

Peri/menopause info for GP practices websites

Stages of Menopause:

What is Perimenopause?

Perimenopause is the period before the menopause. Perimenopause starts when the amount of oestrogen made by the ovaries begins to decline. It usually begins in your 40s, although it can start earlier.

To manage perimenopause symptoms, you need to be aware of what they are. It is thought that there are at least 35 symptoms of the menopause:

1. Hot flushes and night sweats
2. Fatigue
3. Dizziness
4. Loss of libido
5. Mood swings
6. Irritability
7. Hair loss
8. Weight gain
9. Palpitations
10. Bloating
11. Headaches
12. Tinnitus
13. Bladder weakness
14. Memory lapses
15. Irregular periods
16. Itchy skin
17. Nausea
18. Joint pain
19. Anxiety
20. Brittle nails
21. Digestive problems
22. Incontinence
23. Low mood
24. Cystitis
25. Vaginal dryness
26. Difficulty concentrating
27. Osteoporosis
28. Emotional changes
29. Depression
30. Insomnia
31. Aching muscles
32. Tender breasts
33. Heavy periods
34. Skin changes
35. Panic attacks

What is Menopause?

The medical definition of menopause is when you have not had your monthly period for at least 12 months. However, menopause is commonly used as a catch-all term to encompass perimenopause and the symptoms that come from the changes in hormone levels, whether this comes naturally or through illness or treatment. Symptoms of the menopause are the same as those of the perimenopause

- The average age of a person going through a natural menopause is 51-years-old, but it can happen at any time.
- If you're younger than 45, it is called an early menopause.
- Before the age of 40, it is known as a premature menopause, or Premature Ovarian Insufficiency (POI).
- By the age of 54, 80% of women will have stopped having periods.

Perimenopause and menopause symptoms can have a big impact on your life, including relationships and work.

Symptoms trackers:

[Menopause Symptoms Questionnaire \(balance-menopause.com\)](https://balance-menopause.com)

[Menopause-symptoms-diary.pdf \(rockmymenopause.com\)](https://rockmymenopause.com)

What do these hormones do?

Oestrogen: This is the hormone that protects the arteries in your heart, keeps your bones strong, boosts your brainpower and memory, regulates your mood, and keeps areas which require moisture (such as your joints, eyes and vagina) well lubricated.

Testosterone: Although you might think of it as a male hormone, testosterone is also produced by the ovaries. In fact, women produce three times as much testosterone as oestrogen before the menopause. Testosterone helps to build muscle, boost your sex drive, improve memory and concentration, and give you more energy.

Progesterone: This hormone helps to regulate periods and also plays an important role during pregnancy.



NHMS-Estrogen-Poster.pdf



NHMS-Testosterone-Poster.pdf



NHMS-progesterone-poster.pdf

Health risks linked to the menopause

As life expectancy has increased, you can expect to be post-menopausal for at least one third of your life. This is why it's important to think of the menopause as a long-term female hormone deficiency. Like any other deficiency, this is associated with several health risks.

Osteoporosis: This is a condition that weakens the bones and makes them likely to break much more easily. Bone is a living tissue which regenerates throughout our lives, and oestrogen helps to keep

your bones strong and healthy. The risk of osteoporosis increases during menopause, when bones begin to break down more quickly than they can be rebuilt. Women can lose up to 10% of their bone strength in the five years after menopause, as a direct result of the drop in oestrogen.

Cardiovascular disease: Oestrogen helps to keep your blood vessels healthy, and can also help to control cholesterol levels. This is why low oestrogen can affect the heart and blood vessels, increasing the risk of coronary heart disease, stroke and vascular dementia.

Diabetes: Oestrogen is important at maintaining blood sugar levels and low levels of oestrogen can lead to metabolic changes occurring in the body. This can lead to an increased risk of developing type 2 diabetes

Dementia and clinical depression: Oestrogen and testosterone are really important to maintain the function of your brain. The cells in the brain need these hormones to process information and work properly. After the menopause, women are more likely to develop dementia and also clinical depression when the levels of these protective hormones reduce.

