

Menopause

Introduction

The menopause, also known as the 'change of life' is the end of menstruation. This means a woman's ovaries stop producing an egg every four weeks. She will no longer have a monthly period or be able to have children.

The average age for a woman to reach the menopause is 52, although women can experience the menopause in their 30s or 40s.

If a woman experiences the menopause when she is under 45 years of age, it is known as a premature menopause.

Menstruation (monthly periods) can sometimes stop suddenly when you reach the menopause. However, it is more likely that your periods will become less frequent, with longer intervals in between each one before they stop altogether.

What causes the menopause?

The menopause is caused by a change in the balance of the body's sex hormones.

In the lead up to the menopause (perimenopause) oestrogen levels decrease, which causes the ovaries to stop producing an egg each month (ovulation). Oestrogen is the female sex hormone that regulates a woman's periods.

Read more about what causes the menopause.

The fall in oestrogen also causes both physical and emotional symptoms including:

hot flushes

night sweats

mood swings

vaginal dryness

Read more about the symptoms of the menopause.

Should I see my DOCTOR?

You should speak to your DOCTOR if you have menopausal symptoms that are troubling you.

Although there is no definitive test to diagnose the menopause, a blood test to measure the level of follicle-stimulating hormone (FSH) may sometimes be recommended.

Treating the menopause

Most women do not need treatment for the menopause. However, treatments are available if symptoms are severe and interfere with day-to-day life.

Hormone replacement therapy (HRT) is one of the main treatments for the menopause. It helps to relieve menopausal symptoms by replacing oestrogen.

HRT is available in many forms including tablet, creams or gel, a skin patch or an implant.

Read more about treatments for the menopause.

Self-help

Many women find that making changes to their lifestyle and diet helps improve menopausal symptoms. Taking regular exercise, reducing stress levels and avoiding certain foods can help reduce hot flushes, night sweats and mood swings.

Read more self-help tips for managing the menopause.

Symptoms of the menopause

Osteoporosis

Loss of bone bulk and osteoporosis are natural features of ageing, but a decrease in oestrogen accelerates the process in post-menopausal women.

You can reduce your risk of developing osteoporosis by:

doing short, frequent sessions of weight-bearing exercise

eating foods rich in calcium

giving up smoking (if you smoke)

moderating the amount of alcohol that you drink

If you cannot get enough calcium from your diet, you may need to take calcium supplements. See your DOCTOR before you start taking these.

Read more about osteoporosis.

Menopause: how your DOCTOR can help

Find out how your DOCTOR can help if you have symptoms such as hot flushes and night sweats

The menopause can cause a wide range of physical and psychological symptoms. The first symptom is usually a change in the pattern of your monthly periods.

The start of the menopause is known as the perimenopausal stage. During this time, you may have light or heavy periods.

The frequency of your periods may also be affected. You may have a period every two-three weeks, or you may not have one for months at a time.

Other menopausal symptoms include:

hot flushes and night sweats

loss of libido (sexual desire)

vaginal dryness and pain, itching or discomfort during sex

palpitations (changes in heart rate)

headaches

mood changes, such as depression, anxiety or tiredness

sleeping problems, such as insomnia

urinary tract infections

If you experience the menopause suddenly rather than gradually, your symptoms may be worse.

Your symptoms will usually last for two-five years before disappearing, although in some cases they can last longer. Vaginal symptoms, such as dryness, can sometimes persist and get worse as you get older.

Hot flushes and night sweats

A hot flush is a sudden feeling of heat in your upper body, which can start in your face, neck or chest, before spreading upwards and downwards.

The skin on your face, neck and chest may become red and patchy and you may start to sweat. You may also feel a change in your heart rate. It may become very rapid, or it may be irregular and stronger than usual (palpitations).

Hot flushes that occur at night are called night sweats. Most hot flushes only last a few minutes and they are most common in the first year after your final period.

Sleep problems

Many menopausal women have trouble sleeping due to night sweats, but sleep disturbances may also occur as a result of anxiety.

You may find that a lack of sleep makes you irritable and that you have problems with your short-term memory and ability to concentrate.

Vaginal symptoms

During the time leading up to the menopause, you may experience vaginal dryness, itching or discomfort. This can make sex difficult or painful (dyspareunia). These symptoms combined are known as vaginal atrophy.

About a third of women experience the symptoms of vaginal atrophy shortly after the menopause, with slightly more women having them later on. In some cases, vaginal atrophy can persist for more than 10 years after your final period.

If you have vaginal symptoms, it is likely that they will continue or get worse over time unless they are treated.

Urinary symptoms

During the menopause, you are more likely to experience recurrent lower urinary tract infections, such as cystitis. You may also feel an urgent and frequent need to pass urine.

Causes of the menopause

The menopause is part of the natural ageing process and is caused by a change in the balance of the body's sex hormones.

Upon reaching the menopause, oestrogen levels decrease, which causes the ovaries to stop producing an egg each month (ovulation). Oestrogen is the female sex hormone that regulates a woman's periods.

Most women experience the menopause when they are 45-55 years of age. The average age for the menopause to occur is 52.

Early menopause

It is possible, though rare, for some women to experience the menopause before they reach 45 years of age. This is known as premature ovarian failure.

Premature ovarian failure can occur at any age and in many cases there is no cause.

However, not all women who experience premature menopause find their periods stop completely. A small number of women still have intermittent ovarian function, which means that their ovaries will occasionally release eggs and they may still be able to conceive.

