The Royal Wolverhampton
NHS Trust

Understanding the Menopause

Gynaecology

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Introduction

This booklet has been designed to give you a better understanding of the menopause, sometimes called "the change". Do not be afraid to ask your medical or nursing team if this booklet does not answer all your questions.

What is the menopause?

The menopause means the end of menstruation (periods). The body stops releasing eggs and there is a decrease in the level of two hormones called oestrogen and progesterone. Therefore the monthly bleed stops.

The time during which your hormone levels are falling, leading up to your last period (menopause) is called perimenopause.

This perimenopausal period can last from a few months to years and the decrease in hormones (especially oestrogen). During this time can cause several physical and emotional symptoms.

These symptoms vary between women and for some women may be quite troublesome.

Who goes through the menopause?

All women will go through the menopause, however, the age at which women start experiencing symptoms varies from 40-55 years. If menopausal changes occur before the age of 40, this is known as premature menopause, or premature ovarian insufficiency.

What are the symptoms?

The main symptom experienced by all women is a decrease in the frequency of periods. This may be the first sign that your body is going through 'the change'. The periods may also become lighter or heavier at this stage.

The other symptoms vary between women. You may have only a few of these symptoms or all of them. All of these symptoms are normal and natural at this time; however, some are more commonly experienced than others.

Can I still get pregnant?

You can still get pregnant during this time. It is recommended that women use contraception for one year after their last period if over 50 years and for two years after their last period if under the age of 50 years.

What should I expect?

Firstly, expect a change in your periods. You are going through a change during which your periods will stop.

Be prepared for any of the following common symptoms:

Mental health symptoms

Common mental health symptoms of menopause and perimenopause include:

- Changes to your mood, like low mood, anxiety, mood swings and low self-esteem
- Problems with memory or concentration (brain fog).

Physical symptoms

Common physical symptoms of menopause and perimenopause include:

- Hot flushes, when you have sudden feelings of hot or cold in your face, neck and chest which can make you dizzy
- Difficulty sleeping, which may be a result of night sweats and make you feel tired and irritable during the day
- Palpitations, when your heartbeats suddenly become more noticeable
- Headaches and migraines that are worse than usual
- Muscle aches and joint pains
- Changed body shape and weight gain
- Skin changes including dry and itchy skin
- Loss of sexual desire, drive or libido
- Vaginal dryness and pain, itching or discomfort during sex
- Recurrent urinary tract infections (UTIs).

How long do symptoms last?

Symptoms can last for months or years, and can change with time.

For example, hot flushes and night sweats may improve, and then you may develop low mood and anxiety.

Some symptoms, such as joint pain and vaginal dryness, often persist.

Do I need to see a doctor?

If you are finding it difficult to cope with the symptoms of menopause, it can help to see your General Practitioner (GP) or discuss with your hospital consultant.

Your GP will talk through any problems with you, and they will either provide treatment to help or refer you to a specialist at hospital.

It is important not to be embarrassed about talking openly to the doctor about your problems. Many women seek advice or treatment to help them through the menopause.

Can I change my lifestyle to help?

Simple lifestyle advice can ease menopause symptoms:

- Increase exercise, lose weight, wear loose cotton layers of clothes, use fans or other cooling devices
- Reduce hot drinks, especially with caffeine, spicy foods and alcohol and stop smoking as these can trigger hot flushes
- Try to maintain a regular sleep pattern.

After the menopause, there is an increase in heart disease. Eight out of 10 cases can be prevented by lifestyle changes. There is also an increased risk of bone thinning and fractures. This risk can be reduced by:

- Increasing the calcium in your diet, for example, milk, cheese, yoghurt
- 15 minutes sun exposure a day in summer
- Weight-bearing exercise.

How can I make my vulva more comfortable?

The vulva is the skin between the tops of the thighs to the pubic bone at the front and the anus at the back. This skin often becomes uncomfortable with age and a lack of the hormone oestrogen.

- Avoid baths and soaking
- Shower no more often than every other day
- Use a thick, white, cream called an emollient. For example, Cetraben or Oilatum or another similar cream used for eczema, to wash with
- Avoid all feminine hygiene products
- Use a vaginal moisturiser which can be prescribed or bought independently. For example, Replens, Sylk, Yes, Regelle and Hyalofemme
- An oil based vaginal lubricant, bought independently can be helpful for sexual intercourse. Apply it to your partner's penis
- Vaginal oestrogen on prescription can help. The dose is so low that it is almost undetectable in the blood stream. It is therefore very safe

- See the British Association of Dermatology leaflet on Vulval Care for more information.

