Menopause Pack

Please read the following pack carefully as this will answer many of the common questions we are asked about menopause and how to support you during this time.

There is a lot of information online about the menopause which you may wish to read to understand your symptoms in more detail.

Enclosed in this pack is

1. A symptom list of symptoms which women may experience around menopause – you may wish to score your symptoms on how much they bother you – a little, moderate, a lot.
2. Self care for HRT including how lifestyle and supplements may help and also how to self refer yourself you our practice wellbeing coach
3. What else can cause menopause type symptoms?
4. Contraception during menopause
5. HRT – basic information sheet
6. HRT risks and benefits sheets
7. HRT – choosing which options might suit you.
8. Treating vaginal symptoms (this can be instead of or as well as HRT and is suitable for almost all women

Menopause Introduction

Menopause officially means the time in a woman's life when their periods stop. Before this point (when you still get periods) is called the perimenopause.

During the perimenopause and into the menopause (ie in the years before and after your periods stop) then your oestrogen hormone levels go up and down and then reduce down. This process can cause a lot of unwanted symptoms for women – the most well known being hot sweats, period changes and mood swings. Not all women have all symptoms and how long it lasts is different for everyone. There are also a lot of symptoms people may be less aware of eg changes in sex drive, changes to the vaginal area, insomnia and brain fog.

Not all women need treatment for the menopause but for some women it can make a massive difference.

Over the years HRT has been in the media for good and bad reasons but recently there has been an increased awareness so we as GPs at Knowle House Surgery are speaking to at least 10 ladies a week to discuss menopause related issues.

There is not a 'one size fits all' solution to helping women through menopause so the more you read and understand about menopause and get involved in managing your health the better. This will help us be able to help you to the right way forward. Please be aware that because ladies are all different often you may need to try various different things before finding the right solution for you.

Menopause Symptom Checker

You may want to use this checklist to check how many symptoms you have or to see how things change with different menopause management strategies. (you don't need to share this with us)

SYMPTOM	How much is it bothering you?		
	A little	Moderate	A lot
Heavier periods			
Irregular periods			
Mood swings			
Insomnia			
Brain Fog			
Vaginal itching			
Vaginal dryness			
Vaginal pain having sex			
Loss of libido (sex drive)			
Fatigue			
More frequent urine infections (cystitis)			
Daytime hot sweats			
Night sweats			
Aching joints			
Prolapse (bulge in vaginal area)			
Hair thinning			
Loss of confidence			
Irritability			
Low mood			
Anxiety			
Dry/thin skin			

- Please be aware that although these symptoms can suggest menopause there are many other reasons for these symptoms. If you have suffered with a symptom for many years then it is less likely to be related to menopause.

What Else Could Cause these Symptoms?

Many people suffer from a number of the symptoms above (including men!) so clearly not all these symptoms will be due to menopause hormone changes.

The most common other things we think about are;

- Mood issues eg anxiety or depression
- Thyroid problems
- Joint conditions eg rheumatoid arthritis
- Sleep problems
- Fibroids
- Anaemia/ low iron levels
- Vitamin deficiencies eg vitamin D, B12 or folic acid
- Side effects of other medications (particularly statins, beta blockers, SSRIs/antidepressants, stronger pain killers)
- Diabetes

For this reason we often do basic blood tests if you haven't had these recently to rule out other causes.

Self -Care during menopause

Menopause is NOT an illness – many women find they can manage their symptoms withf self care techniques and can avoid doctors and prescriptions!

Equally many women struggle with symptoms and experience a negative effect on their quality of life and there are lots of things we can do to help with this and there are no prizes for battling through without help.

Even if you think HRT will be the right option for you we strongly advise you to consider how much of the self care / lifestyle changes might be right for you as both together will get far better results than HRT alone and make you much healthier too!

