Selsey Medical Practice. Patient Information Leaflet

The Menopause, HRT and Alternatives: A patient guide

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What is the menopause?

Menopause describes the time when your periods stop. Meno is the menstrual cycle and pause refers to the cycle stopping. The medical definition of being menopausal is when you have not had a period for one year. Your ovaries no longer produce eggs when you are in the menopause and, as a result, the levels of hormones called oestrogen, progesterone, and testosterone fall.

Symptoms of the menopause are mainly caused by the dropping oestrogen levels. This is because oestrogen receptors are in every cell in your body, which is why the menopause can affect so many parts of your body, such as the brain, bones, skin, urinary system, heart, and the genital system.

What is the perimenopause?

The hormone levels start changing before the periods completely stop and these changes can happen over many months or many years. This is called the perimenopause and is when you can experience menopausal symptoms but are still having periods.

The perimenopause can be associated with changes in your menstrual cycle. The flow may change to become heavier or lighter; periods may become more irregular with cycles closer together or further apart. The symptoms you experience in the perimenopause are the same as the menopause and are due to dropping hormone levels.

When does it happen?

Most women will have their last period around the age of 50, which makes the average age of the menopause 51. The perimenopause can start a few months before the menopause or several years before the menopause, but typically at around the age of 45.

If you become menopausal between the ages of 40-45 then it is called an early menopause. If you become menopausal before the age or 40 then it is termed premature ovarian insufficiency (POI).

If your menopause occurs before the age of 50, it is very important to replace the hormones until the age when a natural menopause would occur - so around age 50.

How to diagnose the menopause or perimenopause

If you are over 45 years of age, have irregular periods and other symptoms of the menopause, you do not normally need any tests to diagnose the menopause. Your description of what symptoms you are experiencing is the basis for a diagnosis of the perimenopause or menopause.

It is useful to track your symptoms using an app such as 'balance' menopause support, or fill in the questionnaire via:
https://balance-menopause.com/uploads/2021/10/Menopause-Symptoms-Questionnaire-1.pdf
or
https://wellbeinginfo.org/list/a-peri-post-menopause-questionnaire/

Patients often present with the standard hot flushes and night sweats. However, some present with aches and pains and worry there is something wrong with their joints. Some can get palpitations and feel faint or dizzy and then worry something is wrong with their heart.

It can also be a time when women who have never had any problems with anxiety or depression, find they have times of feeling highly anxious, having panic attacks, drops in mood or great anger and irritability. They may also find they have overwhelming tiredness, find it hard to concentrate and struggle with their memory in what is often termed, ‘brain fog’. Many a patient worries, they are ‘going mad’. It is unfortunately a time when some women even feel they must give up work as they can’t perform in their workplace as they used to. Things may be compounded by relationship problems stemming out of their low libido. HRT can help all these symptoms.

If you are younger than 45 years of age, your healthcare professional may want you to have some tests before making a diagnosis. The most common test is a blood test measuring the level of a hormone called follicle stimulating hormone (FSH). If this is raised, then it is very likely that you are menopausal. This blood test is often repeated 4-6 weeks later.

If you are under 40 years old, you may be advised to have further investigations to rule out other conditions that can stop periods or affect your hormones.

What will happen at your Initial consultation?

We will discuss your need for ongoing contraception.

We also need to establish your risk factors, such as cardiovascular risk factors including smoking status and BP (blood pressure), which may affect our choice of HRT.

We need to rule out any contraindications (reasons not to have) HRT. These may include: uncontrolled hypertension, active or recent cardiovascular disease (heart attack, stroke or angina), active thrombophlebitis, Dubin Johnson or Rotor syndrome, history of breast, ovarian or endometrial cancer, personal or family history of VTE-clots (you may still be able to have HRT with these, but it will need to be discussed with a specialist), history of an oestrogen dependant tumour, any thrombophilic disorder (clotting disorder), undiagnosed vaginal bleeding or untreated endometrial hyperplasia.

