

+HealthPlus Family Clinic  
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# Laha Wellness Hub

Menopause



# Fast facts for patients

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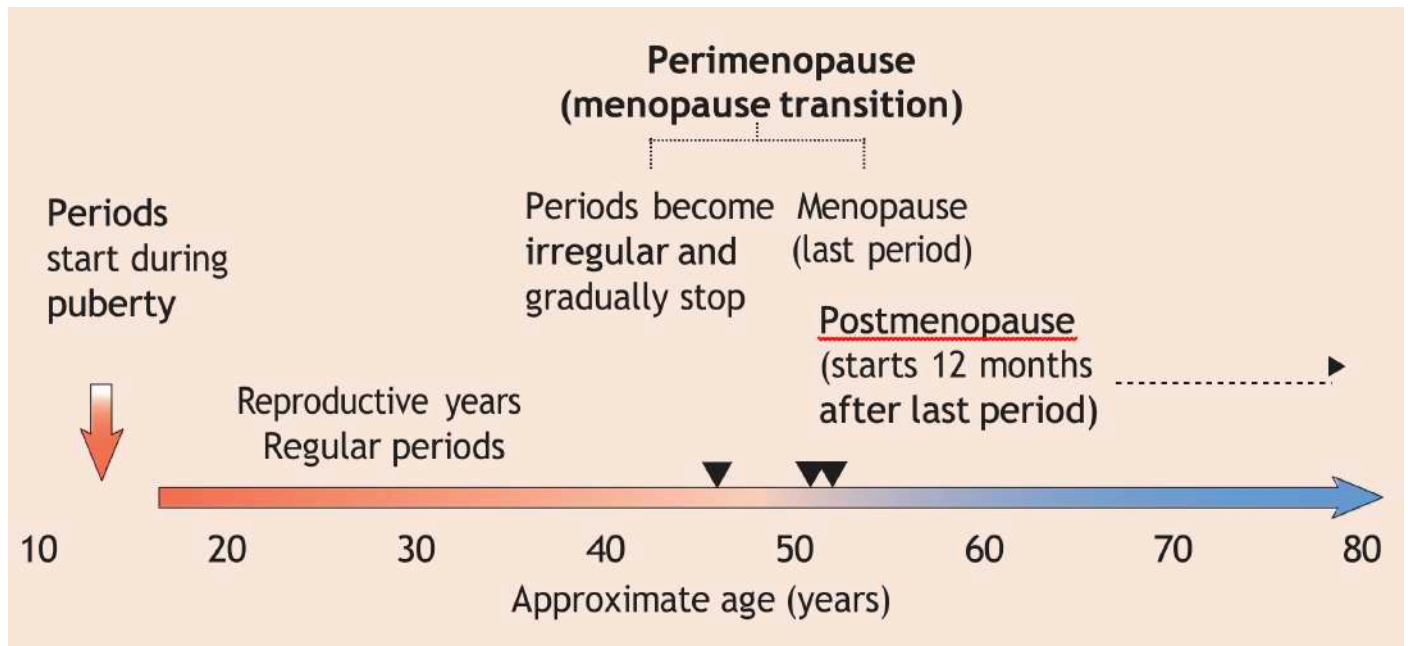
# Key Points

- + Menopause is a normal condition involving the permanent end of menstrual cycles. It marks the end of your reproductive years and the start of a new phase of life.
- + As women grow older, they experience various symptoms as they approach the menopause and this is known as the perimenopause or menopause transition.
- + This occurs between the ages 45 and 56 years in most women but the average age at which women begin the menopause transition is 46 years. Periods usually stop by the age of 51.
- + The most common symptoms are irregular or heavy bleeding, hot flashes, night sweats, emotional instability, vaginal dryness and bladder problems and can range from mild to debilitating. However, multiple other symptoms may be experienced.
- + Lifestyle changes, hormone replacement therapy (HRT) and treatments for individual symptoms can help with symptoms during the menopause transition.
- + The risks of HRT are far outweighed by the benefits for women under 60.

This guide provides you with important information as you start a new chapter in your life. We recommend that you have a well-informed discussion with your healthcare provider to help you manage the menopausal transition.



# What is menopause?



The menopause is your last menstrual period. The term menopause is widely used to describe the time around this event when many women experience symptoms and more accurately known as the perimenopause.

There are a number of symptoms associated with changing estrogen levels, including irregular or heavy bleeding, hot flashes, night sweats, emotional instability, vaginal dryness, and bladder disturbances.

