Menopause SUPPORT

Understanding Menopause

Your essential guide to navigating menopause successfully

Welcome to the Menopause Support guide to understanding menopause.

Menopause will directly affect approximately half the world's population. If that includes you, we have written this booklet to help you understand more about it and to enable you to make informed choices about how you manage your menopause. Menopause can indirectly affect the other half of the population too: partners, family, friends and colleagues. We hope that the information here will also be helpful for those supporting somebody experiencing menopause.

How to use this information booklet

We suggest that you read the booklet and then complete the symptom checkers. If you decide to see your GP or practice nurse take this booklet along with you to your appointment to help you to discuss menopause. It may be helpful for you to leave the booklet with your health care provider, so they can read it too. We hope that this approach will enable you to make informed choices about how you manage your menopause, supported by your doctor or practice nurse.

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What is menopause?

Menopause is the general term used to describe the time in a woman's life when she may experience symptoms related to fluctuating and ultimately falling hormone levels, when she will eventually stop having monthly periods. Medically, menopause is defined by the day following 12 consecutive months without a period.

Stages of menopause

1. **Perimenopause**

   The time when hormone levels start to fluctuate and you may experience menopause symptoms which could include anxiety, low mood, hot flushes, brain fog and vaginal dryness, amongst many others. Periods can change and become heavier, lighter, closer together or further apart.

2. **Menopause**

   Defined by 12 consecutive months without a period.

3. **Postmenopause**

   The time in your life after menopause.

When does menopause happen?

The average age for a woman in the UK to experience a natural menopause is 51, however, some women will experience it earlier or later than this.

Menopause under the age of 40 is known as premature menopause, also referred to as POI or premature ovarian insufficiency. This affects approximately 1 in 100 under 40, 1 in 1000 under 30 and 1 in 10,000 under the age of 20. The permanent cessation of periods between the age of 40 and 45 is known as early menopause.

Surgical menopause will occur when both ovaries have been removed during surgery.

Medical menopause occurs when ovarian function is disrupted or permanently changed due to medical treatment, e.g. radiotherapy, chemotherapy or treatment for some other medical conditions.
There can also be other causes of an early or premature menopause.

It is vital that anybody who will experience menopause as a result of surgery or medical treatment is fully counselled about the effects of this before it happens. Those in premature menopause for any reason and those in medical or surgical menopause should have access to ongoing support, which may include specialist menopause care.

Why does menopause happen?

Menopause happens when the ovaries are running out of eggs, otherwise known as oocytes. As the store of eggs declines, associated hormone levels begin to fluctuate and eventually fall. These fluctuating hormone levels can result in symptoms.

Diagnosing menopause

How should menopause be diagnosed?

The National Institute for Health and Care Excellence (NICE) menopause guidance, first published in November 2015, states that **perimenopause should be diagnosed on symptoms alone without blood tests in healthy women over the age of 45.** This is because blood tests can be unreliable when oestrogen levels are fluctuating, sometimes significantly. Essentially, any results will only show a snapshot in time, which can be misleading.
For those under the age of 45, a blood test may be appropriate, but again, if symptoms are clearly related to menopause, blood tests may not be needed. Women under the age of 40 who have not had a period for four months or longer, or who have symptoms which suggest oestrogen deficiency, need at least two blood tests, to be taken approximately four to six weeks apart, to provide a clear diagnosis. This may be followed by further tests and referral to a specialist.

