Dealing with the Menopause

In medical terms, the menopause is usually defined as the time reached one year after a woman's last menstrual period. However, people often refer to the time leading up to as well as the time after a woman's last period as being the menopause. The years leading up to the menopause are called the peri-menopause or the pre-menopause. The menopause is a normal stage of a woman's life.

What is the menopause?

Strictly speaking, the menopause is your last menstrual period. However, most women think of the menopause as the time of life leading up to, and after, their last period. In reality, your periods don't just stop. First they tend to become less frequent. It can take several years for a woman to go through the menopause completely. Women are said to have gone through the menopause (be postmenopausal) when they have not had a period at all for one year.

A natural menopause occurs because as you age your ovaries stop producing eggs and make less oestrogen (the main female hormone). The average age of the menopause in the UK is 51.

Your menopause is said to be early if it occurs before the age of 45.

There are certain things that may cause an early menopause - for example:

- If you have surgery to remove your ovaries for some reason, you are likely to develop menopausal symptoms straightaway.
- If you have radiotherapy to your pelvic area as a treatment for cancer.
- Some chemotherapy medicines that treat cancer may lead to an early menopause.
- If you have had your womb (uterus) removed (hysterectomy) before your menopause. Your ovaries will still make oestrogen. However, it is likely that the level of oestrogen will fall at an earlier age than average. As you do not have periods after a hysterectomy, it may not be clear when you are in 'the menopause'. However, you may develop some typical symptoms (see below) when your level of oestrogen falls.
- An early menopause can run in some families.
- In many women who have an early menopause, no cause can be found.

If your menopause occurs before you are 40, it is due to premature ovarian insufficiency. Read more about premature ovarian insufficiency.

Menopause symptoms

The menopause is a natural event. Every woman will go through it at some point. You may have no problems. However, it is common to develop one or more symptoms which are due to the dropping level of oestrogen. About 8 out of 10 women will develop menopausal symptoms at some point. Around a quarter of women have very severe symptoms.

Symptoms of the menopause may only last a few months in some women. However, for others symptoms can continue for several years. Some women may have early menopause symptoms that start months or years before their periods stop (peri-menopausal or pre-menopausal symptoms). More than half of women have symptoms for more than seven years:

- **Hot flushes** occur in about 3 in 4 women. A typical hot flush (or flash) lasts a few minutes and causes flushing of your face, neck and chest. You may also sweat (perspire) during a hot flush. Some women become giddy, weak, or feel sick during a hot flush. Some women also develop a ‘thumping heart’ sensation (palpitations) and feelings of anxiety during the episode. The number of hot flushes can vary from every now and then, to fifteen or more a day. Hot flushes tend to start just before the menopause and can persist for several years.
- **Sweats** commonly occur when you are in bed at night. In some cases they are so severe that sleep is disturbed and you need to change your bedding and nightclothes.
- **Other symptoms** may develop, such as:
  - Headaches.
  - Tiredness.
  - Being irritable.
  - Difficulty sleeping.
  - Depression.
  - Anxiety.
  - Palpitations.
  - Aches and pains in your joints.
  - Loss of sex drive (libido).
  - Feelings of not coping as well as you used to.
• **Changes to your periods.** The time between periods may shorten in some women around the menopause; in others, periods may become further apart, perhaps many months apart. It can also be common for your periods to become a little heavier around the time of the menopause; sometimes periods can become very heavy.

### Problems following the menopause

Following the menopause women's bodies may change in several ways:

- **Skin and hair.** You tend to lose some skin protein (collagen) after the menopause. This can make your skin drier, thinner and more likely to itch.
- **Genital area.** Lack of oestrogen tends to cause the tissues in and around your vagina to become thinner and drier. Learn more about [vaginal dryness (atrophic vaginitis)](#). These changes can take months or years to develop:
  - Your vagina may shrink a little and expand less easily during sex. You may experience some pain when you have sex.
  - Your vulva (the skin next to your vagina) may become thin, dry and itchy.
  - You may notice that you need to pass urine more frequently and may even leak.
  - Some women develop problems with recurrent urine infections.

- **'Thinning' of the bones (osteoporosis).** As you become older, you gradually lose bone tissue. Your bones become less dense and less strong. The amount of bone loss can vary. If you have a lot of bone loss then you may develop [osteoporosis](#). If you have osteoporosis, you have bones that will break (fracture) more easily than normal, especially if you have an injury such as a fall. Women lose bone tissue more rapidly than men lose it, especially after the menopause when the level of oestrogen falls. Oestrogen helps to protect against bone loss.

- **Cardiovascular disease.** Your risk of disease of the heart and blood vessels (cardiovascular disease), including heart disease and stroke, increases after the menopause. Again, this is because the protective effect of oestrogen is lost. Oestrogen is thought to help protect your blood vessels against atheroma. In atheroma, small fatty lumps develop within the inside lining of blood vessels. Atheroma is involved in the development of heart disease and stroke.