## When does the menopause occur?

- + It is common for women to begin going through menopause much younger than they expect, at 46 years of age on average.
- + Early menopause is defined as perimenopausal symptoms beginning before the age of 45.
- + The menopause itself is reached when the ovaries stop producing estrogen.

A woman's menopause transition cannot be predicted. There is no relationship between her period start age and her period length. It is also possible that you may inherit this trait if your mother went through an early natural menopause.

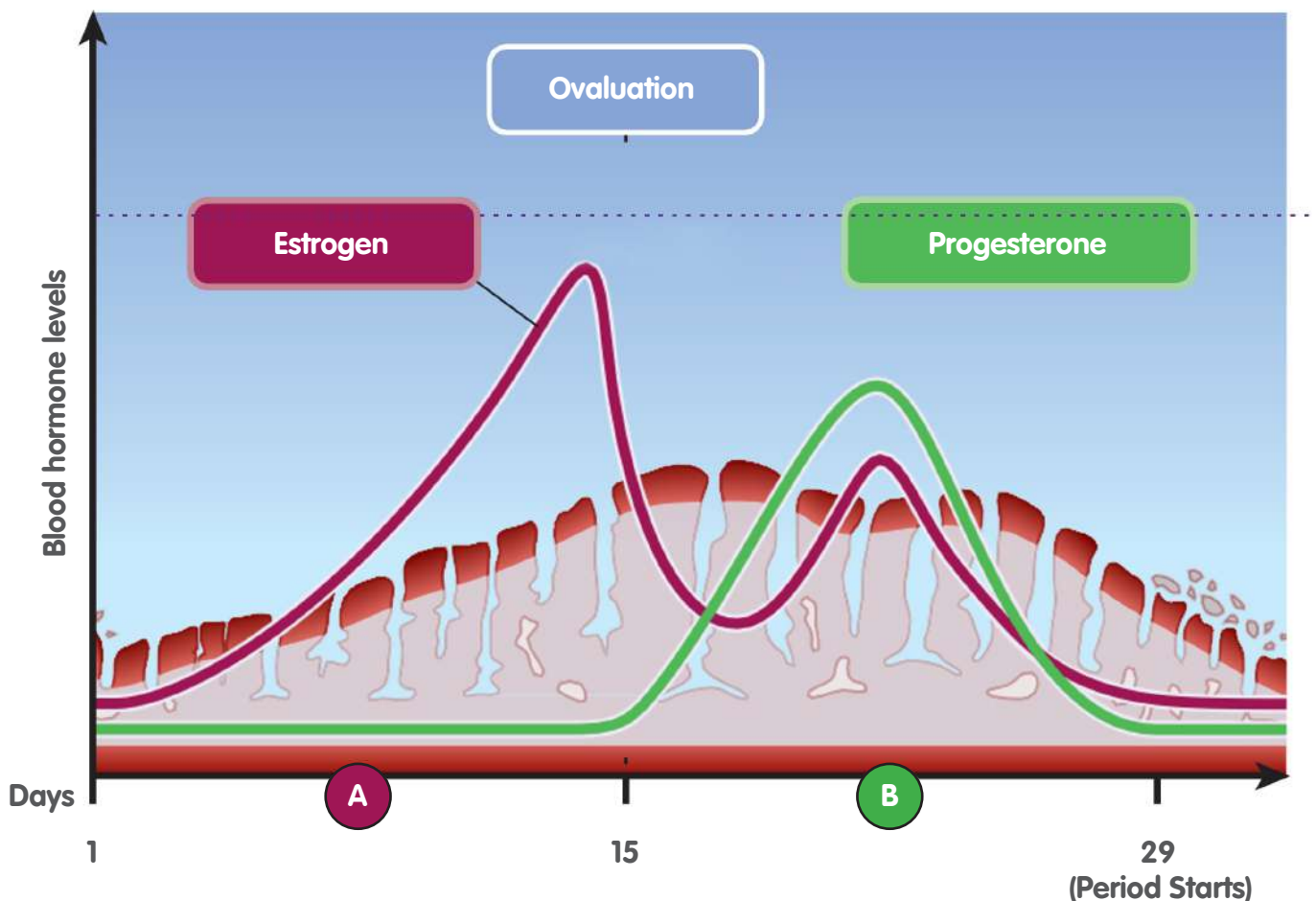


# Hormones and what they mean

## During your reproductive years

The menstrual cycle is a complex process, regulated by hormones.