You may have been told that if you have Migraine with Aura, you can't have the combined oral contraceptive (pill) as there is an increased risk of stroke, but you can still have HRT with no increased risk of stroke. However, we would consider transdermal HRT (through the skin, rather than tablets) first.

It is not usual to start HRT after age 60, or 10 years after your menopause.

We will discuss the possible side effects of HRT - The most common side effects include some breast discomfort and bleeding. Side effects are most likely to occur when you first start taking HRT and then usually settle over time. If side effects have not settled after 3-4 months, you should discuss it with your GP.

How to find out more

Useful resources include:

- The Balance app, which includes useful patient downloads. https://www.balance-menopause.com and
- Dr. Louise Newson's podcasts and her website https://www.newsonhealth.co.uk/resources/

You may also want to look at the following resources on the menopause. They give information about menopause, lifestyle changes and treatments that may help.

- https://www.nhs.uk/conditions/menopause/
- https://patient.info/womens-health/menopause
- https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-treatment-symptoms-menopause.pdf?fbclid=IwAR0tZaby0raEAvo_XW1-r5Jf2YUhal7h1EG-DpOg9Gsr80pca6026bVjbc8
- https://www.menopausematters.co.uk/
- https://rockmymenopause.com/

Benefits of HRT

Women are often much more concerned about the risks of HRT than the many benefits that have been shown to both quality of life and future health. They often feel they should battle through their symptoms or stop HRT as soon the symptoms improve. This is not the case.

Many women also incorrectly think that taking HRT just delays the natural duration of the menopause, when HRT actually treats the symptoms when you have them and does not delay them. 80% of woman will have symptoms, 20% severely, and although most decline in 4 years, some can go on for many decades. Not taking HRT can affect your quality of life unnecessarily.

Even if you don't have the most common hot flushes or night sweats there are still many benefits to HRT, and these should be explored. Every cell in the body has oestrogen receptors and that is why so many organs and parts of the body are affected by low oestrogen levels. https://wellspring.health/hrt/

Vasomotor

Hot flushes/night sweats: These should improve within 4-5 weeks of starting HRT. If they don't you should speak to your doctor or nurse and the dose may be increased.

Type 2 diabetes

There is an increased risk of Type 2 diabetes in some woman after the menopause. Experts believe that HRT improves insulin sensitivity in people with Type 2 diabetes. Research suggests that HRT delays the onset of type 2 diabetes but should not be used for prevention of type 2 diabetes.

Bowel cancer

The risk of colon cancer may be decreased among HRT users. Research suggests recent HRT use is associated with risk reduction in getting colon cancer. Although data is limited, the risk of fatal colon cancer also may be lower in HRT users.

Brain and Mood disorders

The menopause is associated with depression, anxiety, and irritability. Many women get panic attacks and worsening PMS (premenstrual syndrome). Memory problems (brain fog) are also common. These should not be treated with antidepressants and can be improved with HRT.

Osteoporosis

Osteoporosis is much more common after the menopause as oestrogen works to keep bones strong. The risk of fragility fracture is reduced for women taking HRT. If you have Osteoporosis, it might not be the first treatment a doctor chooses, but it is as effective as other treatments such as Bisphosphonates, which patients don't tend to like taking.

Dementia

There is an increased risk of Dementia in some woman after the menopause. NICE (National Institute of Clinical Excellence) have stated that there is a need for more detailed researched into HRT and dementia. There might be a decreased risk of dementia if you are diagnosed below 80 and have taken HRT for more than 10 years.

Muscle Mass, Strength, Pain, Skin

Loss of muscle mass and strength, muscle and joint pains and hair and skin changes can be improved with HRT. There is evidence suggesting that HRT may improve muscle mass and strength. It can also help with joint pains, skin, and hair changes.

Urogenital Symptoms

Menopausal women can experience urogenital symptoms such as vaginal dryness, soreness or itching, and urinary symptoms such as infrequency of urination.
These can be improved by HRT but often require vaginal HRT as well (which does NOT have the same risks as HRT), see below.

