

Supporting you through your menopause

Information for patients

This leaflet has been developed by the Lothian Menopause Service to provide advice and support for you around menopause.

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What is menopause? And when does it happen?

Most women stop having natural periods around the age of about 52 years. This happens because the ovaries stop making the hormones that produce the menstrual cycle; we call this menopause. After menopause, levels of the hormone oestrogen in the body are very low. The body responds to these low oestrogen levels with symptoms that we call menopausal symptoms.

What symptoms might I have in menopause?

Menopausal symptoms are different for everyone. For some people they can be mild. But for others, symptoms can be severe or long-lasting and they can badly affect daily life.

Key fact - Symptoms of menopause can include:

- flushes and sweats
- changes in mood, irritability and anxiety
- poor memory and concentration, or “brain fog”
- disturbed sleep
- joint and muscle aches and pains
- vaginal dryness, discomfort, or soreness during sex
- urinary symptoms
- skin and hair changes
- weight gain (especially around the lower tummy area).

I think I have symptoms of menopause, but I am still having periods. What is going on?

Not everyone who has symptoms of menopause will have stopped their periods. Perimenopause is the time leading up to the menopause, when changes in hormone levels begin. This is when menopausal symptoms can start, and periods may start to change. It often starts to happen when people are in their mid-40's.

Hormone levels are very changeable during perimenopause. Sometimes oestrogen levels will be low, at other times normal or even high. Symptoms can come and go during this time. If symptoms are bad, some people will start treatment.

It is important to remember that contraception is still needed in the perimenopause.

Do I need to take treatment for menopause?

Menopausal symptoms do not always need medical treatment. Many people find that their symptoms improve on their own over time, or with self management. But if the symptoms are badly affecting their quality of life, some people choose to use treatment.

What treatments are there for menopausal symptoms?

Self management or 'self-care'

There are lots of self-care options that can help with symptoms of menopause. Self-care is as important as medical treatment. Many people find that making small changes to their lifestyle can make symptoms less severe and easier to manage. It is important to find what works for you. Some options you can think about are:

- **Avoid or reduce caffeine, hot drinks, alcohol and smoking.** These all trigger flushes and sweats and make people sleep less well. Alcohol and smoking also increase health risks like high blood pressure, heart disease, stroke, and breast cancer. **Regular exercise.** Even a small amount of exercise can make a big difference in menopause. Exercise can improve fitness, sleep, mood and self esteem. It helps with weight management, and it keeps bones and muscles strong, which is especially important during menopause. When we don't exercise we can feel tired all the time, which makes it difficult to start to exercise. But if we *can* get started, exercising helps with energy and motivation.
- **Maintain a healthy weight.** This is important as we get older to lower the risk of health conditions like blood clots, heart disease, strokes, diabetes, breast cancer and cancer of the womb lining. Getting to a healthy weight can help with menopausal symptoms. People can find it harder to lose weight during the menopause. If you think that you would benefit from advice about nutrition and weight management, please ask your GP about services available to support you.
- **Improve sleep quality.** Getting better sleep can improve mood, memory, concentration and energy. The Sleepio app is recommended to help support sleep. Some people find that taking a magnesium supplement can help.

How can I improve my sleep?

- have a regular bedtime and waking time
 - avoid screen time 1-2 hours before bed
 - reduce the amount of caffeine you have after midday
 - avoid hot drinks before bed
 - avoid daytime naps.
- **Make sure that there is plenty of vitamin D and calcium in your diet.** Vitamin D and calcium are important for bone health. Sunshine is good for vitamin D. Consider taking a vitamin D supplement.
 - **Cognitive behavioural therapy (CBT) and mindfulness** can improve mood changes during menopause. CBT has also been shown to help with flushes and sweats. CBT and mindfulness can help us cope when poor memory and concentration are making life challenging.
 - **Try to find time for yourself.** This is really important for mental wellbeing.

Hormone replacement therapy (HRT)

As well as self-care, there are some medical treatments that help with menopausal symptoms. The most well-known of these is hormone replacement therapy (HRT).

What is HRT?

HRT usually contains two hormones – an oestrogen and a progestogen. Oestrogen helps to treat the symptoms of menopause. But if oestrogen is used on its own, it can lead to abnormal changes in the lining of the womb (endometrium). The progestogen part of HRT protects the lining of the womb (and any endometriosis outside the womb) from the oestrogen and controls vaginal bleeding when HRT is being used. If your womb has been completely removed (a total hysterectomy) AND you do not have endometriosis, progestogen is not needed.