Lifestyle Change/ self-care method	**What will it do?**	**How Can you Find out More?**
Sleep Hygiene	Good sleep hygiene improves sleep quality and this improves many of the symptoms of menopause	NHS website – 'insomnia'
Good diet (regardless of weight!)	All of these reduce menopause symptoms significantly. Improving these can also lead to massive reductions in your risk of cancer, diabetes, blood pressure, strokes, heart attacks, dementia and the length of time you will likely live healthily! Remember you don't have to be perfect – but even reducing or improving a bit can make a big difference	NHS website 'healthy lifestyle' Health&Wellbeing Coach – see below Onelife Plymouth weight referral GP (especially if you are concerned about weight with BMI>40 or diabetes)
Check your weight is within target		
Smoking cessation		
Exercise regularly		
Reduce Alcohol Intake		
Vitamin D supplements	Many people have low vitamin D	Be aware of NHS guidance to take a supplement daily at least in winter.
CBT techniques for stress/ anxiety/ mood	Most people experience stress, anxiety or low mood in their life and this can make other physical symptoms worse.	Self refer to 'Plymouth Options' NHS website Do an econsult
Ensure other health is best managed	Have you reviewed your medication/ had your health checks?	Do an econsult
Speak to your partner/ family so they understand your symptoms	Having understanding family/ workplace can make a massive difference. There are information leaflets online specifically for this	
Menopause Specific		
Read about supplements for menopause	We cant recommend these but many women look into further	'Menopause matters' website Alternative menopause treatments
Understand menopause in more detail	Understanding what is happening can make things a lot easier	See links page
Vaginal moisturisers/lubricants	Simple things can make a big difference!	See vaginal symptom treatments section

Health and Wellbeing Coach

We are fortunate to have a health and wellbeing coach working in our practice. She can help you identify and work towards targets to improve your health and wellbeing. She can do this via phone or face to face appointments and her approach will be targeted to your specific needs. Common topics are how to improve sleep, weight, diet, exercise, social groups, motivation, understanding health conditions.

If you wish to have a wellbeing appointment please do an specific online consult for this.

HRT – The basics

HRT puts back the hormones that go all over the place during perimenopause and then drop after menopause.

The hormone that makes you feel rubbish as it swings up and down, and then drops is the OESTROGEN so all HRT types includes this.

Every woman who has a uterus (womb) must also take another hormone which stops the Oestrogen causing uncontrolled build-up of the womb lining. This hormone is PROGESTERONE. If you don't take this you will be at risk of this uncontrolled build up causing endometrial (womb) cancer so you must take it.

There are lots of different ways of taking both the oestrogen and progesterone in HRT. If you've had a hysterectomy you can ignore the progesterone bit. The next page explains your options for how to take these hormones.

Common HRT Questions

Will it get rid of my symptoms?	If your symptoms are due to menopause then it is very likely that HRT will improve things, however we cannot guarantee this. Obviously if there is another cause for your symptoms then it wont help. It may take a few dose changes to get up to levels that help especially if you are earlier on in the process as usually you will need higher doses.
Will I get side effects?	Oestrogen has very few side effects although you may experience breast discomfort. Some women are quite sensitive to progesterone but different types have different side effects and we have a number of ways of tweaking things if you do get side effects. Common symptoms are usually PMT/mood/ skin symptoms.
What are the advantages?	Reduce Menopausal Symptoms! Plus; - Reduces Osteoporosis risk (bone thinning) and risk of fractures - *Research is ongoing into whether HRT may reduce cardiovascular disease risk, dementia risk or other cancer risks (but this is not proven at all so shouldn't be a reason to choose HRT)*
Are there risks?	**There are risks of HRT** The main risk is of a slightly increased risk of breast cancer – see below for more information. Even this is slightly controversial and even if you do develop breast cancer it is far more likely it is not due to HRT. If you choose to take the tablet version of oestrogen in HRT there is a small risk of blood clots/ stroke. We normally don't advise you take this for this reason as this can be avoided by using gel, spray or patch versions. If it is>10 years since you went through menopause there are slight increased risks of heart attacks/strokes on starting HRT
How long should I take HRT?	Many women take HRT for a few years, but some women choose to stay on for much longer. This is a personal decision and we would suggest an annual review (after you are stable on your dose) to discuss this each year.
Will I just get the symptoms when I stop?	No! Most of the problems caused by menopause are caused by hormones 'jumping around'. Usually if you slowly reduce after a few years then symptoms don't come back (Nb this may not apply to vaginal symptoms, but most people can safely take the vaginal treatments lifelong to stop this – see the vaginal symptom section)
Do I need blood tests?	If you are under 40 when you get menopausal symptoms then we will do blood tests to check your hormones as we need to know for sure if it is menopause. After this point we don't usually check hormone levels as it doesn't change anything and hormones jump around so blood tests are unreliable. We may suggest blood tests to check for other causes of menopause symptoms
What happens if I have other health conditions?	The only main reason where HRT is not advisable is if you have/have had breast cancer or have a high risk for breast cancer. For everything else we may suggest a particular type of HRT, but would want to discuss this with you in more detail.