### Do I need any tests to see if I am going through the menopause?

Your doctor can usually diagnose the menopause by your typical symptoms. Hormone blood tests are not usually needed to confirm that you are going through the menopause. However, they may be helpful in some cases - for example, in women aged under 45 years.

Other blood tests or scans may be undertaken in some women, especially if they do not have symptoms which are typical of the menopause.

It is important that you keep up to date with the national cervical screening programme and breast cancer screening programme, if appropriate.

### Menopause treatment

Without treatment, the symptoms discussed above last for several years in most women. HRT is a very effective treatment for the symptoms of the menopause. It replaces the oestrogen hormone that your ovaries stop making once you are menopausal. It has benefits and risks. Find out more about [hormone replacement therapy (HRT)](#).

If your main symptoms are in your vagina and genital area or if you are getting urinary symptoms, you are likely to benefit from using treatment that is inserted into your vagina or just applied to your genital area as a cream. Read about treatment for [vaginal dryness and urinary symptoms](#).

HRT is available as:

- Tablets.
- Skin patches.
- Gels to apply to the skin.
- Nasal spray.
- Tablets to insert into the vagina (pessaries).
- Cream to insert into the vagina or apply to the genital area.
- Vaginal ring.

There are several brands for each of these types of HRT. All deliver a set dose of oestrogen (with or without progestogen) into your bloodstream.

There are treatments other than HRT for menopausal symptoms. As a rule, they are not as effective as HRT but may help relieve some symptoms. Learn about [alternatives to HRT](#).

### Fertility and the menopause

Although women become less fertile as they get older, it is still possible to get pregnant around the time of the menopause. So, if you are sexually active and don't want to become pregnant, you will need to consider contraception:
Until a year after your last period if you are 50 or over.

Until two years after your last period if you are under 50.

See separate leaflet dealing with contraception from 40 to the menopause.

Many women notice changes in their vagina and genital area after the menopause. These changes may include dryness and discomfort during sex. There may also be bladder symptoms. These can all usually be improved with treatment. Treatment options include hormone replacement therapy (HRT), oestrogen cream, vaginal tablets and lubricating gels.

What is vaginal dryness and what causes it?

Before the menopause (often called the change of life) the skin and tissues around your vagina are kept supple and moist by fluids and mucus. These are made by glands at the neck of your womb. The female hormone, oestrogen, affects these glands. Oestrogen also affects your tissues in and around your vagina, causing the lining of your vagina to be thicker and more elastic. Oestrogen stimulates the cells that line your vagina to produce glycogen. Glycogen is a compound which encourages the presence of helpful germs (bacteria) which protect your vagina from infections.

After the menopause your ovaries make less oestrogen. The lack of oestrogen leads to thinning of the tissues around your vagina and a reduction in the number of glands that make mucus. You may also lose some fat tissue from around the genital area. This may make the area also look slightly different to how it was before the menopause.

In summary, the hormonal changes that occur during the menopause make your vagina shorter, less elastic and drier and may also affect your bladder. These changes usually take months or years to develop after the menopause and vary from woman to woman. Atrophic vaginitis is the medical term for the condition when these changes produce troublesome symptoms.

How common is vaginal dryness?

After the menopause at least half of women have some symptoms related to vaginal dryness. You are also more likely to experience symptoms as more years pass after your menopause. It is probably even more common than that, as many women are embarrassed and feel they do not want to trouble their doctor with these symptoms.

What symptoms can occur?

The changes described above can occur without causing any symptoms or discomfort. However, some of the following symptoms may develop in some women. Vaginal dryness is a common (and usually treatable) cause of the following problems. However, these problems can also be caused by other medical conditions.

- **Pain when you have sex.** This may occur because your vagina is smaller, drier and less likely to become lubricated during sex compared with how it was before the menopause. Also, the skin around your vagina is more fragile and this can make the problem worse.
- **Discomfort** - if your vulva or vagina is sore and red.
- **Vaginal discharge.** There may be a white or yellow discharge. Sometimes this is due to an infection. Infection is more likely if the discharge is smelly and unpleasant.
- **Itch.** The skin around your vagina is more sensitive and more likely to itch. This can make you prone to scratching, which then makes your skin more likely to itch, and so on. This is called an itch/scratch cycle which can become difficult to break and can be distressing.
- **Urinary problems.** Vaginal dryness may contribute to various urinary problems. This is because of thinning and weakening of the tissues around the neck of your bladder, or around the opening for urine to pass (the urethra). For example, urinary symptoms that may occur include an urge to get to the toilet and recurring urinary infections.

What are the treatments for vaginal dryness?

Clinical Editor’s comments (October 2017)
Dr Hayley Willacy would like to draw your attention to the recently released helpful guidelines in the Further reading section below. They outline ways of managing this condition and removing symptoms. The treatments can be hormonal, non-hormonal or a combination of both. The correct treatment can really transform a woman's life. All women should receive information about their condition and their treatment, preferably in a written format. Women should also be signposted to other useful sources of information - for example, relevant websites.