Some people have side effects after starting HRT. These can include headaches, mood changes, breast tenderness or bleeding problems. If you experience side effects or bleeding problems, you may need to try some different types of HRT to find the one that suits you best. Everyone is different.

What are the benefits of HRT?

HRT helps with menopausal symptoms. HRT can help with symptoms caused by low oestrogen. It usually works very well for reducing hot flushes and night sweats. It can sometimes help with other symptoms such as poor sleep, low mood, anxiety, brain fog and muscle/joint pains.

HRT will not solve all the problems that people experience in menopause. But it can reduce some symptoms enough to improve overall wellbeing and make self-care easier. For example, oestrogen does not directly help with weight control, but it can improve other symptoms so that it is easier to exercise.

HRT has some health benefits. If you need HRT for menopausal symptoms it has the extra benefit that it can help to protect your bones and lower the risk of osteoporosis (loss of bone strength). It is possible that HRT might lower your risk of developing heart disease later in life if it is started around the time that your periods first stop. We are not certain if using HRT affects the risk of dementia (some studies have suggested that it could reduce risk, but others suggest no benefit, or even an increased risk with HRT). We would not recommend using HRT just to try to lower dementia risk.

If you experience early menopause before the age of 40, we recommend using HRT (if it is safe for you) to help protect your bones and possibly your heart, even if your menopausal symptoms are not too bad. See the section of this leaflet on very early menopause.

Key fact: HRT has added benefit for bone strength and perhaps for heart health, especially for people who experience menopause at a younger age.

What are the risks of HRT?

HRT has some health risks. Most people experience menopause around the age of 52 years. People who use HRT after this age have a small increase in the risk of developing breast cancer compared to people who choose not to use HRT. The breast cancer risk with HRT is smaller than the breast cancer risk from being overweight and similar to the breast cancer risk with drinking alcohol.

HRT can increase risk of blood clots - including blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism), and stroke. Some types of HRT have a higher risk than others.

What happens when HRT is stopped?

When HRT is stopped, the symptoms that improved with HRT can come back. For most people they get better with time after stopping HRT. When you start HRT, it is important to understand that you might be delaying the menopausal symptoms until later in life.

Stopping HRT is an individual decision, taking into account how badly your symptoms affect your quality of life and what else is going on in your life. We recommend gradually reducing the dose of HRT before stopping to help your body adjust.

Should I take HRT?

Key fact: We don't **have** to take HRT in menopause to be healthy – but many people choose to take HRT to help with menopausal symptoms.

HRT is usually recommended if:

- You have menopause symptoms that are badly affecting your life
- You are under 40 when you become menopausal.

But not everyone wants or needs to use HRT, and HRT is not suitable for everyone.

Is HRT suitable for me?

HRT may not be recommended if you have had breast cancer or a cancer of the ovary or womb. Some types of HRT are not suitable if you have medical conditions such as blood clots, heart disease and stroke. We don't know for certain, but there could be additional risks if HRT is started more than 10 years after menopause, or after the age of 60.

You should discuss with your healthcare professional about using HRT in your individual situation. They will help you to weigh up the pros and cons of HRT. See the information about the benefits and risks of HRT above. They will also be able to give you information about non-hormonal treatments for menopause symptoms. See below for more information.

People who are advised not to use HRT might still be able to use low dose vaginal oestrogen for any vaginal dryness or urinary symptoms. See below for information about low dose vaginal oestrogen treatments.

What is the best HRT for me?

Key fact: The best HRT for you is the one that helps with menopausal symptoms and has the fewest health risks and side effects. You may need to try a few types to find one that suits you.

Most people need two hormones in HRT – an oestrogen which helps with menopausal symptoms, AND a progestogen which protects the womb lining from the oestrogen.

HRT oestrogen

The oestrogen in HRT is usually a type called estradiol. This is the same as the oestrogen that is made naturally in the body.

Key fact: It is safer to absorb the oestrogen part of HRT across your skin (rather than taking it as a tablet).

If estradiol is taken as a tablet, it can increase the risks of having blood clots in veins (deep vein thrombosis, pulmonary embolism) or arteries (e.g. strokes). If estradiol is absorbed through the skin (transdermal) it has much less effect on blood clotting, so it is safer in this respect. This is something for everyone to think about when choosing HRT, but is particularly important if you have other factors that increase your risk of having a blood clot. These include:

- older age
- smoking
- being overweight
- high blood pressure
- having had a blood clot (or having a family member who has had a blood clot)
- having a genetic condition that increases your chance of blood clots (thrombophilia).