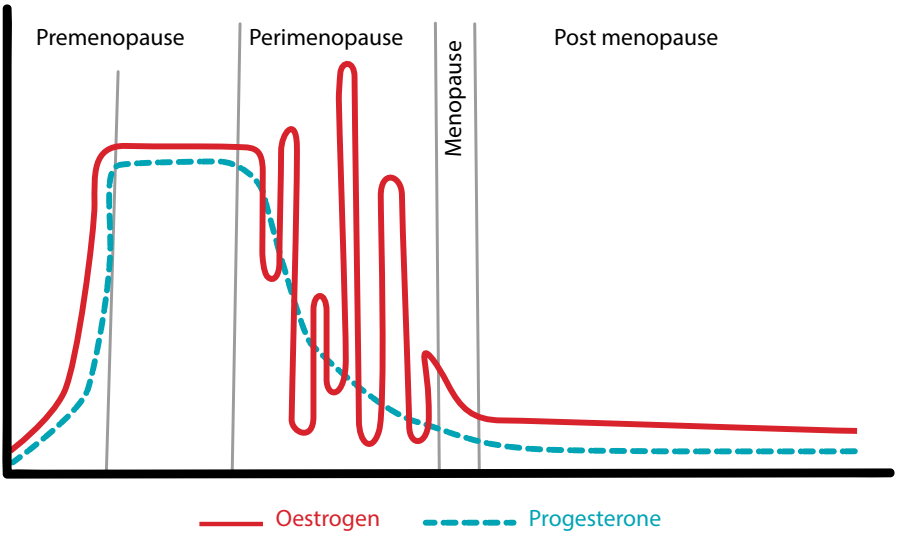
Menopause symptoms

Why do menopause symptoms happen?

As the store of eggs in the ovaries depletes the levels of the associated hormones, oestrogen and progesterone can become more erratic. Women have hormone receptors all over their bodies, so when hormone levels begin to fluctuate and fall, the body has to adjust. This can potentially lead to a range and combination of physical, psychological, and cognitive symptoms for some people.

Progesterone levels are usually the first to fall. Progesterone plays a role in the monthly menstrual cycle and helps to maintain pregnancy; it can be sleep-inducing and calming for some people. When this hormone starts to deplete, which can happen quite rapidly, sleep can become disrupted.

While progesterone levels continue to fall, oestrogen levels start to fluctuate, sometimes dramatically. This can lead to a variety of symptoms, which can seem unconnected, and which may not be immediately recognised as menopause-related.



Not everyone will experience symptoms; approximately one in four have no symptoms at all. Some will have symptoms for a few months and others for several years. **The average time span for menopause symptoms is between four and eight years.** Symptoms can come and go during perimenopause, with some symptoms fading away while others become more problematic. Less well known is that some women will continue to experience menopausal symptoms for the rest of their lives.

We suggest completing the symptom checker on the next few pages to help you identify all your symptoms, which should help you when you speak to your doctor.

Menopause Support symptom checker

SYMPTOM	YES	NO	DETAILS
ANXIETY			
LOW MOOD			
MOOD SWINGS			
IRRITABILITY			
MORE EMOTIONAL			
LACK OF MOTIVATION			
LOSS OF JOY			
REDUCED CONFIDENCE			
BRAIN FOG			
POOR MEMORY			

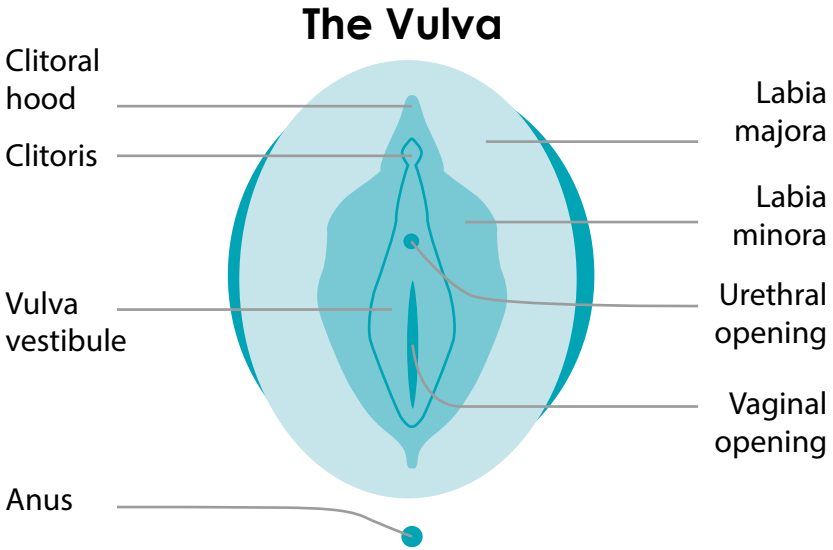
SYMPTOM	YES	NO	DETAILS
POOR CONCENTRATION			
DIFFICULTY SLEEPING			
FATIGUE			
HEADACHES/ MIGRAINES			
HEART PALPITATIONS			
HOT FLUSHES			
NIGHT SWEATS			
JOINT OR MUSCLE PAIN			
CHANGES TO PERIODS			
VAGINAL SYMPTOMS			
URINARY SYMPTOMS			
LOSS OF LIBIDO			

SYMPTOM	YES	NO	DETAILS
DRY/ITCHY SKIN			
DRY EYES/EARS/ BRITTLE NAILS			
ORAL HEALTH CHANGES			
THINNING/DRYING HAIR			
WEIGHT GAIN			
FEELING DIZZY/ FAINT			
TINNITUS			
RESTLESS LEGS			
INCREASED ALLERGIES			
DIGESTIVE ISSUES			

What is the genitourinary syndrome of menopause (GSM)?