At birth, your ovaries contain tons of eggs (ova). In general, an egg matures each month after puberty and is released. It is controlled by two hormones produced by the pituitary gland - follicle-stimulating hormone (FSH) and luteinising hormone (LH). Additionally, FSH and LH stimulate estrogen and progesterone production in the ovaries.

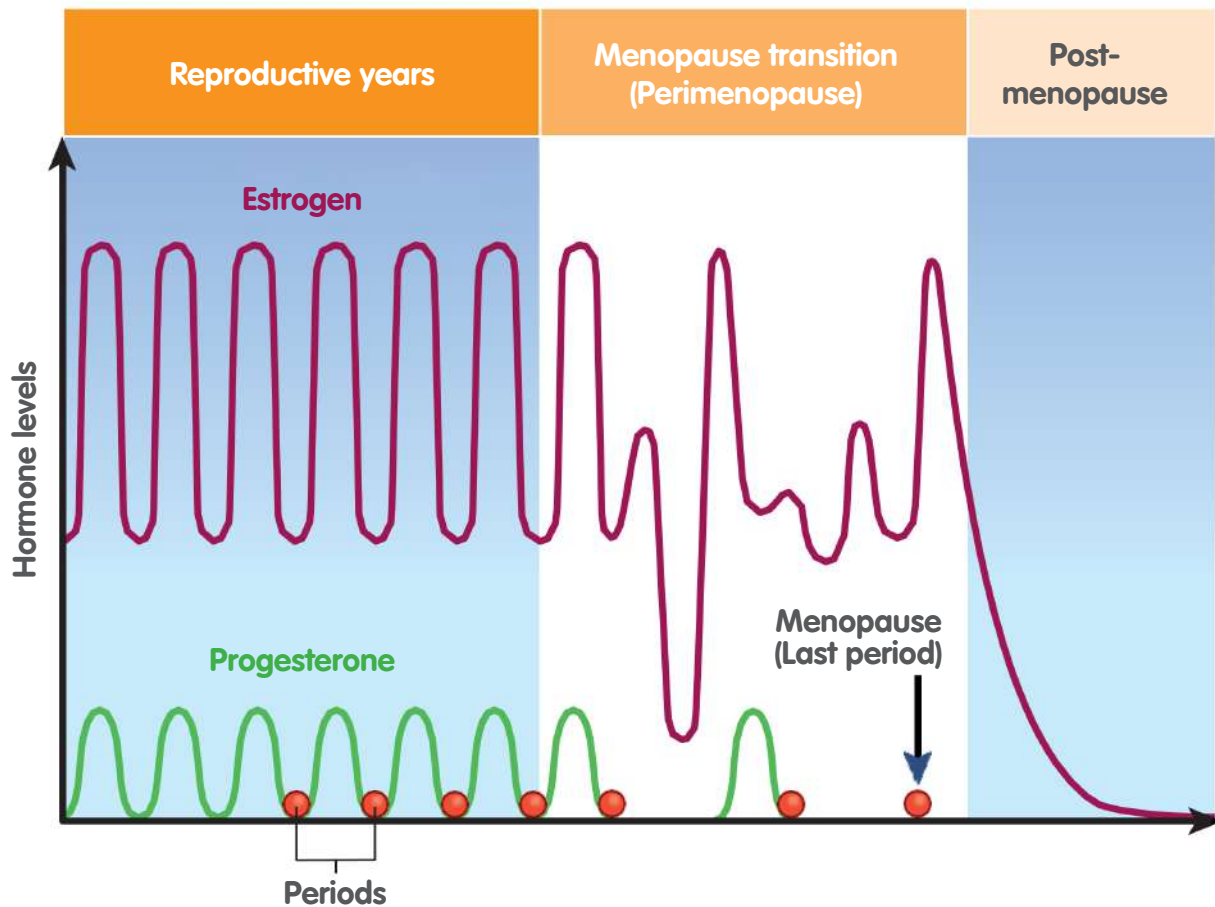


- A** In the first phase of the menstrual cycle, the ovaries release estrogen, which causes the lining of the uterus (womb) to thicken.
- B** After ovulation (which is when the egg is released), rising levels of progesterone prepare the lining of the womb to receive a fertilised egg.

In the absence of fertilized eggs, progesterone and estrogen levels decrease and the lining of the womb sheds.