Not all women have all of the above symptoms. Treatment usually depends on which symptoms are the most troublesome. Because the problem is mainly due to a lack of oestrogen, it can often be helped by replacing the oestrogen in your tissues.

Oestrogen creams and other topical preparations
A cream, vaginal tablet or ring containing oestrogen is often prescribed. A vaginal tablet is a very small tablet that you insert into your vagina with a small applicator. The ring is a soft, flexible ring, 55 mm across, with a centre that contains the oestrogen hormone. This ring releases a steady, low dose of oestrogen each day and it lasts for three months.
These preparations work to restore oestrogen to your vagina and surrounding tissues without giving oestrogen to the whole body. Usually the treatment is used every day for about two weeks, and then twice a week for as long as is needed. This treatment usually works well but the symptoms may come back sometime after stopping the treatment. Occasionally a repeated course of using it daily for two weeks is needed. These preparations should not be used as additional lubrication during sex; lubricating gels should be used instead.

Note: the oestrogen creams may damage latex condoms and diaphragms; if you are using these types of contraception then it would be preferable either to use vaginal tablets or the vaginal ring.

Hormone replacement therapy (HRT)
This means taking oestrogen in the form of a tablet, gel or patches. This is often the best treatment for relieving your symptoms, especially if you are experiencing other symptoms of the menopause. There are advantages and disadvantages of using HRT. Read more about hormone replacement therapy.

Vaginal lubricants and moisturisers
If vaginal dryness is the only problem, or hormone creams are not recommended because of other medical problems, lubricating gels or moisturisers may help. There are different lubricants which can work really well to improve the dryness during sexual intercourse. These include Sylk® and Yes®. You can buy these from the pharmacy and your pharmacist should be able to advise you.

Vaginal moisturisers such as Replens MD® and Hyalofemme® can work really well to improve the moisture in your vagina. These need to be used regularly.

Note: Vaseline® is NOT recommended as a lubricant. It is not smooth or slippery enough and it can break down the latex in condoms.

Your symptoms should improve after about three weeks of treatment. You should see your doctor if your symptoms do not improve, as sometimes these symptoms can be due to other conditions. It is also very important to see your doctor if you have any bleeding from your vagina if you are receiving hormone treatment.

Many women experience menopausal symptoms that affect their quality of life. Hormone replacement therapy (HRT) is the most effective form of treatment for these symptoms. Read about the menopause and its symptoms.

What is hormone replacement therapy?
All types of HRT contain an oestrogen hormone. If you take HRT it replaces the oestrogen that your ovaries no longer make after the menopause. Some types contain a progestogen hormone as well.

However, if you just take oestrogen then the lining of your womb (uterus) builds up. This increases your risk of developing cancer of the womb. Therefore, the oestrogen in HRT is usually combined with a progestogen hormone. The risk of cancer of your womb is completely reduced by adding in the progestogen. In many HRT products, the oestrogen and progestogen are combined in the same tablet; however, they can also be taken separately. If you have had a hysterectomy or have a contraceptive intrauterine system fitted, you do not need a progestogen.

An option to ease symptoms just in the vaginal area is to use a cream, vaginal tablet (pessary), or vaginal ring that contains oestrogen. Read about vaginal dryness (atrophic vaginitis).

How do I take hormone replacement therapy?
Different women prefer different methods of taking HRT. For example, some women prefer to wear a patch rather than taking tablets. Your doctor or practice nurse can give you information about the pros and cons of the different types of HRT.

In general:

If you start HRT when you are still having periods, or have just finished periods
You will normally be advised to use a ‘cyclical combined HRT’ preparation:

- **Monthly cyclical HRT** - you take oestrogen every day but progestogen is added in for 14 days of each 28-day treatment cycle. This causes a regular bleed every 28 days, similar to a light period. (They are not ‘true’ periods, as HRT does not cause ovulation or restore fertility. The progestogen causes the lining of your womb (uterus) to build up. This is then shed as a ‘withdrawal’ bleed every 28 days when the progestogen part is stopped.) Monthly cyclical HRT is normally advised for women who have menopausal symptoms but are still having regular periods.

You may switch to a continuous combined HRT (see below) if:

- You have been taking cyclical combined HRT for at least one year; or
- It has been at least one year since your last menstrual period.

If you start HRT a year or more after your periods have stopped
If your periods have stopped for a year or more, you are considered to be postmenopausal. If this is the case, you will normally be advised to take a ‘continuous combined HRT preparation’. This means that you take both an oestrogen and a progestogen every day. The dose and the type of oestrogen and progestogen are finely balanced so that they usually do not cause a monthly bleed. However, you may have some irregular bleeding in the first 3-6 months after starting this form of HRT. You should see your doctor if this bleeding continues for more than six months after starting HRT, or if you suddenly develop bleeding after some months with no bleeding.