Genitourinary syndrome of menopause, commonly known as vaginal atrophy, can be a taboo subject, but it's vital that you are aware of the symptoms and that you are supported and treated appropriately and swiftly should you experience any of them. **Research has shown that up to 70% of women will experience some genitourinary symptoms during their lifetime.**

The entire female pelvic area is highly dependent on oestrogen for optimal function. Once oestrogen levels decline, the pelvic area can be adversely affected, leading to incontinence and the symptoms of urinary tract infection (without necessarily being caused by



infection). The vulva (the bit you can see) and vagina (the bit you can't see) can both be affected by this loss of oestrogen; commonly, the vagina may narrow or shorten, and many women report dryness and pain during penetrative sex. The skin of the vulva can become dry and sore, the labia can shrink and in some cases the tissues may develop micro-tears or splits.

It is not unusual for the genitourinary symptoms to appear several years before or after menopause, and often the link to oestrogen depletion is not made. It is worth getting into the habit of checking your vulva and clitoris with a mirror so that you are aware of what your 'normal' looks like; this can help you identify any changes if or when they happen.

It's also important to raise awareness of a condition known as lichen sclerosus, which is a skin condition that can affect the tissue of the vulva; symptoms can include itching and soreness. We know that many women repeatedly self-treat vulval itching or soreness with over-the-counter products, but this is not advisable. **Please seek advice and examination from your doctor or practice nurse to ensure the correct diagnosis and treatment rather than self-treating**.

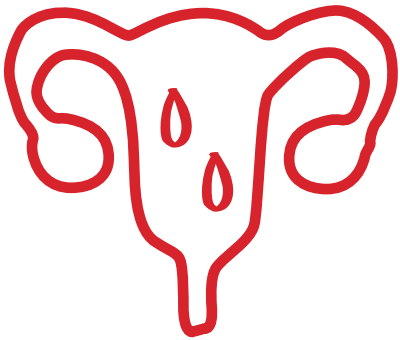
Over the next two pages you will find a symptom checker dedicated to the genitourinary symptoms of menopause. We hope that this will help you broach this sensitive subject with your doctor or practice nurse, who can prescribe simple, effective treatments, known as local, topical or vaginal oestrogen.

Genitourinary symptom checker

SYMPTOM	YES	NO	DETAILS
VAGINAL/VULVAL DRYNESS			
VAGINAL/VULVAL SORENESS			
VAGINAL/VULVAL IRRITATION			
VAGINAL/VULVAL PAIN			
VAGINAL/VULVAL BURNING			
SKIN THINNING OR SPLITTING			
LABIA SHRINKING			
CLITORAL SHRINKING/PAIN			
WATERY DISCHARGE			

SYMPTOM	YES	NO	DETAILS
PAINFUL EPISIOTOMY SCAR			
ABNORMAL VAGINAL BLEEDING			
PAINFUL INTERCOURSE			
BLEEDING AFTER INTERCOURSE			
REPEATED URINARY INFECTIONS			
URGE URINARY INCONTINENCE			
STRESS INCONTINENCE			
PELVIC ORGAN PROLAPSE			
PAINFUL SMEAR TEST			

Periods



What sort of changes might I expect?

During perimenopause periods may start to change. They may become heavier, lighter, longer, shorter, more frequent or intermittent. You may also experience flooding and passing of clots for the first time. All these different patterns are considered normal during perimenopause. However, if the duration or heaviness of bleeding becomes problematic, or you experience bleeding between periods or after sex, **it's time for you to see your GP**.

Prolonged heavy bleeding can lead to iron deficiency anaemia, which may need treatment, so do speak to your GP. There are treatments available to help with excessive bleeding, including tablets to stem the flow, and the Mirena coil, which, for most women who choose to use it, leads to periods stopping within the first six months to a year.