Options for transdermal estradiol are:

- A patch (usually worn on the thigh, buttock, lower back or lower abdomen and usually changed twice a week)
- A gel (spread onto the skin of the inner thigh every day and allowed to dry completely before dressing)
- A spray (sprayed onto the same inner forearm every day and allowed to dry completely).

HRT progestogens

Key fact: If you have had your whole womb removed (total hysterectomy) AND you have not had endometriosis you should be able to use oestrogen on its own without a progestogen. Everyone else who uses HRT needs BOTH an oestrogen and a progestogen.

Progestogens are hormones similar to the progesterone hormone that is made naturally in the body. All progestogens protect the womb lining from the effects of oestrogen, and they help to control bleeding while using HRT. You do not need to use a progestogen alongside oestrogen if your womb has been completely removed (total hysterectomy) AND you do not have endometriosis. Different progestogens have different side effects and some are better at controlling bleeding than others. **The best progestogen for you is the one that gives you fewest side effects and the best control of bleeding.**

The main HRT progestogens that you can choose from are:

1. A 52mg hormonal intrauterine device (IUD or 'coil') like Mirena® or Levosert®. This is inserted into the womb at the clinic or your GP practice. It provides the progestogen part of HRT for 5 years after it is inserted. Most people have very little bleeding once it has settled in. It also provides very effective contraception.

2. If you don't want a hormonal IUD:

If you are younger, and/or you are still having periods when you start HRT, you will need to take the progestogen for half the month and stop it for the other half. This will trigger a once-a-month bleed like a period, which is called a withdrawal bleed. If you don't use the progestogen this way, you are more likely to have troublesome bleeding throughout the month. A way to avoid having a withdrawal bleed is to use the hormonal coil.

If you are older and/or your periods have naturally stopped some time ago, you should be able to take the progestogen every day and avoid having a withdrawal bleed. There might be some vaginal bleeding to start with, but after a few months this should settle down so that you have no bleeding. If you continue to have bleeding after the first few months, you may need some tests to look into this further.

The progestogens that you could use in this way are:

- A progestogen that comes together with oestrogen in a single patch.
- A progestogen that comes together with oestrogen in a single tablet.
- A tablet progestogen that is used alongside a separate oestrogen patch, gel, spray or tablet.

What if HRT isn't suitable for me, or I don't want to take HRT?

Some people choose not to use HRT or are advised to avoid HRT. Other people find that HRT does not help their symptoms or leads to unpleasant side effects.

Non-hormonal treatments for menopausal symptoms

As well as self-care options as above, there are some non-hormonal medications that can help with menopausal symptoms. These medications are often used to treat other medical conditions but have been found to work well for some of the symptoms of menopause. For example, some anti-depressant/anti-anxiety medicines can reduce hot flushes and sweats, improve sleep and help with menopausal mood symptoms. The pain medicine gabapentin can also help with flushes and sweats, joint aches and pains and poor sleep. For people who have heavy sweats, a medication called oxybutynin (usually used to treat bladder symptoms) could be helpful.

There are some newer treatments for hot flushes (such as fezolinetant and elinzanetant) that are not yet available in the NHS.

I have vaginal dryness and some urinary symptoms. What will help?

Low oestrogen levels often cause symptoms in the vagina like dryness, discomfort and soreness, particularly during sex, and urinary symptoms like stinging when you pass urine, needing to pass urine more often, leaking urine, or even urinary infections. The symptoms can get worse over time. To help with these symptoms, you can use special low dose oestrogen that you put directly into the vagina. This can be used alongside the HRT described above, or on its own without HRT.

Vaginal oestrogen treatments contain a low dose of oestrogen hormone. There is a choice of a vaginal tablet, vaginal cream, or a small, flexible vaginal ring (Estring®). Only a very small amount of the oestrogen is absorbed into the rest of the body. This means that it can often be used by people who might not be able to use HRT. A separate progestogen is not needed with this low dose local vaginal type of oestrogen.

When starting any low dose vaginal oestrogen treatment, it can take at least 3 months for symptoms to improve so it is important to keep using it regularly.

A non-hormonal vaginal moisturiser like Hyalofemme® or Replens® can make the vagina more comfortable if it is used regularly. And a good lubricant can make sex much more comfortable (some options to try are Yes® and Sylk®). These can be used on their own, or in addition to vaginal oestrogen.