If you have had a hysterectomy
You will only need to take HRT that contains oestrogen. The progestogen is only added in to other types of HRT so that the lining of the womb does not build up and increase your risk of developing cancer of the womb. So, if your womb has been totally removed, progestogen is not needed.

If you have an intrauterine system (IUS) for contraception
You will only need to take HRT that contains oestrogen. This is because an IUS (sometimes called a hormone coil) already contains enough progestogen to stop the lining of your womb from building up. See separate leaflet called Intrauterine System for more information.

If you mainly have genital symptoms - for example, vaginal dryness or bladder symptoms
For vaginal dryness (atrophic vaginitis) you may choose to try some vaginal oestrogen cream or a pessary to help your symptoms. This alone may be enough to relieve symptoms in some women who would prefer this option or who cannot take other forms of HRT for some reason. However, in around one in ten women, this treatment is not enough to improve symptoms and HRT is needed to be taken as well.

What are the benefits of hormone replacement therapy?

Menopausal symptoms usually ease
This can make a big difference to quality of life in some women:

- HRT works to stop hot flushes and night sweats within a few weeks.
- HRT will reverse many of the changes around the vagina and vulva usually within 1-3 months. However, it can take up to a year of treatment in some cases.
- This means that HRT can:
  - Improve symptoms of vaginal dryness.
  - Improve discomfort during sexual intercourse as a result of this vaginal dryness.
  - Help to reduce recurrent urine infections.
  - Improve any increased frequency of passing urine.

- There is some evidence that HRT itself improves your mood and your sleep.
- HRT may also help to improve joint aches and pains.
- HRT improves symptoms of vaginal dryness and improves sexual function in many women.
- Many women notice that the texture of their hair and skin improves when taking HRT.

Reduced risk of 'thinning' of the bones (osteoporosis)
Women who take HRT have a reduced risk of osteoporosis and their risk of having fractures due to osteoporosis is also reduced. This risk reduces further the longer you take HRT.

Coronary heart disease
Coronary heart disease refers to disease of the heart (coronary) arteries. It is the usual cause of angina and heart attacks.

The evidence regarding HRT and cardiovascular disease is still controversial.

HRT does not increase the risk of heart disease when it is started in women aged under 60 years. In addition, it does not affect the risk of dying from heart disease.

There is some evidence that taking HRT, especially HRT with oestrogen alone, actually reduces the incidence of cardiovascular disease in women.

Other possible benefits
Some studies have shown a reduced risk of Alzheimer's disease and other types of dementia in women who take HRT. However, other studies have not shown this, so more work needs to be done in this area.

Some trials have also shown a reduction in risk of bowel cancer in women who take HRT. However, the evidence for this is still not completely clear.
What are the risks in taking hormone replacement therapy?

There has been a lot of media attention to the risks of taking HRT. This was after the results of some big studies about HRT were published between 2002 and 2004. These were the Women’s Health Initiative study in the USA and the Million Women Study in the UK. These studies raised concerns over the safety of HRT, particularly over a possible increased risk of breast cancer with HRT and also a possible increased risk of heart disease. However, it is important that the results of the studies be looked at carefully. HRT can increase your risk of developing certain problems but this increase in risk is very small in most cases.

The risks of taking HRT are discussed below.

**Clots in the veins (venous thromboembolism)**

This is a blood clot that can cause a deep vein thrombosis (DVT). In some cases the clot may travel to your lung and cause a pulmonary embolism (PE). Together, DVT and PE are known as venous thromboembolism.

Women who take combined HRT as tablets have an increased risk of developing a clot. You are more likely to develop a clot if you have other risk factors for a clot. These include being obese, having a clot in the past and being a smoker.

This risk of clot is not present for women who use patches or gel at standard doses rather than tablets of HRT.

**Note:** you should see a doctor urgently if you develop a red, swollen or painful leg, or have shortness of breath and/or sharp pains in your chest.

**Breast cancer**

You may have a small increased risk of breast cancer if you take combined (oestrogen and progestogen) HRT. This risk increases the longer you have used HRT. When you stop taking HRT, you have the same risk of breast cancer as someone who has not taken HRT.

The actual risk of breast cancer with taking HRT is actually very small. It equates to around one extra case of breast cancer per 1,000 women each year. This risk is similar to the risk of breast cancer in women who are obese, those women who have never had children and also those women who drink two to three units of alcohol each day. There is no increased risk of dying from breast cancer though.

Most of the studies done in this area have not actually shown an increased risk of breast cancer in women who take HRT for five years or less. Studies have also shown that women who take oestrogen-only HRT do not have an increased risk of breast cancer at all and may even have a lower risk of breast cancer (only women who have had their womb (uterus) removed (a hysterectomy) can take oestrogen-only HRT).

Women who take combined HRT have an increased risk of having an abnormal mammogram, as HRT increases the density of breast tissue. This is not the same as increasing the risk of breast cancer.