Managing menopause

Menopause is an ideal time to consider lifestyle changes that could affect your general health and wellbeing, so it's worth looking at any positive changes that you can make. **This could include reconsidering your diet, exercise, alcohol consumption and stress levels. Reducing alcohol, sugar, caffeine, smoking and spicy foods can all have a positive impact on symptoms.** What we eat, how much exercise we take and how we manage stress levels can have a significant impact on our physical and emotional health, so lifestyle is a great place to start.

There is lots of evidence that a Mediterranean-style diet, rich in fruits, vegetables, beans and wholegrains, can be beneficial both to symptom management and long-term health.

A combination of aerobic and weight-bearing exercises, plus strength training, can be helpful for supporting physical and mental health at any time, but particularly during perimenopause and beyond. If you are struggling with symptoms, it may be necessary to modify your exercise regime for a while, to something more gentle. If you do not take regular exercise, now is an ideal opportunity to consider including some exercise in your daily routine to help protect your long-term health and wellbeing. Gentle exercise such as walking is a great place to start and can be built up slowly.

While lifestyle adjustments may be enough for some to help manage their symptoms, many will need to consult a professional for help and support and, for most, that person will be their local GP or practice nurse. Below you will find our top tips for how to prepare for your appointment.

1. Do your research. Read the NICE guidance on menopause, which is published for doctors and the public, to ensure that you understand what your doctor can offer and what you should expect. This will enable you to have an informed conversation.

2. When booking your appointment, ask the receptionist if there is a doctor or practice nurse who takes a special interest in the menopause.

3. Complete the symptom checker/s and take this booklet along with you.

4. If you are feeling anxious, take a supportive friend or family member with you; having support can be invaluable.

5. Ask questions. If you don't understand what your doctor is saying, ask them to explain, so that you clearly understand what they are suggesting.

6. Be prepared to wait for answers. Your doctor may feel that they need to contact a colleague or menopause specialist before advising you.

7. Make two appointments, one for the initial consultation, the second to follow up and make some informed decisions about your treatment choices.

8. Don't be afraid to ask for a second opinion or a referral to a menopause specialist clinic, if your GP is unable to help you.

Your doctor should discuss your general health and wellbeing with you and listen to your concerns, including symptoms. They should then discuss any appropriate lifestyle changes and talk to you about all the available treatment options to enable you to make an informed choice.

If you decide to choose hormone replacement therapy (HRT), your GP should help you choose the most appropriate product or products to fit in with your lifestyle and any relevant previous medical history. They should explain the dose and correct use of the product(s) so that you feel confident and are aware of any temporary side effects that could happen when starting treatment. Above all, your GP should be supportive of the route that you wish to take.

What is Hormone Replacement Therapy?

Hormone Replacement Therapy (HRT) helps to replace the hormones that are fluctuating and ultimately depleting. Research has shown that it is the most effective treatment for menopause symptoms. Most women will need to have a combined prescription of HRT with both oestrogen and progesterone. Progesterone is prescribed alongside oestrogen to counteract the effects of oestrogen on the womb and to protect the lining of the womb from becoming too thick, which could lead to endometrial cancer. Most women who have had a hysterectomy (womb removal) will only need oestrogen, although there are exceptions to this, which include women who have had their womb removed but had severe endometriosis. Some will also require testosterone replacement, particularly those in surgical or premature menopause.

How do I use HRT?

If you are perimenopausal and still have your womb, a sequential regimen is appropriate. This means using oestrogen EVERY day and adding progesterone for 12-14 days every month.

If you are post-menopausal and still have your womb, a continuous regimen is appropriate, which means using oestrogen AND progesterone every day.

What are my HRT options?

HRT is now available in a variety of preparations; you should be able to choose the type that you would feel most comfortable using.

Oestrogen is available either in tablet or transdermal form (through the skin) and comes as patches, gel or as a spray. Transdermal should be considered as first-line treatment for anybody with a slight increased risk of blood clots: this includes those who are overweight, smoke, have high blood pressure, a history of migraines and some other conditions.

The active ingredient in modern oestrogen products is known as BODY IDENTICAL in the UK. It is synthesised from plant sources and has the same molecular structure as oestrogen produced in the ovaries. Some older animal-derived tablet preparations are still available. If it's important for you to avoid animal-derived products, make sure that you let your GP know, or ask for transdermal oestrogen.