# The menopause transition

Over time, your ovaries are less likely to release an egg every cycle as you get older. Estrogen as well as progesterone levels fluctuate unpredictably because of these factors.



Symptoms of the menopause transition are caused by these unpredictable hormone levels. It is during this time when the lining of the womb becomes too thick and sheds irregularly, resulting in heavy, irregular periods.

## After the menopause

When women reach menopause, their estrogen levels decrease and they typically experience fewer symptoms, although some still experience hot flashes.

Moreover, estrogen deficiency increases the risk of cardiovascular disease (CVD) and osteoporosis. vaginal and bladder tissues are also affected by low estrogen levels.

Regardless of your symptoms during the menopause transition, these are important issues to consider because you live for more than 30 years after menopause.

# Other causes of menopause

There are some women who experience menopause for reasons other than natural aging. Some of these causes are premature ovarian insufficiency or chronic health conditions that cause early menopause, or the removal of the ovaries to reduce the risk of cancer or alleviate pain from endometriosis.

## Surgical menopause

Subtotal, total or radical hysterectomy (removal of the womb and some associated tissues) can result in an abrupt onset of menopausal symptoms for women who have their ovaries removed.

A healthcare professional will discuss how to manage these symptoms before surgery and develop a treatment plan that is based on your medical history.

HRT can usually be started immediately after surgery for most women. By delivering this through the skin, there is no increased risk of blood clots in the legs or lungs. The most common type of HRT is estrogen-only, but if you have endometriosis and the cervix has not been removed, you might also need a progestogen.

A hysterectomy that does not remove the ovaries often results in early failure of the ovaries. In the event that you experience symptoms, HRT can be considered.

Over 45-year-old women whose ovaries cease producing hormones reliably can begin hormone replacement therapy without a blood test and without delay after consulting their healthcare provider.

Progestogens may also be needed if you have endometriosis or your cervix is still intact.



# Endometriosis

Endometriosis occurs when similar tissue to that which lines the womb (endometrium) grows elsewhere in the body. There are several common sites, including:

- + The ovaries, which result in "chocolate" cysts.
- + The Fallopian tubes, where it can affect fertility.
- + The lining of the abdominal cavity (the peritoneum; it covers, supports, and protects the organs inside the abdomen and pelvis).
- + The womb muscles (adenomyosis is known as the condition here).

Some of the less common sites include the belly button (which bleeds monthly), nose (monthly nose bleeds), lungs (monthly coughing of blood) and caesarean section scars (monthly pain).

Diagnosing endometriosis is done through laparoscopy (keyhole surgery). In order to see inside the body, a small telescope is inserted through small incisions in the abdomen. Endometriosis can be treated medically (often with hormones), or laparoscopically by removing deposits of endometriosis and/or releasing scar tissue (adhesions).

It is important for your healthcare professional to consider your history of endometriosis when managing your menopause. In the event that you have had surgery, your body may still have tissue deposits, and you will require a progestogen to reduce the risk of recurrence of endometriosis.

An intact uterus may be eligible for the Mirena IUS (intrauterine system) if you haven't had a hysterectomy. In any part of the body, the progestogen released by the IUS will prevent endometrial tissue from thickening and leading to hyperplasia (excess thickening of the uterine lining that increases the risk of cancer).

There are no clear guidelines regarding how long you will need a progestogen. Long-term use is recommended by many clinicians in order to reduce risks.