**Note:** there is no increased risk of breast cancer in women who take HRT under the age of 50 years.

**Stroke**

Some studies have shown that there is a small increased risk of stroke in women taking either oestrogen-only or combined HRT. However, there is no increased risk of stroke in women who use the patch (or gel) rather than tablets.

HRT containing lower doses of oestrogen seems to be associated with a lower risk of stroke compared to those containing higher doses.

**Cancer of the womb**

There is an increased risk of womb (uterine) cancer due to the oestrogen part of HRT. However, by taking combined HRT containing oestrogen and progestogen, this risk reduces completely. This is the reason why progestogen is included in HRT. However, you should always see your doctor if you have any abnormal vaginal bleeding which develops after starting HRT. For example, heavy bleeding, irregular bleeding, or bleeding after having sex.

If you have had a total hysterectomy for whatever reason, you should only need to take oestrogen-only HRT.

**Cancer of the ovary**

It used to be thought there was a slightly increased risk of developing ovarian cancer if you use HRT but this has now been shown not to be the case.

**Other points about risks**

Your risk of developing the diseases mentioned above can depend on a combination of many factors. For example, your family history, and lifestyle factors such as smoking, obesity, diet, etc, also affect your risk of these conditions.

You can greatly reduce your risk of developing heart disease, stroke and many cancers by not smoking and by taking regular exercise and eating a healthy diet. These conditions become more common as we get older.
Note: women who take HRT at a younger age (under the age of 51 years) do not have any risks of HRT as they are receiving hormones that their bodies would otherwise be producing.

What about side-effects when taking hormone replacement therapy?

Side-effects are problems that are not serious but may occur in some women. They tend to go if you stop treatment. Side-effects with HRT are uncommon.

Side-effects may include the following:

- In the first few weeks some women may develop a slight feeling of sickness (nausea), some breast discomfort or leg cramps. These tend to go within a few months if you continue to use HRT.
- HRT skin patches may occasionally cause irritation of the skin.
- Some women have more headaches or migraines when they take HRT. This is usually reduced by using patches or gel rather than taking tablets.

A change to a different brand or type of HRT may help if side-effects occur. Various oestrogens and progestogens are used in the different brands. If you have a side-effect with one brand, it may not occur with a different one. Changing the delivery method of HRT (for example, from a tablet to a patch) may also help if you have side-effects.

So, should I take hormone replacement therapy, and for how long?

The benefits have to be balanced against the risks. Some of the risks associated with HRT increase the longer the time that you take HRT. You have to decide what is right for you, with advice from your doctor or nurse, depending on your circumstances and how your symptoms are affecting you.

As a general rule:

For short-term treatment of menopausal symptoms

If you are troubled with menopausal symptoms, the balance of risks and benefits is in favour of taking HRT (provided there are no reasons why you shouldn't take HRT).

- You should take the lowest dose which keeps symptoms away.
- Many women find that after 1-3 years the worst of the flushing-type symptoms have gone and they no longer need HRT to prevent them.
- In some women, the symptoms can return for a short time after stopping HRT. You may have to stop HRT to find out if you still have symptoms, but if you do still need it your symptoms will get worse rather than easing.
- If the genital symptoms such as vaginal dryness persist after stopping HRT, an option is to use, for example, an oestrogen cream or pessary in the vaginal area (see below).

If you mainly have genital symptoms such as a dry vagina

An option which may be advised by your doctor is to use, for example, a vaginal oestrogen cream or pessary. This gives the benefits of easing the symptoms but with less risk than using HRT tablets, patches, etc, as far less oestrogen gets into the bloodstream. In many women, this treatment may be needed long-term. Read about oestrogen for genital symptoms.

Some other points about hormone replacement therapy

- HRT does not act as a contraceptive. Therefore, if you are still having periods when you start HRT, or have only recently stopped having periods, you should still use contraception. Your doctor will advise when you no longer need to use contraception. But, as a general rule: contraception should be used to prevent pregnancy for one year after your last period if you are older than 50, or for two years after your last period if you are less than 50. See the separate leaflet dealing with contraception from 40 to the menopause.
- If you are taking HRT, you should have regular check-ups with your doctor. These are usually undertaken every year.
- At your review appointments, you should discuss your risks and benefits of taking HRT, as these may change over time. After some time, your doctor may also suggest stopping your HRT to see if you still need it.
- You should also be 'breast aware' and look out for any changes in your breasts. If you notice any lumps or problems that you are worried about, you should see your doctor. You should also attend your breast cancer screening mammogram when called.

What is tibolone?

Tibolone is a man-made hormone that can be used as an alternative to HRT. It has some oestrogen, progestogen and also some male hormone (androgen) effects. So, you just have to take this one tablet to have these hormone effects.

The following are some points about tibolone:

- It is effective in treating sweats and hot flushes.
- It reduces your risk of 'thinning' of the bones (osteoporosis).
It may also improve your sex drive (libido).
It is associated with a small increased risk of stroke.
Most studies have shown a small increased risk of having womb (endometrial) cancer diagnosed in women who use tibolone.
Tibolone may be associated with a small increased risk of breast cancer.