Progesterone is one of several products known as progestogens. Only one is BODY IDENTICAL – micronised progesterone. This is also synthesised from plant sources and has the same molecular-structure as the progesterone produced by our own bodies.

For HRT purposes, micronised progesterone is available as an oral gel capsule or as part of an oral combined tablet. Menopause specialists may discuss alternative methods of delivery. Those who wish to avoid animal-derived products should be aware that the oral gel capsule casing contains gelatine.

Other progestogens are not body identical and are known as progestins – these are substances that have a progesterone-like effect. They are known to be effective at controlling bleeding and maintaining a healthy endometrium (womb lining).

Progestins are available within a combined oestrogen/progestin tablet or patch, as separate tablets or within the Mirena coil.

Tibolone is only licensed for post-menopausal women (but is used in other circumstances too) and has weak oestrogen, progestogen and testosterone-like effects.

What's the difference between body identical and bioidentical HRT?

Body identical HRT is both licensed and regulated in the UK. Bioidentical is a marketing term for unlicensed, unregulated products prescribed in some private clinics. These are not approved or recommended for use by the British Menopause Society (BMS).

What about testosterone?

Testosterone is another hormone that plays an important role in the female body. Currently, the only clinical indication for prescribing testosterone for women is for those experiencing low sexual desire. Once prescribed testosterone, many woman observe improvement in energy levels, mood, cognitive function and musculo-skeletal health; however, there is currently no clinical data to support this.

Testosterone replacement is not currently licensed for use in women in the UK, and availability remains somewhat of a postcode lottery; however, it can potentially be prescribed off licence. A referral to a menopause specialist or doctor who specialises in menopause is often required to initiate the prescription of testosterone.

When can I start using HRT?

If symptoms are affecting your quality of life and you would like to try HRT, you should see your doctor to discuss this.

Am I too old to start HRT?

This very much depends on your personal medical history; **most doctors would like you to start HRT before the age of 60 or within 10 years of your final period**. Nobody should be precluded from making an informed choice if symptoms are having a detrimental effect on quality of life.

The British Menopause Society advises that any decision **'should be made on an individualised basis'** after discussing the benefits and risks with each patient, and should be considered in the context of the overall benefits obtained from using HRT.

Will HRT treat my genitourinary symptoms too?

Many women find that once they are using the correct type and dose of HRT for them, their genitourinary symptoms improve, but some will require local oestrogen too.

What can I do to improve GSM symptoms?

Treatments for the genitourinary syndrome of menopause (GSM) involve using topical (otherwise known as local) oestrogen products and vaginal moisturisers and lubricants. While there are some excellent products available over the counter, there are many others that could contribute to a deterioration of symptoms. Always check the ingredients, and a discussion with your pharmacist is advised before buying any products over the counter.

What products are available from my GP?

Local oestrogen is available as pessaries, creams, gels or a vaginal ring. All these products contain a tiny amount of oestrogen which is absorbed locally and is very effective at treating genitourinary symptoms. These symptoms are likely to need long-term management and may well return if treatment is stopped. Therefore, it is recommended that the use of local vaginal hormonal products is continued indefinitely to manage symptoms.

Some doctors are also able to prescribe non-oestrogenic vaginal moisturisers and lubricants and other non-hormonal products. Availability will depend upon what the local Integrated Care Board will allow GPs to prescribe.

Is there anything else I can do to improve my GSM symptoms?

An assessment by the NHS Bladder and Bowel Continence Service or by a women's health physiotherapist can be helpful to treat the urinary continence symptoms that often accompany oestrogen depletion. They will be able to assess the state of the pelvic floor and teach appropriate exercises to improve muscle tone and prevent incontinence. The bladder and bowel service is accessed via self-referral and your GP may be able to refer you to a women's health physiotherapist.

How often should my treatment be reviewed?

HRT and/or local oestrogen is usually prescribed for an initial period of three months and then reviewed. Once your GP has helped you to find the right type and dose for you, it is important to have an annual review.

How quickly can I expect to feel an improvement in my symptoms?

This is individual; for some people it can be a matter of weeks but for others it can take longer. This is why an initial dose is often given for three months to allow you to assess how much it is helping. Please be aware that it can take time to find the right type and dose of HRT for you.

What else can my GP offer?