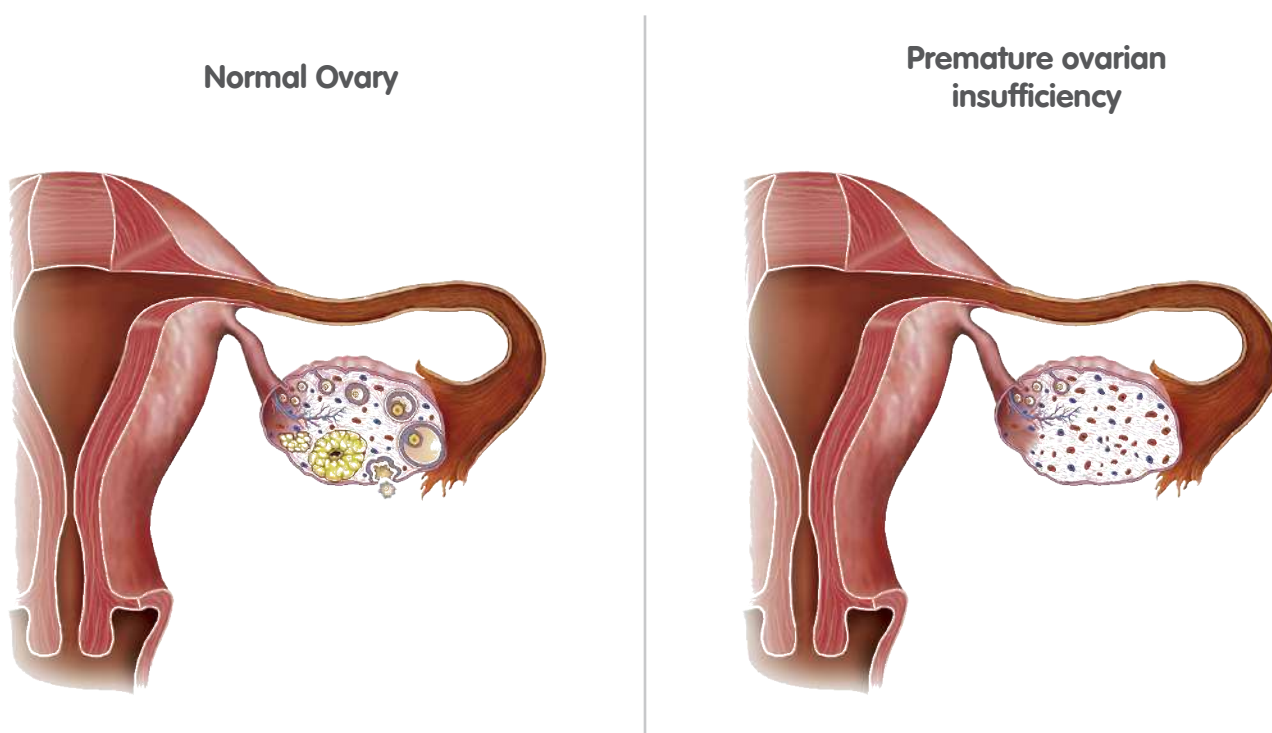


## Premature ovarian insufficiency

Usually found in women under the age of 40, premature ovarian insufficiency (POI) is caused by early ovarian failure (or surgical removal of the ovaries). This condition is typically unrecognizable and particularly devastating for women who have never had children.

There is an increased risk of osteoporosis and cardiovascular disease in women with POI. An individualized risk assessment will determine whether you should receive combined hormonal contraception such as a pill, patch or vaginal ring or hormonal replacement therapy (HRT).

IVF or Egg preservation (freezing) is sometimes an option for women with POI who wish to become pregnant.



## Chronic diseases

Women with long-term (chronic) diseases such as kidney failure, underactive thyroid, rheumatoid arthritis, epilepsy and migraine may experience early menopause. In women under the age of 40, blood tests are recommended (FSH should be checked twice, at least 6 weeks apart). While women with underlying health issues are not completely off limits to HRT, it is recommended that it be administered through the skin, either as a patch, gel, or spray, rather than taken orally.

During the menopause transition, women with asthma may notice changes in their symptoms. It is important to discuss any problems with your healthcare professional if you are experiencing problems with symptom control. HRT can also make a difference in how symptoms are controlled: sometimes it can help, but sometimes it can deteriorate control.

# How will the menopause transition affect me?

Different women experience the menopause transition differently. The symptoms can vary - you may not have any, or you may have some or all, at times or at other times. You can keep track of your symptoms by using the table. A summary of the most common symptoms can be found at the top of the table.

In most cases, these symptoms are short-term, although some women may continue to experience them for many years.

An early sign of menopause transition is poor sleep in a previously good sleeper.

SYMPTOM	YES	NO	SCORE (OUT OF 10)	DATE
Anxiety				
Low Mood				
Mood Swings				
Crying Spells				
Brain Fog				
Loss of Confidence				
Poor Concentration				
Poor Memory				
Loss of Joy				
Reduce self Esteem				
Irritability				
Heart Palpitations				
Difficulty Sleeping				
Tired/Lacking of energy				
Headaches				
Painful/Aching Joints				
Hot Flushes				
Night Sweats				
Change of periods				
Vaginal Symptoms				
Urinary Symptoms				
Loss of Libido				
Feeling Dizzy/Faint				
Dry Eyes/Ears				
Oral Health Changes				
Thinning Hair				
Dry/Itchy skin (formication)				
Tinnitus (ringing in the ears)				
Restless Legs				
Change to body Odor				
Increase Allergies				
Digestive Issues				

## What are the signs that I am approaching menopause?

You are likely to be in the menopause transition if you are 40-50, have any of the symptoms described on the table and have irregular periods.