HRT Information – your options - for women wanting to consider trying HRT

These are your options for how to take the 2 different hormones (or one if you have had a hysterectomy)

OESTROGEN (for everyone)

Way of taking Oestrogen	Advantages	Disadvantages
Tablet *see right for why we don't normally recommend starting this	May be suitable if you don't want the other options and only want a tablet version. Can have the oestrogen and progesterone combined in one tablet.	Risk of blood clots eg DVT and strokes which you don't get if you use the other options below
Patch (evorel, estradot, Estraderm)	Steady levels of hormones Quick to apply and only need to do twice a week No extra risk blood clots/strokes Can have a combination patch with both oestrogen and progesterone	Some women get skin irritation Some women find they don't stick Can be slower/more complex to move up through doses
Gel (oestrogel/sandrena)	Apply gel to thigh area each morning Easy to increase/decrease doses No extra risk blood clots /strokes	Some women find messy/cold / doesn't fit into morning routine as need to let it dry You cant swim for 4 hours after applying
Spray (Lenzetto)	Apply spray to thigh each morning Quick to spray on Easy to increase/decrease dose No extra risk blood clots/strokes	Need to allow to dry after spraying Need to apply daily Cant swim for 30 mins after applying

- Please be aware that there are regularly some stock issues with all of the above so you may need to switch between options if your preferred option is out of stock.

PROGESTERONE

Type	Advantages	Disadvantages
Utrogestan	- Most natural (body identical) version - Helps people sleep well (take at night) - Less likely to cause progesterone side effects (mood, spots, skin, PMT) - Enough to protect the womb - Least likely to increase breast cancer risk	- Must remember to take a tablet as well as your oestrogen - May need an extra contraceptive tablet - Some people get PMT like symptoms still
In a combination patch with oestrogen	All in one patch	-This type of progesterone slightly more likely to give progesterone Side effects – -PMT, skin changes, mood) Doesn't help sleep -May not be enough to cover increasing oestrogen amounts -Not a contraceptive
Mirena Coil	- Lasts whole menopause - Many women don't get any progesterone side effects as much lower dose - Likely to stop periods totally - Works as contraceptive	- Need to have fitted - Very small risks associated with fitting

Continuous Preparation or Sequential Preparation

The other main option for HRT is whether you have your oestrogen with continuous daily progesterone or 'cyclical' progesterone which means only for a few weeks each month.

If you don't need progesterone (as above) this doesn't apply as you will just take your oestrogen daily.

Basically if you have periods you need to continue to have periods until you are further through the menopause as otherwise you'll probably get random bleeding. This isn't dangerous at all, but the problem with it is that we wont know if its the HRT or an illness that is causing the random bleeding so we may need to either stop your HRT to check or refer you for investigations. To prevent this we give the progesterone a break to give you a period each month.

If you have already stopped having periods for whatever reason then there is no reason to try to restart them so you can usually have a continuous version.

Continuous HRT	
Who?	If you are >1 year since your last period If you don't have periods due to your contraception (eg on mini pill) If you have had an endometrial ablation so you don't get periods If you choose a mirena coil for your progesterone
How to take?	For Utrogestan progesterone option - Take 100mg daily without breaks (at night) For combination patches – the box will only have one type of patch with both hormones so you just use this. For mirena – this stays in and slowly releases progesterone so acts as a continuous

Sequential HRT	
Who?	Anyone who has periods still or has had one within the last year
How to take	For Utrogestan progesterone option - Take 2 tablets (200mg) for 14 days each month (at night) For combination patches – the box will have 2 types of patches in so you take oestrogen only for 2 weeks of the month, then combined oestrogen/progesterone for the other 2 weeks

Contraception around menopause

Although there is a much reduced chance of becoming pregnant during perimenopause it is still possible.