Non-hormonal products including anti-depressants and blood pressure tablets have been shown to be effective for treating hot flushes and low mood. It should be noted, however, that these products are not recommended by NICE guidance as first-line treatment for peri-menopausal/menopausal symptoms unless you are unable to use oestrogen. They will not treat all the symptoms associated with oestrogen depletion, but for those who cannot use or wish to avoid hormones, these medications can be an option for helping to manage some symptoms.

Cognitive Behavioural Therapy (CBT) is known to be beneficial in the management of symptoms associated with menopause. It can be useful for those who experience anxiety and hot flushes.

Some doctors will be able to refer you for counselling support if you are struggling with your emotional health for any reason during perimenopause or postmenopause. Much depends on where you live in the country, and unfortunately access to services is often a postcode lottery. If you are fortunate to live in an area where counselling support is available, it can be helpful.

What if my GP doesn't seem confident to help me manage my symptoms?

There are several professional guides that have been produced to help your GP offer you the right help and support when managing menopause. These documents are written and reviewed by experts and have been produced to ensure that all women receive the same standard of care from the NHS. These include NICE Guideline 23 Menopause: Diagnosis and Management, and the General Medical Council's 'Decision making and consent' guidelines. GPs also have access to their local prescribing formularies, which list all the HRT products available along with prescribing guides.

What about alternative or complementary treatment?

While there have been some studies carried out on ingredients such as black cohosh, red clover, St John's wort, it is worth bearing in mind that few of these studies are independent, and reviews of these studies always conclude that there is insufficient evidence to prove the benefits of these products and that further research is required.

Supermarket shelves are full of an ever-increasing range of menopause supplements, but if you are considering trying a supplement to treat your symptoms, it is recommended that you consult a registered medical herbalist for personalised advice and only buy products that are on the Traditional Herbal Medicine Scheme Register (THR). It's important to check with your GP that any other medication you are using will not be affected or cause an adverse reaction when used alongside supplements.

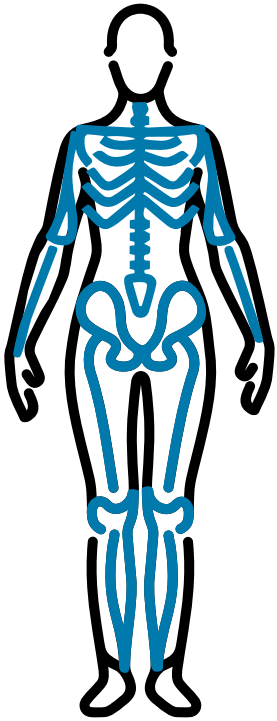
There have been some small studies that show that acupuncture can be helpful for the vasomotor symptoms of menopause – the hot flushes and night sweats. As with any treatment, it's important to check the credentials of the person treating you, if you decide to try complementary therapies to help to manage your menopause symptoms.

What are the long-term health benefits of using HRT?

Oestrogen plays an important role in helping to maintain bone, heart and pelvic health.

Research has shown that oestrogen can help maintain strong healthy bones and prevent osteoporosis and fragility fractures.

According to the Royal Osteoporosis Society, **one in two women over the age of 50 will sustain a fracture during their lifetime compared to one in five men.**



Oestrogen is known to have a positive effect on blood vessels, helping to keep them flexible and healthy, provided that treatment was started within 5 to 10 years of a woman's last period. This can have a protective effect on future heart health.

The British Heart Foundation tell us that '*oestrogen can offer some protection against coronary artery disease therefore reducing the risk of heart attack. It helps to control your cholesterol levels and so reduces the risk of fatty plaques building up inside the artery walls*'.

The lower levels of oestrogen seen during menopause can lead to the narrowing of arteries and the build-up of plaques. This can result in atherosclerosis, which increases the risk of heart attacks or strokes.

Oestrogen plays an important role in brain health and there is important research under way to assess the role of oestrogen in protecting against Alzheimer's disease in women.

What about the risks of HRT?

Despite what you may have heard, the benefits of HRT outweigh any risks for the vast majority. The risks of HRT are very small; however, it is important that you are aware of them.

There is thought to be a small increased risk of breast cancer when using hormonal treatments that contain some synthetic progestogens. However, this risk has been overstated by the media as a direct result of flawed research from 20 years ago.

Oral oestrogen and some oral progestogens have been shown to have a small increased risk of causing blood clots (deep vein thrombosis and pulmonary embolism); however, research has shown that there is NO increased risk when using transdermal (through the skin) oestrogen.