How do I decide whether I need treatment?

The menopause is not a disease. Therefore, the question is not about whether you need treatment – it is whether treatment for a few months or years would help you with your everyday life while you go through this change.

Many women go through menopause without treatment, whereas others use hormone replacement therapy (HRT) or other medications to help them - it is an individual choice.

If your symptoms are interfering with your day to day life – you can discuss treatment options with your doctor.

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances.

What is Hormone Replacement Therapy?

- This is the most effective and most commonly used treatment to manage menopausal symptoms
- It replaces the hormones which decrease naturally during menopause and can reduce almost all of the symptoms
- It comes in in different preparations, including gels, patches and tablets.

What are benefits?

- Relieves menopausal symptoms, including hot flushes and night sweats, helps vaginal dryness and libido
- Helps maintain bone density and decreases the risk of osteoporosis – oestrogen is important in bone repair so its decline in the menopause can cause the bones to thin
- Slightly decreases the risk of colon and rectal cancer.

What are the risks?

- Slightly increases risk of breast cancer, womb cancer (endometrial) and ovarian cancer
- Slightly increases risk of blood clots and stroke.

Due to these risks, HRT may not be recommended for women who are pregnant or have a history of:

- Breast, endometrial or ovarian cancer, stroke or heart attacks, angina or uncontrolled high blood pressure.

If you fall within this group, it can be helpful to discuss options with your doctor.

Possible side effects of HRT:

- Breast tenderness, leg cramps, nausea, indigestion, feeling bloated, low mood headaches.

It can be useful to try the treatment for three months and then review. It often takes this long to see a benefit from treatment. Also, the side effects of breast tenderness, leg cramps and nausea often settle with time.

Does it matter if I bleed on HRT?

Some types of HRT are designed to give you a monthly bleed. It is common to have unscheduled bleeding in the first six month on HRT treatment. You should tell your GP so they can arrange urgent investigation:

- If you are very overweight with a body mass index (BMI) over 40
- You have Lynch or Cowden Syndrome
- The bleeding is prolonged, heavy or persistent on the type of HRT not designed to give you a monthly bleed, or at times when you shouldn't be bleeding
- You have unscheduled bleeding when you have been on HRT for more than six months or more than three months on a new preparation.

You do not need to stop the HRT while waiting for the investigations. It is very unlikely that there will be serious cause for the bleeding. For example, Cancer. It is important to have the investigation as early treatment is safer. Much more often you will be advised to let the bleeding settle with time or a change the type of HRT you use.

Can I save money on HRT prescription charges?

If you pay for NHS prescribed hormone replacement therapy (HRT) medicine three or more times in 12 months, an HRT prepayment certificate could save you money. You can buy an HRT prepayment certificate for the price of two single prescription charges. The prepayment certificate covers an unlimited number of certain HRT medicines for 12 months. The prepayment certificate does not cover all HRT medicines.

It does cover the common ones. If your medicine is not covered or you also pay for prescriptions other than HRT, you may save more money with a different prepayment certificate. You can discuss this with your pharmacist. You can buy an HRT prepayment certificate on line:

www.nhsbsa.nhs.uk/help-nhs-prescription-costs/nhs-hormone-replacement-therapy-prescription-prepayment-certificate-hrt-ppc

What other medical treatments are there?

There is some evidence that some medicines can help with hot flushes:

- Certain antidepressants. For example, Citalopram
- Pregabalin first used to prevent seizures
- Oxybutynin used for urinary incontinence.

What alternative treatments are there?

There is only evidence of benefit in careful studies, for black cohosh, some isoflavones e.g. soy and red clover, and St John's wort. They cannot be used safely with medicines for breast cancer. St Johns' wort interferes with the action of at lot of other medicines. Black cohosh has been reported to cause heart and liver problems in higher dose.

There is evidence that cognitive behavioural therapy can help with symptoms. There is more information about this on www.womens-health-concern.org

Herbal medicines can interact with other medicines so talk to your GP before taking them. The traditional herbal registration logo is a guarantee of quality.

Useful Websites

www.thebms.org.uk

www.womens-health-concern.org

www.menopausematters.co.uk

www.daisynetwork.org For younger women

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

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Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

Designed & Produced by the Department of Clinical Illustration,
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Review Date 25/04/2028 Date Produced 2014 MI_494413_21.03.25_V_7