In younger women, the risks of taking tibolone are about the same as taking combined HRT. For women older than 60, the risks associated with taking tibolone may outweigh the benefits because of the small increased risk of stroke.

The menopause can cause various symptoms such as hot flushes and changes to your vagina and genital skin. Hormone replacement therapy (HRT) is a very effective treatment for menopausal symptoms. Some women may choose not to take HRT or others may not be able to take HRT due to an underlying medical condition. If you are not sure whether or not you can take HRT then you should discuss this with your doctor who will be able to refer you to an expert in the menopause. Read more about the menopause.

This leaflet discusses alternatives to HRT which may ease menopausal symptoms.

Non-HRT treatments for hot flushes and night sweats

Lifestyle

There is some evidence that healthy lifestyle behaviours can improve some symptoms of the menopause - for example, hot flushes and night sweats. In addition, weight loss, mindfulness and cognitive behavioural therapy can have also a mild-to-moderate effect on these symptoms.

There is also some evidence that women who are more active tend to have fewer symptoms of the menopause. However, not all types of activity lead to an improvement in symptoms. High-impact exercise done now and then may even make symptoms worse. The best activity is regular sustained aerobic exercise, such as regular swimming or jogging.

Wearing lighter-weight clothing, sleeping in a cooler room and reducing stress may reduce the number of hot flushes. Some women find that things such as spicy foods, caffeine (in tea, coffee, cola, etc), smoking, and alcohol may trigger hot flushes. Avoiding these things may help for some women.

SSRIs and SNRIs

Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressant medicine. They include paroxetine, fluoxetine, escitalopram and citalopram. Several years ago it was noticed as a side-effect that menopausal women who took these medicines for depression had fewer hot flushes. Since then, a few studies have shown that several SSRIs stop or reduce hot flushes in some (but not all) menopausal women, even those who are not depressed. A similar antidepressant medicine called venlafaxine, a serotonin and noradrenaline (norepinephrine) reuptake inhibitor (SNRI) antidepressant, has also been shown to have this effect. How SSRIs and SNRIs work to help hot flushes is not clear.

When it works, an SSRI or SNRI provides relief from hot flushes almost immediately. A trial of one to two weeks is usually enough to find out whether it is going to work or not. If symptoms improve, a longer course may then be prescribed. However, the beneficial effect is often short-acting so does not last for long. The main drawback with these medicines is that they may cause side-effects in some women - for example:

- Feeling sick (nausea).
- Reduced sex drive (libido).
- Reduced sexual response.

Note: You should not take paroxetine or fluoxetine if you are also taking tamoxifen, as these medicines can interfere with each other.

Gabapentin

Gabapentin is a medicine that is usually used to control epileptic seizures and pain. However, research has shown that it can ease menopausal flushing symptoms in some women. Side-effects, such as dizziness and tiredness, can occur with this medication.

Note: strictly speaking, SSRIs, SNRIs and gabapentin are not licensed for treating menopausal symptoms. However, many doctors are willing to prescribe one of these treatments, with the patient's consent, to see if it works.

Complementary and alternative treatments

Some women consider taking complementary and alternative treatments instead of taking HRT. There is a massive market for products to help with menopausal symptoms but many of these are not safe or do not have good research to support their effectiveness.

For example, the following have been marketed for menopausal symptoms: black cohosh, red clover, dong quai, evening primrose oil, ginseng, soy and St John's wort. However, just because a product is labelled 'natural' does not mean that it is automatically safe and free from potentially damaging chemicals.

Herbal remedies are not regulated by a medicine authority and they should not be considered as a safer alternative to HRT, as there is so much variety in their effectiveness and potency. Many herbal medicines have unpredictable doses and purity. In addition, some products have significant side-effects and can interfere with other medicines.
The regulatory bodies have developed a system called Traditional Herbal Registration (THR). Any herbal products that have been approved by this system have a THR logo on their packs. This means that the product has the correct dosage and is of a high quality. The pack will also contain product information in it.

**Isoflavones and black cohosh**
There is some evidence that isoflavones or black cohosh may improve some symptoms of the menopause. However, multiple preparations of these products are available and their safety is still uncertain. Different preparations can vary and these products can also interfere with other medicines.

**St John's wort**
St John's wort can improve symptoms in some women. It does not seem to make any difference to low mood or anxiety symptoms though. There is still uncertainty about the most appropriate dose of St John's wort and also how long the effect of taking it lasts for. There is a variation in the nature and potency of different preparations of this product. In addition, it can interfere with other medicines, including tamoxifen.

**Other treatments**
There is good evidence that cognitive behavioural therapy can improve symptoms of low mood and anxiety which arise as a result of the menopause in some women.

There is conflicting evidence regarding the use of soy and red clover. They should not be taken in women with hormone-dependent breast cancer or those taking tamoxifen.