Migraines

Suffers of migraines may find they become more severe and/or closer together. HRT can help provide a steady level of hormones to prevent this.

Risks of HRT

Please Note: these risks do not apply to women who have premature ovarian insufficiency (POI) i.e., early menopause, as you are simply replacing hormones which should still be present, and it is very important to do this. Once you pass the age of 51, you have the same risks and benefits of HRT as any other patient.

Venous Thromboembolism (VTE) i.e., Clot in the leg (DVT) or lung (PE)

The risk of VTE (clot) is increased by oral HRT compared to the baseline population risk.
The risk of VTE (clot) associated with transdermal (through the skin) is no greater with HRT.

Cardiovascular disease (which includes heart disease and strokes)

Studies show that the risk of cardiovascular disease in women increases after the menopause, overtaking the risk of men.
Starting HRT before you are 60 does not increase the risk of cardiovascular disease. In fact, research from Finland has suggested that your risk of cardiovascular disease is decreased if you start oestrogen-only HRT early (before age 60 or 10 years from the menopause). HRT does not affect the risk of dying from cardiovascular disease.

Stroke

HRT oral tablets (but not transdermal spray, patches, or gels) slightly raise the risk of stroke. However, it is important to remember that the risk of stroke in women under 60 is very low. There are 2 extra cases per 1000 woman after 10 years of HRT use, up to age 69.

There has been some evidence to show a small increased risk of having an MI (heart attack) and CVA (stroke) during the first year after stopping HRT.

Ovarian cancer

Some studies noted a small increased risk (1 extra case per 1000 woman using HRT for 10 years up to age 69) of ovarian cancer when taking oestrogen-only or combined HRT. Although no one is saying this is due to taking HRT. The challenge is that ovarian cancer is a relatively rare disease and studies have not been large enough to answer this question.

Another confusing factor is that ovarian cancer risk is less in women who take the combined oral contraceptive pill ('the pill', which is very similar to HRT). In fact, the reduction of ovarian cancer persists for up to 30 years after stopping the combined oral contraceptive, which suggests that HRT should do the same.

Breast cancer

HRT with oestrogen alone (prescribed if you have had a hysterectomy) may have a neutral or reducing effect on breast cancer if you are slim, but this benefit is less of a factor if you are obese.

HRT with oestrogen and progesterone is associated with an increased risk of breast cancer if you use it for more than a year. The risk of breast cancer increases the longer you are on HRT and remains increased for more than 10 years. The highest risk is for women taking continuous combined HRT.

There is no difference between transdermal/tablets or different types of oestrogen, but combinations using Utrogestan have not been shown to be associated with an increased risk of breast cancer. Dihydrogesterone (Femoston range of HRT) may also have a lower risk.

The increased risk is an additional 7 cases per 1000 cases of breast cancer for sequential HRT and an additional 10 cases per 1000 cases of breast cancer for continuous combined. The risk is for developing breast cancer, but there is nothing to suggest that women would be more at risk of dying from breast cancer caused by HRT.

Some evidence exists that shows woman who develop breast cancer on HRT tend to have a more well-differentiated disease which responds better to treatment.

No studies have shown that any type of HRT increases the risk of a woman's death from breast cancer.

It is important to remember that 30% of cancers will be attributable to environmental factors. In breast cancer, factors such as obesity, excessive alcohol consumption, lack of exercise and smoking are more important. The small increased risk of breast cancer associated with HRT use (which can be minimised by choosing lower risk HRT preparations) is far less than the increased risk of breast cancer associated with being overweight (+17 extra cases per 1000 women) or from regular alcohol consumption (+6 extra cases per 1000 women). Heart disease kills far more women in the Western world than breast cancer (45% vs 4%). Exercising also reduces your risk of developing breast cancer (by 10 cases per 1000 cases).