Sometimes people have dryness and soreness of the skin outside the vagina (the vulva) too. The skin of the vulva is very sensitive. Soaps, showers gels and feminine hygiene washes should be avoided because they can make this sensitive skin very dry. Regular use of a simple, unscented moisturiser to wash and moisturise the skin outside the vagina can help. Zerobase® cream and Hydromol® ointment are options to try. Improving genital skin care can also allow topical oestrogen products to work better.

I don't feel interested in sex anymore. What will help?

Some people find that they are less interested in sex during and after the menopause. Desire for sex does naturally change as women get older, but there are other things that can also affect this. For example, you might feel less like having sex if it is uncomfortable or painful because of vaginal dryness, or if you are experiencing feelings of stress, low mood, anxiety or tiredness. For some people, this change in desire for sex is not a concern. But for other people it can have a negative impact on both them and their partner(s).

The self-care ideas above can help with some of these symptoms. As well as this, some people find that HRT helps them to feel more interested in sex. It is also important to get treatment for any vaginal soreness or dryness, and to use a good lubricant during sex.

Good communication with your partner and building intimacy in other ways can help to you to continue to have sex that you enjoy after menopause.

If loss of sexual desire (low libido) remains a problem for you after trying these things, we sometimes suggest trying a small dose of testosterone gel. This is only an option you are already using HRT for other symptoms.

It is normal for women to have low testosterone in menopause - the level reduces gradually from around the age of 30. Testosterone does not need to be replaced just because the level is low. Testosterone can sometimes help with low sexual desire, but many women don't notice much of a difference. Before thinking about using testosterone you should know that testosterone can cause side effects like spotty skin/acne, an increase in facial hair or feeling more irritable. You also need to know that there is not a lot of research about testosterone treatment in women, so we are also not sure about its long-term health effects.

If you do decide to use testosterone, you will need to have your bloods checked during treatment to make sure your testosterone levels do not become too high. If the levels are too high, or if the treatment doesn't improve your symptoms, or it causes unpleasant side effects, we recommend stopping it. And while using testosterone you need to use effective contraception as it could have effects on a fetus.

Do I need contraception?

Everyone can stop contraception when they turn 55 years old. And you don't need contraception if you have had your womb removed (hysterectomy) or both your ovaries removed. But everyone else under the age of 55 could be at risk of pregnancy until we are sure that their periods have completely stopped naturally.

HRT is not contraceptive unless you are using a hormonal IUD (coil) as the progestogen part of the HRT. Contraception can be used alongside HRT, or you can think about using a hormonal IUD for both contraception and the progestogen part of HRT.

I'm not 40 yet but my periods have stopped. Could this be menopause?

Key fact: If you become menopausal before age 40, HRT is usually recommended for its health benefits.

Periods can stop at an earlier age for a number of reasons (including for example, using hormonal contraception or after a big change in body weight). For a small number of people, periods stop earlier than expected because of an early menopause. Menopause before the age of 40 is known as **premature ovarian insufficiency, or POI**. Sometimes POI happens for a reason – like surgery to remove the ovaries, or following some chemotherapy or radiotherapy treatment. But often we do not find a clear reason why it has happened.

People with POI will have lower levels of oestrogen for much longer than people who experience menopause at the typical age. This can cause menopausal symptoms, and it can also increase the chance of other health problems such as osteoporosis (thinning of the bones) if the oestrogen hormone is not replaced. **So for most people with POI we recommend using HRT unless they have a medical reason not to.**

Can my GP help with menopause?

Yes! If you have menopausal symptoms and would like to talk about treatment options, or if you are on HRT and have problems with it, you should make an appointment at your GP practice. Your GP or practice nurse will be able to give you advice. Sometimes your GP or nurse may need to contact the Menopause Clinic for further advice or refer you for a Menopause Clinic appointment at Chalmers Centre. This would only happen if your case was very complicated. The Menopause Clinic is not, unfortunately, able to accept self-referrals from patients.

Where can I find more information about menopause?

We recommend the menopause information on the **NHS Inform** website at:

www.nhsinform.scot/healthy-living/womens-health/later-years-around-50-years-and-over/menopause-and-post-menopause-health/menopause/



and the patient factsheets on the **Women’s Health Concern** website at:

www.womens-health-concern.org/help-and-advice/factsheets/



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