What can I do if I have a complex medical history?

There are some GPs and practice nurses who have a special interest in the menopause who may have completed extra training on the subject. When you first make an appointment at your GP practice, it is worth asking if there is a member of the team with a special interest in the menopause. Menopause specialists are practitioners who have completed extensive training and work in a clinical setting where they have more experience of treating women with complex cases. There are specialist menopause clinics available within

the NHS and privately. Your GP may decide that your medical history means that specialist help is required to help you manage your menopause. In this case you should be referred. The same should apply if your GP has attempted to help you but you are still struggling to control your menopause symptoms after several months.

I am post-menopausal and am experiencing some unexpected bleeding while using HRT – is this something to be concerned about?

When starting or altering any HRT prescription it is not unusual to experience erratic bleeding. This should settle within the first three to six months, but if you are concerned by prolonged or very heavy bleeding, please seek medical advice.

Unexpected bleeding that occurs after the first six months of starting a continuous HRT regimen (both oestrogen and progesterone every day) should be reported to your GP and investigated for other causes.

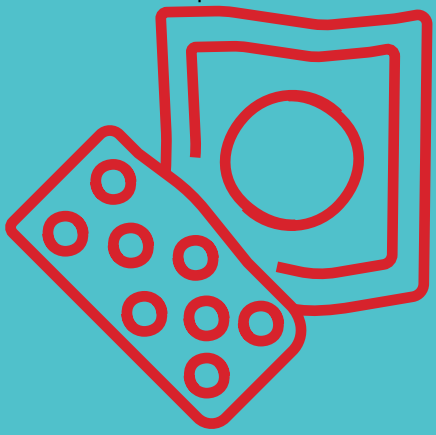
Once you are postmenopausal (12 months without a period) and not on HRT, any bleeding should be reported to your GP. It is usual to be referred for investigation on a 'two-week pathway' so that any problem can be found and dealt with promptly.

Contraception

Do I still need to use contraception now my periods have stopped?

Once periods have stopped it is reasonable to assume that contraception will no longer be required. However, this is NOT always the case. Current guidance states that women under 50 should continue to use contraception for at least two years after their last period and women over 50 should continue until at least one year afterwards. Suitable methods of contraception include the progestogen-only pill (mini pill), hormonal and non-hormonal coils, hormonal injections, implants and barrier methods.

HRT is not contraception and the mini pill does not provide adequate progestogen for use as part of HRT. However, combined HRT can be used alongside the mini pill if that is your preferred method of contraception. The Mirena coil can be used as both contraception and the progestogen part of HRT.



Menopause after cancer treatment

If you are somebody who has had surgery or treatment following a cancer diagnosis which has induced menopause symptoms, it is important that you are referred to see a menopause specialist. Too many women are told that they cannot consider HRT treatment for menopause following a diagnosis of any form of cancer, but this is not always correct. A menopause specialist can advise on all options and discuss the benefits and risks for you as an individual. You should also be allowed the benefit of informed patient choice to enhance your quality of life.

Menopause myths

HRT just delays menopause

Research has shown that HRT does not delay menopause. Your hormones will continue to fluctuate and decline in the background despite using HRT.

I can't have HRT as I am still having periods

This is incorrect; HRT can be started during perimenopause while you are still having periods.

I can't use HRT as I have migraines

Transdermal HRT preparations are usually recommended if you suffer from migraines.

I can't have HRT as I have a family history of blood clots

Transdermal HRT preparations are safe to use if you have a history of blood clots or high blood pressure, but specialist advice may be required.

I can't have HRT as I smoke

This is not true. While health care professionals will talk to you about the risks of smoking, being a smoker does not preclude you from having HRT. Transdermal options are usually recommended.

I can't have HRT as I have been told I am overweight

While we know that having a higher-than-average BMI is a risk to health, it should not preclude you from trying HRT if you would like to. Transdermal options are usually recommended.

I was told I can only have HRT until I am 55

Research has shown that HRT is safe and beneficial to be taken for as long as deemed necessary by the patient and her GP. There is no arbitrary time at which HRT should be stopped; some women will choose to use HRT for life.

HRT makes you gain weight

There is no research to support this claim. Some women may notice a gain in weight when starting HRT, but this is usually due to fluid retention and settles in time. Menopause itself causes weight gain, as we lose the beneficial effect of oestrogen on muscle mass and start to lay down our fat reserves in a more male pattern.