HRT is not a contraceptive so you must consider if you need contraception as well

In general the options are likely to be;

- Mirena coil (this can also be used as the progesterone part of HRT)
- Mini-Pill (cerazette) – take daily as well as the oestrogen and progesterone parts of your HRT
- Barrier methods (eg condoms)
- Implants/injections

In general you should use contraception until 2 years after you last period before the age of 50 or 1 year after your last period after the age of 50. For women on HRT/ hormone contraception they may not get periods so usually it is simplest to continue until the age of 55 when it is reasonable to assume a lady will no longer be fertile. (you can discuss this with a GP as there are some other possible ways of checking)

Risks of HRT in more detail

Vaginal HRT cream – No increased risk of cancers

(unless you already have breast cancer or womb cancer in which we would recommend discussing whether it will affect your treatment)

Full HRT (tablets/skin patches/gel/spray)

Breast Cancer

The main risk is breast cancer. Everyone's personal background risk of breast cancer is different. Your risk of getting breast cancer may be higher if you have a family history of cancer, if you are overweight, if you drink alcohol or a number of other reasons. This is partly why it is difficult to be able to say what each persons risk is and how much taking HRT would change this.

Scientific studies all agree that taking HRT makes it more likely that you would get breast cancer although different scientific studies have found slightly different actual numbers. Depending on what study you look they will also measure different things eg some studies include women who only take HRT for a year and others look at women who take HRT for longer. We have included data below from the most up to date government / British Menopause Society publications.

Most women who get breast cancer will get it whether they do or don't take HRT (this is the background risk). For every 1000 women in the country who DO NOT take HRT, 63 women will be diagnosed with breast cancer between the ages of 50 and 69. This is about 6 in 100 women. For every 1000 women who DO TAKE combined HRT for 5 years then this increases to 80 women who will be diagnosed with breast cancer. This is about 8 in 100 women.

This data is included below publication if you wish to look at more in depth data and look at the effect of taking other types of HRT or the risks of taking it for longer. This is aimed at health care professionals so you may find it isn't easy to understand the numbers. If this risk is something you feel you need to understand in more detail then we are happy to discuss this with you.

What we know:

- The increased risk of cancer only starts happening when you take HRT when you are over the age of 50
- The risk of breast cancer is more the longer you take HRT (ie 10 years is more than 5 years and being on it for a few months would be much, much less)
- The higher risk of breast cancer stays for after you have stopped your HRT for up to 10 years
- They type of HRT does effect what your risk is
- Other things such as obesity or alcohol have a bigger effect on breast cancer risk than HRT

Risk of Blood Clots

This risk is present in anyone taking HRT when you take it in tablet form. This is why we don't usually recommend this.

Risk of Endometrial (Womb) Cancer

If you only take Oestrogen HRT then your risk of womb cancer is high unless you also take the progesterone part of HRT. If you take both hormones this isn't a risk.

Risk of Cardiovascular Disease

If you start taking HRT before the age of 60 then HRT should not increase the risk of heart disease (and some specialists advise it may protect from heart disease). If you start HRT after the age of 60 then it may increase the risk of heart attacks or strokes.

Understanding the risks of breast cancer

Women's Health Concern

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.
Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause: Diagnosis and management November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least2½ hours moderate exercise per week



Women's Health Concern

www.womens-health-concern.org
Reg Charity No: 279651
Company Reg No: 1432023

Women's Health Concern is the patient arm of the BMS.
We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

Go to **www.womens-health-concern.org**

BMS British Menopause Society

www.thebms.org.uk
Reg Charity No: 1015144
Company Reg No: 02759439

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Table 2: Detailed summary of relative and absolute risks and benefits during current use from age of menopause and up to age 69, per 1000 women with 5 years or 10 years use of HRT

