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Menopause (including HRT)

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 progesterone) 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 called [Contraception for the Mature Woman](#), dealing with contraception from 40 to the menopause.

Further reading & references

- [Menopause: diagnosis and management](#); NICE Guidelines (Nov2015)
- [Panay N et al](#); British Menopause Society & Women's Health Concern recommendations on hormone replacement therapy, May 2013
- [Langer RD](#); The evidence base for HRT: what can we believe? *Climacteric*. 2017 Apr;20(2):91-96. doi: 10.1080/13697137.2017.1280251. Epub 2017 Mar 10.
- [Kaunitz AM, Manson JE](#); Management of Menopausal Symptoms. *Obstet Gynecol*. 2015 Oct;126(4):859-76. doi: 10.1097/AOG.0000000000001058.
- [No authors listed](#); Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society. *Menopause*. 2015 Nov;22(11):1155-74. doi: 10.1097/GME.0000000000000546.
- [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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