Other diseases: Research has shown that women who have an early menopause also have an increased risk of lung diseases including asthma, kidney diseases, bowel cancer and irritable bowel syndrome, osteoarthritis and also some auto-immune conditions. These risks increase if you have an early menopause, but it's important to know that these risks can be reduced if you take hormone treatment such as HRT.

There are things you can do to help with symptoms. There are also medicines that can replace the missing hormones and help relieve your symptoms.

Diet & Lifestyle Changes

Lifestyle changes to help perimenopause and menopause:

- A healthy balanced diet is good for general health.
- Spicy foods, alcohol, caffeine (tea and coffee as well as chocolate and cola drinks) can make hot flushes worse so avoiding these may help.
- Up your intake of vitamins B, C, D and E.
- Drink lots of water, this could be infused with fruit, or sugar free squash, anything which helps you to remain hydrated.
- Take up regular exercise that you enjoy. It needn't be a chore to move your body, take a walk with a friend, join a class, try relaxing activities like yoga or Pilates. Regular exercise may improve hot flushes and night sweats and improve sleep as well as helping you maintain or lose weight. Weight bearing exercise such as walking, running and dancing can improve bone strength.
- Take up meditation, breathing exercises or mindfulness.
- Get a good night's sleep of seven to eight hours a night if you can and if night sweats or insomnia keep you awake, speak to your doctor.

Treatment for perimenopause and menopause

The main medicine treatment for perimenopause and menopause symptoms is hormone replacement therapy (HRT), which replaces the hormones that are at low levels. There are other treatments if you cannot, or choose not to, have HRT.

Hormone replacement therapy (HRT)

HRT is a safe and effective treatment for most going through perimenopause and menopause. Your GP will discuss any risks with you. HRT involves using oestrogen to replace your body's own levels around the time of the menopause.

There are different types and doses of HRT. Using the right dose and type usually means your symptoms improve.

Oestrogen comes as:

- skin patches
- a gel or spray to put on the skin
- implants
- tablets

If you have a womb (uterus) you also need to take progesterone to protect your womb lining from the effects of oestrogen. Taking oestrogen and progesterone is called combined HRT.

Progesterone comes as:

- patches, as part of a combined patch with oestrogen
- IUS (intrauterine system, or coil)
- tablets

If you have low sex drive because of menopause and HRT does not improve it, you may be offered testosterone. Testosterone comes as a gel or cream

Benefits of HRT

The main benefit of HRT is that it can help relieve most perimenopause and menopause symptoms, including hot flushes, brain fog, joint pains, mood swings and vaginal dryness. Hot flushes or night sweats often improve within a few weeks. Other symptoms like mood changes and vaginal dryness can take a few months to improve.

Taking HRT can also reduce your risk of hormone-related health problems including:

- Osteoporosis
- Diabetes
- Heart disease
- Osteoarthritis
- Dementia
- Depression
- Death
- Covid

Risks of HRT

The risks of HRT are small and are usually outweighed by the benefits. If you're interested in HRT, your doctor or nurse can discuss the risks with you.

Non-hormone medicines

There are non-hormone treatments if your symptoms are having a big impact on your life and you cannot, or choose not to, have HRT.

Hot flushes and night sweats

There are some medicines that can help with hot flushes and night sweats. These include:

- a blood pressure medicine called Clonidine
- an epilepsy medicine called Gabapentin

Talk with a GP about these medicines and their side effects, and if they might be suitable for you.

Mood symptoms

Antidepressants can help with mood symptoms if you've been diagnosed with depression or anxiety.

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is a talking therapy which can help with:

- low mood and anxiety caused by menopause and perimenopause
- some physical symptoms like hot flushes and joint pain

Useful links:

[Menopause - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Balance - Homepage \(balance-menopause.com\)](http://balance-menopause.com)

[Rock My Menopause - Menopause Information](#)

[Menopause and Me | Official Website](#)