Bio-identical hormones are also not regulated and are not subject to any quality control.

**Clonidine**
Clonidine used to be very popular for the treatment of the menopause. However, there is no good evidence that it is beneficial in improving symptoms. It frequently causes side-effects such as dry mouth, drowsiness, dizziness and feeling sick. It is therefore not commonly used any more.

**Non-HRT treatments for vaginal dryness**
You can buy vaginal lubricants and moisturisers from pharmacies, which can help ease vaginal dryness (atrophic vaginitis). Some women only notice dryness when they have sex. In this situation, placing a small dose of lubricant inside the vagina before having sex will usually help.

**Note:** you may not be aware that there are oestrogen creams which ease the vaginal symptoms of the menopause. Strictly speaking, they are a form of HRT but have far less risk compared with taking HRT tablets. Read about vaginal dryness (atrophic vaginitis).

**Non-HRT treatments for preventing osteoporosis**
Ways to reduce your risk of developing ‘thinning’ of the bones (osteoporosis) include:

- **Doing regular weight-bearing exercise.** This means exercise such as brisk walking, aerobics, dancing, running, etc. For older people, a regular walk is a good start. Exercise helps because the pulling and tugging on the bones by the muscles helps to stimulate bone-making cells and strengthens the bones.
- **Eating a diet that includes foods rich in calcium and vitamin D.** If you eat 1,000 mg of calcium each day you have a reduced risk of hip fractures. Ask your practice nurse for advice about diet. Briefly, you can eat 1,000 mg calcium most easily by:
  - Drinking a pint of milk a day; plus
  - Eating 60 g (2 oz) of hard cheese, such as Cheddar or Edam, or one pot of yoghurt (125 g), or 60 g of sardines.

  White bread and calcium-fortified soya milk are also good sources of calcium.
- **Taking dietary supplements of calcium and/or vitamin D** tablets if you do not get enough in your diet and you are at increased risk of developing osteoporosis. A dietary supplement of 10 micrograms of vitamin D is recommended for all people over the age of 65.
- **Stopping smoking** if you smoke.
- **Cutting down on alcohol** if you drink heavily.

If you develop osteoporosis, there are medicines which can help to restore some lost bone and help to prevent further bone loss. See separate leaflet called Osteoporosis for more details.

Premature ovarian insufficiency (POI) occurs when you are under the age of 40 years and your ovaries stop working. It is sometimes called premature ovarian failure. There are various causes. You may have no symptoms other than your periods stopping or you may develop symptoms of the menopause such as hot flushes and night sweats. It is important to have treatment which is usually in the form of hormones. Without treatment, there is an increased risk of ‘thinning’ of your bones (osteoporosis) and also of heart disease.

**What are the ovaries?**
Women have two ovaries, one on either side of their womb (uterus) in the lower tummy (abdomen). Ovaries are small and round, each about the size of a walnut. Your ovaries make eggs. In fertile women, each month an egg (ovum) is released from one of their ovaries. The egg passes down the Fallopian tube into the womb where it may be fertilised by a sperm.

Your ovaries also make chemicals (hormones) including the main female hormones - oestrogen and progesterone. These hormones pass into your bloodstream and have various effects on other parts of your body, including regulating the menstrual cycle and periods. Oestrogen is also very important in protecting your body from heart disease and ‘thinning’ of the bones (osteoporosis).

Your ovaries produce oestrogen and progesterone in response to other hormones (follicle-stimulating hormone (FSH) and luteinising hormone (LH)) which are made in a part of your brain called the pituitary gland. All these hormones interact as part of your monthly menstrual cycle which results in the development of an egg in one of the ovaries.

What is premature ovarian insufficiency?

POI occurs when your ovaries no longer work properly when you are under the age of 40 years. Your ovaries no longer produce normal amounts of oestrogen and therefore may not produce eggs. This means that your periods stop (or become irregular) and you may experience symptoms of the menopause.

In the majority of women, this occurs around the age of 51 years and is called the menopause. The term early menopause is usually used if you go through the menopause when you are between 40 and 45 years of age.

However, it is different from the menopause, as the natural menopause is irreversible. With POI your ovaries are not working properly and have stopped producing eggs early. In some women, however, this loss of function is temporary and their ovaries work and function again in the future. This means that you may find that your periods return at some stage in the future.

Who develops premature ovarian insufficiency?

Around 1 in 100 women under the age of 40 years have POI. It occurs in around 1 in 1,000 women aged under 30 years and 1 in 10,000 women aged under 20 years. This condition can run in some families.

What causes premature ovarian insufficiency?

There are many different causes of POI. However, for the majority of women there is no underlying cause found.