See these websites for more information https://www.womens-health-concern.org/help-and-advice/factsheets/breast-cancer-risk-factors/ and https://thebms.org.uk/wp-content/uploads/2016/04/WHC-UnderstandingRisksofBreastCancer-MARCH2017.pdf.

Family history of breast cancer

1 in 7 women will get breast cancer, regardless of whether they take HRT. It is estimated that only 10% of breast cancers that are diagnosed each year, have a genetic or familial cause. There is no strong evidence that having a family history of breast cancer puts you at any higher risk of getting breast cancer if you take HRT. This means women with a family history of breast cancer, including, those women with a BRCA gene, can still usually take HRT safely.

Most women who have a family history of breast cancer, do not go on to develop breast cancer themselves, regardless of whether they take HRT or not.
https://www.newsonhealth.co.uk/uploads/2021/08/Family-History-of-Breast-Cancer-FINAL2.pdf

Choosing the right preparation of HRT for you

- If you have had a hysterectomy, you can have oestrogen-only HRT.
- If you have a uterus, you will need combined HRT (oestrogen and progesterone).
- If you have had a period in the last 12 months you need sequential or cyclical HRT which gives you a monthly period.
- If your last period was more than 12 months ago, a continuous combined HRT (which is bleed-free) can be used.

You can find out more about the different types of HRT at:
https://www.menopausematters.co.uk/pdf/HRT-Doses-Sep2021.pdf
https://patient.info/womens-health/menopause/hormone-replacement-therapy-hrt

HRT is not a contraception so you will need to discuss what would work best for you in this regard.
https://www.newsonhealth.co.uk/uploads/2021/07/Contraception-during-menopause-and-perimenopause-v21-02.pdf

Types of HRT

Oral, patch, gel, Mirena (intrauterine system-similar to a coil, with your oestrogen coming from oral tablets, a patch or gel).

Genitourinary Syndrome of Menopause

Genitourinary Syndrome of Menopause presents with vaginal dryness, pain during sex, bleeding after sex, vulva/vaginal itching, soreness, burning and discomfort, it can also present with urinary symptoms including incontinence.

Unlike hot sweats the symptoms do not resolve spontaneously and may become chronic and progressive. This syndrome can be treated with local treatment: Cream, pessaries, or an oestrogen ring, to help with your symptoms, as well as HRT. This can continue for life and has no risks associated with HRT.

Find out more here:
https://www.ruh.nhs.uk/patients/patient_information/URO029_Genitourinary_Syndrome_of_Menopause.pdf

HRT Treatment Regime

We tend to start with a moderate dose of hormones, but this can be increased if you still have symptoms, or you can be changed to a different type. You can also have topical (vaginal oestrogen) added.

Our gold standard option for HRT is transdermal oestrogen for all women without a uterus or transdermal oestrogen plus an Mirena coil or micronized progesterone (Utrogestans, which is body identical) for those women with a uterus.

Timing of HRT

HRT is not usually started after the age of 60. There is no age that you must stop taking HRT.

- It is recommended that if you become menopausal before the age of 50 you take HRT for bone protection and symptom control.
- Between 50 and 60 years of age the benefits of HRT usually outweigh the risks.
- Between 60-70, the risk of HRT needs to be discussed for your individual circumstances. Over 70 years of age the risks of HRT usually outweigh the benefits BUT the NICE guidelines are clear (https://www.nice.org.uk /guidance/ng23), that women can continue to take HRT as long as the benefits outweigh the risks, and for most healthy women, this is forever. https://balance-menopause.com/uploads/2021/09/Starting-or-continuing-HRT-many-years-after-your-menopause.pdf

It is generally not advisable to stop and start HRT. Stopping for less than 3 months is usually fine but over this you may increase your risk of cardiovascular (heart) disease.

Three-month review

We will review the benefit of HRT, side effects, your BP and whether there has been any abnormal vaginal bleeding on HRT. Break through bleeding can be expected for the first 3

months but if it continues beyond this, it needs investigation. If there are no concerns or contraindications a further 6-month HRT prescription can be issued.