I can't have HRT as I have a family history of breast cancer

The relevance of the family history should be discussed with your GP and if there is any doubt, it would be reasonable for you to be referred to a menopause specialist for further discussion. It is not an automatic exclusion.

HRT causes womb cancer

As part of its natural function, oestrogen causes the womb lining (the endometrium) to thicken. If allowed to continue unchecked, there could be cell changes which could potentially become cancerous. However, in women who still have their womb, HRT is given as a combination of both oestrogen and progesterone in order to maintain the health of the endometrium and prevent this thickening from occurring.

If I stop using HRT all my symptoms will come back

If you reduce your HRT dose gradually, your symptoms will only return if you are still symptomatic. Some women experience oestrogen depletion symptoms for many years after menopause, and they may notice these if they stop using HRT. The caveat here is that almost all women will experience menopause symptoms again if they suddenly stop HRT, but this is just a withdrawal response. If they remain symptomatic a month to six weeks later, then it is safe to assume that they are still truly symptomatic.

Talking to others about menopause

Menopause symptoms have the potential to affect our partners, family, friends and colleagues. It's important to keep the lines of communication open so that they are aware of how you are feeling and how your menopause symptoms are affecting you. Menopause is a transition and symptoms can change as you go through it, so the support that you need from your partner, if you have one, and family, friends and colleagues can change too. Keep talking to help those closest to you to understand what you are experiencing, which will help them to support you through this time in your life.

Resources

Menopause Support
www.menopausesupport.co.uk

NICE
www.nice.org.uk/guidance/ng23

Women's Health Concern
www.womens-health-concern.org

British Menopause Society
www.thebms.org.uk

Daisy Network
www.daisynetwork.org

National Osteoporosis Society
www.nos.org.uk

British Heart Foundation
www.bhf.org.uk

National Institute of Medical Herbalists
www.nimh.org.uk

CIPD Let's Talk Menopause
www.cipd.co.uk/menopause

Books

The Complete Guide to POI & Early Menopause
Dr Hannah Short and Dr Mandy Leonhardt

The M Word
Dr Philippa Kaye

The Complete Guide to the Menopause
Dr Annice Mukherjee

Natural Menopause
Consultant Editor Anne Henderson

M Boldened Menopause Conversations we all need to have
Editor Caroline Harris

Me & My Menopausal Vagina
Jane Lewis

The Pelvic Floor Bible
Jane Simpson

About Menopause Support

Menopause Support is a community interest company founded by therapist and wellbeing consultant Diane Danzebrink. Diane became acutely aware of the lack of public menopause information and professional education as a result of her own experience of surgical menopause. Resolving to ensure that she did something to change the menopause landscape, she founded menopausesupport.co.uk and the national #MakeMenopauseMatter campaign.

Menopause Support provide free information resources via our website menopausesupport.co.uk. We also offer affordable private menopause information consultations and menopause training for businesses and organisations. Our online menopause support community provides ongoing support and information for over 30,000 women.

The #MakeMenopauseMatter campaign was launched in parliament in October 2018 with three clear aims.

- Mandatory menopause education for all GPs and medical students
- Menopause guidance and support in every workplace
- Menopause to be included in the RSE curriculum in schools

We are delighted to have campaigned successfully for menopause to be included in the school curriculum in England, and for all medical students to receive mandatory menopause education in the future. We will continue to campaign for our remaining aims and a much-needed national public health campaign for menopause.

A final word

We are aware that every experience of menopause is unique and that not all those who will experience menopause identify as women. Exploring the diversity of experience is outside of the scope of this booklet but we hope that the information provided, along with the resources, will be helpful to everybody. We plan to create additional resources in the future and would welcome your feedback about what you would find most useful, so please do get in contact with us at: hello@menopausesupport.co.uk

Clinical reviewers

With grateful thanks to our clinical reviewers

Dr Juliet Balfour, GP, British Menopause Society recognised menopause specialist, runs Somerset NHS Menopause Service.

Dr Mandy Leonhardt, GP with an interest in women's health and BMS-certified menopause specialist. Co-author of 'The Complete Guide to POI and Early Menopause.'

Dr Zoe Hodson, GP with a special interest in menopause.

Hazel Hayden, RGN, British Menopause Society recognised menopause specialist.