Some of the underlying causes include:

**Surgery**

When your ovaries are removed following an operation, you will no longer have oestrogen in your body. It is common to experience a sudden onset of symptoms soon after surgery. Before your operation, it is important to discuss with your surgeon about receiving hormone replacement therapy (HRT) after your operation, as this will reduce the risk of having symptoms.
Some types of chemotherapy and radiotherapy can affect the function of your ovaries. For some women this may be a temporary affect but for others it may be permanent. If you think you are at risk of developing POI in the future due to any cancer treatment, talk with your doctor. It is important to do so before starting treatment, so that you can discuss possible options for fertility preservation.

Autoimmune disease
In around 1 in 20 of women with POI, the condition is caused by an autoimmune disease. This means that your immune system (which normally protects your body from infections) mistakenly attacks itself. There may be people in your family who have other autoimmune conditions - for example, diabetes, thyroid conditions or Addison's disease.

Genetic conditions
Genetic means that the condition is passed on through families through special codes inside cells called genes. Some women with POI have abnormalities with part of their genes. The most common of these is Turner syndrome, in which one of the female sex chromosomes (the X chromosome) is missing. Chromosomes are found in every cell in your body and contain genetic information. Genetic conditions causing POI are usually more common if you have other people in your family with POI or if you are very young (under 20 years) with POI.

Infections
Certain infections can very rarely be a cause of POI in some women. These include mumps, tuberculosis and malaria.

What are the symptoms of premature ovarian insufficiency?
For most women, the most common symptom is that their periods stop. For around 1 in 10 women with POI, their periods do not start and they present with POI at a very early age, usually under 20 years. Other women may notice that their periods become irregular.

Many women experience symptoms of the menopause. These include hot flushes, night sweats, reduced energy, mood disturbances, loss of energy and loss of sex drive. Some women notice that their hair becomes thinner and they have some joint pains. However, around 1 in 4 women do not have any of these symptoms.

It can be very common to feel anxious, worried or even have feelings of hopelessness after a diagnosis of POI has been made. Some women find they feel very sad and even guilty, as having POI affects fertility.

How is premature ovarian insufficiency diagnosed?
The most common way of diagnosing this condition is by a blood test measuring the level of a hormone called follicle-stimulating hormone (FSH). This level is usually very high as your body produces high levels to try to stimulate your ovaries to produce FSH. You will usually have two of these blood tests several weeks apart.

Other blood tests - for example, other hormone tests and genetic tests - may also be undertaken.

You may have a DXA bone scan. DXA (formerly DEXA) stands for dual-energy X-ray absorptiometry. It is a scan that uses special X-ray machines to check your bone density. A DXA scan can confirm ‘thinning’ of the bones (osteoporosis).

What effect may premature ovarian insufficiency have on my health?
The low level of oestrogen in your body can lead to ‘thinning’ of the bones (osteoporosis) developing which can then lead to fractures developing in your bones.

There is also an increased risk of heart attacks at a young age.

However, these increased risks are all reversed by taking hormone treatment.

What is the treatment for premature ovarian insufficiency?
You should receive treatment in the form of hormones, regardless of whether or not you experience symptoms. This is usually in the form of hormone replacement therapy (HRT) which is given to replace the hormones that your body would otherwise be producing.

There are no risks of taking HRT for POI and it is completely safe to take. Any risks that people may talk about regarding HRT are only relevant to those women who take HRT after the age of the natural menopause, which is around 51 years. So taking HRT when you are less than 51 years gives your body all the benefits of HRT without having any risks.

If you are also needing contraception then your doctor may suggest that you take an oral contraceptive pill instead. The levels of hormones are different to those in HRT.

There are many different types of hormone treatments. If one type does not suit you then it is important to talk with your doctor in order to be given an alternative treatment.
It is really important that you have a healthy lifestyle. This means that you should stop smoking if you smoke and you should eat a healthy, balanced diet. Many experts also recommend that you have adequate calcium in your diet or take calcium supplements and also take vitamin D supplements.

If you are experiencing any mood changes (for example, feelings of anxiety, low mood or anger), it is very important that you seek help from your doctor. Some women find joining a support group and talking to other women with POI really helpful.

What is the outlook for women with premature ovarian insufficiency?

Around 1 in 10 women with POI which occurs without a known reason become pregnant. This is because their ovaries start working again.

IVF with egg donation is usually undertaken for those women who are keen to become pregnant. Your doctor will be able to describe this to you in more detail.

With hormone treatment, the risk of both ‘thinning’ of the bones (osteoporosis) and heart disease reduces. Taking the correct dose and type of hormone treatment will also improve any symptoms you may be experiencing.

Further reading & references

- Panay N et al; British Menopause Society & Women’s Health Concern recommendations on hormone replacement therapy, May 2013
- Guidance on diagnosis and management of Urogenital atrophy or Genitourinary Syndrome of the Menopause; Primary care Women’s health forum (2017)
- Contraception for Women Aged over 40 Years; Faculty of Sexual and Reproductive Healthcare (August 2017)
- Information for women with Iatrogenic Premature Ovarian Insufficiency; European Society of Human Reproduction and Embryology, 2016

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