{1,2} Phytoestrogens work like a weak form of oestrogen and limited clinical trials have shown that they can reduce hot flushes. ⁸ Observational studies on women in Japan and Asia, whose diets are rich in phytoestrogens, also seem to show that they don't suffer such severe symptoms as women in the west. ¹

Lifestyle changes

You may be able to ease your symptoms, if they're mild, by making changes to your lifestyle and diet. ^{1,2} The Royal College of Obstetricians and Gynaecologists advises that regular aerobic exercise such as swimming and running may help with flushes, as can reducing your intake of caffeine and alcohol. ⁹

Advice includes: ^{1,2}

- Wear lighter clothing
- Keep your bedroom cool at night
- Reduce your stress levels
- Avoid potential triggers, such as spicy food, caffeine, smoking and alcohol
- Try to get plenty of rest if you suffer mood changes

- Try relaxation exercises, such as yoga

More information:

Menopause Matters

www.menopausematters.co.uk

British Menopause Society

www.thebms.org.uk/

Sources:

1. Menopause Matters, clinician-led website

<http://www.menopausematters.co.uk/menopause.php>

2. NHS Clinical Knowledge Summaries

http://cks.library.nhs.uk/menopause/background_information/association_of_symptoms_with_menopause#-292420

3. British Medical Journal, Clinical Review, Managing the Menopause 2007

<http://www.bmj.com/cgi/content/full/334/7596/736?grp=1>

4. The New England Journal of Medicine; Management of menopausal symptoms

<http://content.nejm.org/cgi/content/full/355/22/2338>

5. A longitudinal study of weight and the menopause transition: results from the Massachusetts Women's Health Study, Crawford et al, 2000

http://www.ncbi.nlm.nih.gov/sites/entrez?orig_db=PubMed&db=PubMed&cmd=Search&term=%22Menopause%20%28New%20York%2C%20N.Y.%29%22%5BJour%5D%20AND%207%5Bvolume%5D%20AND%202%5Bissue%5D%20AND%2096%5Bpage%5D%20AND%202000%5Bpd%5D

6. Lancet. 2008 Mar 1;371(9614):760-70. Menopause. Review http://www.legeforeningen.no/asset/38157/1/38157_1.pdf

American Psychosocial Oncology Society

<http://www.apos-society.org/professionals/clinical/abstract.aspx?id=11> and [Nelson H](#);

7. British Menopause Society

<http://www.thebms.org.uk/factdetail.php?id=3>)

8. Phytoestrogens in the Management of the Menopause

(<http://www.obgynsurvey.com/pt/re/obgynsurv/abstract.00006254-200205000-00023.htm;jsessionid=JTyG7p1C24h5q34ph2B1WRx1WjvqDSQYQQGpTn2VjfkGzWdFh1k!-1922286307!181195628!8091!-1>)

9. Royal College of Obstetricians and Gynaecologists

<http://www.rcog.org.uk/index.asp?PageID=1561>

A wide range of women's health resources are available at www.healthywomen.org.uk

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