Possible causes of premature ovarian failure include:

surgery to remove ovaries or womb (hysterectomy)

certain types of radiotherapy or chemotherapy

in rare cases, some infections, such as tuberculosis, mumps, malaria, varicella (the virus that causes chickenpox and shingles) and shigella (a type of bacteria that causes dysentery)

certain medical conditions, such as enzyme deficiencies, Down's syndrome, Turner syndrome, Addison's disease and hypothyroidism (an underactive thyroid gland)

Treating the symptoms of menopause

Many women do not need treatment for the menopause, with about one in 10 women seeking medical advice.

If your symptoms are mild, you may be able to manage them yourself, without medication. Read more about self-help for managing your menopausal symptoms.

However, if your symptoms are more severe and are interfering with your day-to-day life, medication may be recommended.

Treatment options include:

hormone replacement therapy (HRT)

tibolone (similar to HRT)

clonidine

vaginal lubricants

antidepressants

The type of treatment suitable for you will depend on your symptoms, medical history and your own preferences.

HRT and tibolone do not provide contraceptive protection, and although your fertility will decrease during the menopause, it may still be possible for you to conceive. You should therefore continue to use contraception:

for one year after your last period if you are over 50 years of age

for two years after your last period if you are under 50 years of age

The various treatments for the menopause are outlined below.

Hormone replacement therapy

Hormone replacement therapy (HRT) is effective in treating a number of the most common menopausal symptoms, including hot flushes and night sweats, vaginal symptoms and urinary tract infections, such as cystitis.

In the long-term, HRT can also reduce the risk of osteoporosis (weak and brittle bones) and combined HRT (see below) can reduce your risk of developing bowel cancer.

HRT works by replacing the female sex hormone, oestrogen, which naturally begins to decrease as the menopause approaches. There are three main types of HRT:

oestrogen-only HRT – recommended for women who have had their womb and ovaries removed; if oestrogen is taken on its own it can thicken the womb lining, increasing your risk of cancer

combined HRT – for women who are experiencing menopausal symptoms but are still having periods (you take both oestrogen and progestogen)

continuous HRT – for post-menopausal women

HRT is available as a cream or gel, a tablet, a skin patch or an implant.

A number of side effects are associated with HRT, including weight gain, tender breasts, nausea, headaches and mood changes. You may be able to reduce any side effects that you have by changing the type or dose of HRT that you are using.

Your DOCTOR will be able to give you further information about the risks and benefits of HRT.

Read more about HRT, including how it is taken, side effects and risks.

Tibolone

Tibolone is a synthetic (man-made) hormone that acts in the same way as HRT. It may be recommended as an alternative to combined HRT for post-menopausal women who want to end their periods.

Like HRT, tibolone is effective in treating menopausal symptoms such as hot flushes and night sweats and it can also help prevent fractures of the spine. It may also improve sexual problems, such as a decreased sex drive.

Tibolone carries some small risks, including a small increased risk of breast cancer, cancer of the womb and stroke. It is not suitable for women over 60 years of age.

Clonidine

Clonidine is a medicine that was originally designed to treat high blood pressure, but it has been found to reduce hot flushes and night sweats in some menopausal women.

Clonidine can cause unpleasant side effects including dry mouth, drowsiness, depression, constipation and fluid retention.

You will need to take it for a trial period of two-four weeks to see whether it will be effective. If your symptoms do not improve during this time, or if you

experience side effects, the treatment should be stopped and you should return to your DOCTOR.

Vaginal lubricants

If you experience vaginal dryness, your DOCTOR can prescribe a vaginal lubricant or moisturiser that can be used for as long as you like.

Antidepressants

Although they are not licensed for treating hot flushes, there are several antidepressant medications that may be effective, including:

venlafaxine

fluoxetine

citalopram

paroxetine

Potential side effects of these antidepressants can include nausea, dizziness, dry mouth, anxiety and sleeping problems.

Follow-up

If you are taking HRT, you will need to return to your DOCTOR for a follow-up review three months after starting the treatment and once a year after that. At your three-month review your DOCTOR will:

make sure your symptoms are under control

ask you about any side effects and bleeding patterns

check your blood pressure and weight

At your annual review your DOCTOR will:

review the type of HRT you are taking and make any necessary changes

examine your breasts and show you how to do it yourself

remind you about the benefits and risks of HRT

If you are using non-HRT treatments, you will need to return to your DOCTOR for a review at least once a year. If your symptoms have stopped after one-two years of treatment, your DOCTOR may suggest you stop treatment.

Your symptoms may recur for a short period, but as long as this does not continue in the long term you may be able to stop taking it permanently.

Early menopause

A premature menopause is where a woman under 45 years of age experiences the menopause.

If you are under 40 years of age and you experience the menopause, your DOCTOR will refer you to a gynaecologist for treatment and to discuss your fertility (ability to conceive).

You will need treatment to ease your symptoms and prevent osteoporosis (brittle bones) which is more likely to occur as the level of oestrogen in your body decreases.

HRT and the combined contraceptive pill are recommended treatments because they both contain oestrogen and progestogen.

Read about Johanna's experience of having an early menopause.

Self-help advice for managing menopausal symptoms

Medication may not be necessary if you have reached the menopause and you do not have severe symptoms.

Many women are able to ease their menopausal symptoms by making simple changes to their lifestyle and diet.

Below is some self-help advice that may help ease hot flushes and night sweats and reduce sleep problems and mood changes.

To improve hot flushes and night sweats:

take regular exercise

wear light clothing

keep your bedroom cool at night

try to reduce your stress levels

avoid potential triggers, such as spicy food, caffeine, smoking and alcohol

To improve sleep problems:

avoid exercising late in the day

go to bed at the same time every night

Read more about insomnia.

To improve mood changes:

make sure that you get plenty of rest

take regular exercise

try relaxation therapies, such as yoga or tai chi