Risks associated with combined estrogen–progestogen HRT					
	Duration of HRT use (years)	Total cases per 1000 women with no HRT use* (RR= 1)	Total cases (range) per 1000 women using HRT†	Extra cases per 1000 women using HRT	Risk ratio (RR) (95% CI)‡
Cancer risks					
Breast cancer					
Overall combined HRT					
Current use from age 50	5	13	21	+8	1.62
	10	27	47	+20	1.74
Total risk from age 50 to 69 (HRT use + past use)	5	63	80	+17	1.27
	10	63	97	+34	1.54
Sequential HRT					
Current use from age 50	5	13	20	+7	1.54
	10	27	44	+17	1.63
Total risk from age 50 to 69 (HRT use + past use)	5	63	77	+14	1.22
	10	63	92	+29	1.46
Continuous combined HRT					
Current use from age 50	5	13	23	+10	1.77
	10	27	52	+25	1.93
Total risk to from age 50 to 69 (HRT use + past use)	5	63	83	+20	1.32
	10	63	103	+40	1.63
Endometrial Cancer					
age 50–59	5	2	2 (2–3)	NS	1·0 (0·8–1·2)[4]
	10	4	4 (4–5)	NS	1·1 (0·9–1·2)
age 60–69	5	3	3 (2–4)	NS	1·0 (0·8–1·2)[4]
	10	6	7 (5–7)	NS	1·1 (0·9–1·2)
Ovarian Cancer					
age 50–59	5	2	2 (2–3)	+ <1	1.1 (1.0–1.3)
	10	4	5 (4–6)	+1	1·3 (1·1–1·5)
age 60–69	5	3	3 (3–4)	+ <1	1.1 (1.0–1.3)
	10	6	8 (7–9)	+2	1·3 (1·1–1·5)
Cardiovascular risks					
Venous thromboembolism (VTE)§					
age 50–59	5	5	12 (10–15)	+7	2·3 (1·8–3·0)
age 60–69	5	8	18 (15–24)	+10	
Stroke					
age 50–59	5	4	5 (5–6)	+1	1.3 (1.1–1.4)
age 60–69	5	9	12 (10–13)	+3	
Coronary heart disease (CHD)					
age 50–59	5	9	12 (7–19)	NS	1·3 (0·8–2·1)
age 60–69	5	18	18 (13–25)	NS	1·0 (0·7–1·4)
age 70–79	5	29	44 (29–61)	+15	1·5 (1·0–2·1)
Benefits?					
Fracture of femur					
age 50–59	5	1.5	1 (0.8–1.5)	NS	0·7 (0·5–1.0)
age 60-69	5	5.5	4 (3-5.5)	NS	

Treating vaginal/vulval symptoms of menopause

These symptoms are extremely common during menopause but many women don't know that they can be treated very effectively. We are very used to discussing these symptoms with women and you may not well need an examination (although we may suggest this if your symptoms don't get better with treatment or you have more severe symptoms).

The main cause is called atrophy of the vaginal and vulval skin areas (this basically means the skin is thinner). The area also often becomes drier. These changes are due to the drop in oestrogen levels.

It is also possible that symptoms can be due to other conditions such as thrush (candida), skin conditions eg eczema or lichen sclerosis, prolapse or sometimes sexually transmitted infections.

Main Symptoms:

- Dryness
- Itching
- Worsening prolapse symptoms (bulging vaginal walls/womb coming down)
- Frequent (or newly experiencing) urine infections
- Painful sex / reduced libido (sex drive)

Lifestyle Changes

- Keep vulval washing regimes very simple – wash with a simple unperfumed emollient such as cetraben or doublebase (from pharmacy or supermarket)
- Do not wash/ douche inside vagina. This can disrupt the natural 'good bacteria' and make things much worse
- Ensure simple cotton underwear, don't wear pads/pantyliners if possible (look into period underwear)
- If you experience urine incontinence we suggest you discuss this with us (as this irritates the skin)
- Some women get skin irritation from lubricants / condoms (try different brand / lubricants below)
- Try not to itch the vulval area

Vaginal Moisturiser Treatments you can buy without prescription

Types most commonly recommended by menopause experts include: Coconut Oil, YES vaginal moisturiser (oil based or water based – but more people find Oil based better for regular use), SYLK.

Some women find Replens helpful but this is felt to be less useful on menopause forums. (some women experience vaginal skin shedding)

Lubricants for sexual intercourse

YES Range - Menopause experts suggest trying oil based (OB) as a background vaginal moisturiser before sex then water based (WB) as well during sex as well (See website www.yesyesyes.org - you can buy on amazon)

Treatments on prescription

The main treatment (other than full HRT) is local HRT for the vaginal/vulval area only. This is totally different from full HRT – using local HRT for a whole year would be the same as taking one HRT tablet!!

It is available as a cream, a pessary (vaginal tablet) or as a ring that you can insert and leave in the vagina.

Type	Starting regime	Continuing regime
Cream (Ovestin) – A vaginal cream with applicator. Some women find a bit messy.	Every night for 2-3 weeks	Approx twice weekly (but off license up to 4 * weekly if its needed)
Pessary (Vagifem)- a vaginal pill with applicator	At night for 2 weeks	As above
Vaggirux – a vaginal pessary you put in without applicator -some find gentler than using applicator and less plastic)	At night for 2 weeks	As above

The cream is used internally officially, but many menopause experts recommend off-license use also applying to the vulva (outside lady bits!) as well as using internally. You can combine an internal pessary with external cream

(There are no official rules about sex and HRT cream – pragmatically try and use after, but it is unlikely to matter much if you have sex after the cream sometimes)