Annual review

We will check that you are on the best preparation for you, considering your need for oestrogen-only or combined HRT (oestrogen and progesterone). We will see If we can change you to a bleed-free preparation if you are not already on one. If you are not on a transdermal preparation, we may revisit this. Getting your oestrogen through the skin has a slightly lower risk profile.
We will review any risk factors, including your blood pressure.

You need to let us know if you have, since your last review, developed breast cancer, had a heart attack or stroke, or had a clot to the lung or leg.
We will ask you about vaginal bleeding or side effects. Bleeding any time after 12 months of not having had a period (the definition of the menopause) is abnormal and needs to be investigated. However, if you've just started HRT (first 3 months) this could be the cause. However, if having been on HRT for several months or years and you start bleeding, this will need to be investigated.
We need to assess the benefit of HRT and whether to continue.

Lifestyle recommendations

Diet

Things to avoid eating and drinking (as they make the symptoms worse), include: **alcohol, caffeine, nitrites** in dried food and bacon, **Amine rich foods** (such as apricots, dates, and figs) and **spicy food**.

Eating increased amounts of Phyto or plant oestrogens and soya products may help: Such as Chickpeas, soya beans, lentils, linseeds, tofu, miso, pumpkin seeds, sesame seeds, sunflower seeds, celery, rhubarb, and green beans.

You should also try and get enough calcium and vitamin D to prevent osteoporosis.

For more information visit:
https://patient.info/news-and-features/your-diet-and-the-menopause

Smoking and weight loss

Losing weight may help as obesity makes symptoms worse.
Likewise, stopping smoking may help.

Regular exercise can make a big difference. Choose low intensity activities like yoga if your hot flushes are bad.

Over-the-Counter and other treatments

For vaginal dryness you may want to consider buying Sylk, Yes or Replens, or see the discussion above about vaginal oestrogens.

Some may find Acupuncture helpful.

Reports show that Black Cohosh-Some does help, but preparations vary in content and safety. In some cases, it has stimulated the endometrium and there have been reports of liver damage, which is a concern.

Isoflavones (soy) may help with flushes, but preparations again vary in content and safety. Agnus Castor and Valerian do possibly work.

Red Clover does work but you need an awful lot, and it is very expensive.

Kava Kava (which causes liver damage) and high dose vitamin E are not safe.

We do NOT recommend the use of micronised/bio-identical progesterones (that can be sourced independently from the NHS). These are unregulated and long-term safety effects are not known.

Some patients find Ladycare Magnet helpful.

Alternatives to HRT

If you don't want HRT there are alternatives, but they are not 'first line'.

Antidepressants such as the SSRI's (Fluoxetine/Paroxetine/Venlafaxine) are sometimes used, as is Gabapentin (a pain medication).

If you have mood or anxiety problems associated with your menopause, HRT works best, then CBT counselling is next effective, followed by SSRI antidepressants, which work the least well. CBT may help with the menopausal symptoms on its own.

You may want to look at https://patient.info/womens-health/menopause/alternatives-to-hrt .
Please see https://www.menopausematters.co.uk/ for further information and help and https://patient.info/news-and-features/your-diet-and-the-menopause

On HRT? - When to seek help

Please stop your HRT and see your GP if:

- You have a clot in your leg or lungs, or signs of it (swelling or pain in one calf or sudden shortness of breath and chest pain), or
- You have thrombophlebitis (a clot in a small vein in your skin).
- You have an unusual severe, frequent, or prolonged headache,
- Acute visual or auditory disturbance, fainting attack or collapse.
- You have an unexplained epileptic seizure, weakness, or motor disturbance,
- Marked numbness, affecting one side or part of your body.
- You have severe upper abdominal pain, hepatitis, jaundice, liver enlargement or deterioration in your liver function tests (blood).
- You have prolonged immobility or are expecting major surgery.

See your GP if your BP is 160/90, as your HRT may need to be stopped.