## Is it necessary to have a blood test?

In most cases, women do not need to undergo a blood test. For women younger than 40 with perimenopausal symptoms, your doctor may recommend you have two blood tests 6 weeks apart to measure FSH levels. FSH levels above normal may indicate premature ovarian insufficiency, which requires hormone replacement therapy (HRT). A doctor will advise you if hormone blood tests are necessary if you are older.

### Q: I take a combined contraceptive pill. What effects will menopause have on me?

It is inevitable that every woman will reach menopause. When taking a combination hormonal contraceptive, peri-menopausal symptoms may be masked and you may not know exactly when you are in menopause.

The use of combined hormonal contraception (pills, patches, and vaginal rings) can help women under 50 control peri-menopausal symptoms (including heavy periods).

Until age 50, you can take combined oral contraception (the pill). Once you reach 50, you will need a progestogen-only contraceptive method.

Combined with estrogen-only HRT, Mirena IUS can help with perimenopausal symptoms as well as provide contraception.

The options available in your local area can be discussed with your doctor in terms of what is individualized to meet your needs.

### I don't have periods because I use a progestogen-based IUS (Mirena). What are the effects of menopause on me?

Despite an IUS, you may still experience perimenopausal symptoms (except heavy bleeding) due to changes in hormones released from the ovaries. Due to irregular periods, you may not realize when your last period was.

A Mirena IUS can be used with hormone replacement therapy to strengthen and protect the lining of the womb (it provides progesterone), and is usually replaced every 5 years.

# Common symptoms: how to manage them

## Heavy bleeding

Menopause transition is often accompanied by irregular or heavy bleeding (see page 5). Periods may come more frequently or less frequently, or you may go months without one. Flow may remain unchanged, be lighter or heavier.

Regardless of how much blood you lose or how much sanitary protection you require, heavy bleeding is unacceptable if it is compared to your previous periods.

### Here are some practical tips

- + You should keep a record of your periods for discussion with your doctor. Observe when they start, how long they last, how heavy they are, any spotting in between periods, and any abnormal bleeding, pain, or discomfort.
- + When you experience unpredictable periods, wear pantyliners or protective underwear.
- + During your period, wear high-absorbency tampons or pads and replace them every 2 to 4 hours.
- + If you are under 55, keep using contraception. During the menopause transition, it is possible to get pregnant.

### Taking further steps if necessary

- + In case of heavy bleeding, you should consult your physician to rule out other causes, such as fibroids.
- + Talk to your doctor if you feel tired or look paler than usual. Anaemia might be the cause of your symptoms. A blood test and iron tablets may be prescribed by your doctor.
- + In addition to helping with menstrual cramps, non-steroidal anti-inflammatory drugs, such as mefenamic acid, may decrease the flow of by up to 30%.
- + In most women, an IUS containing 52 mg of levonorgestrel reduces bleeding without changing their menstrual cycle. Mirena IUS is the only IUS approved for use with HRT.

# Hot flushes

A hot flush is a sudden feeling of intense heat throughout the body.

The symptoms may last seconds or minutes and include reddening of the skin, sweating, and palpitations (rapid heartbeats). You may feel embarrassed and anxious when you have hot flushes. Menopause transition symptoms include hot flushes, which are common and well-known. Hot flushes were experienced by 79% of women aged 45-65 in the BMS survey.

Typically, women experience hot flushes for five years, but they can last much longer. Some women have hot flushes very rarely, while others have them frequently.

## Here are some practical tips

- + Make sure you wear several thin layers of clothing, and choose clothes you can easily remove.
- + Consider carrying a fan or wearing a neck-cooling scarf/bandana.
- + A hot flush can be soothed by rinsing your face with cold water.
- + Caffeine, spicy food, and alcohol are triggers to be avoided.
- + Consult your doctor if you think any medicine you are taking could be increasing the risk of hot flushes.
- + In order to reduce the severity of hot flushes, use relaxation and breathing techniques to reduce stress and anxiety.

## Taking further steps if necessary

High-quality HRT can effectively treat hot flushes. There are medications called SSRIs or SNRIs (selective serotonin- or norepinephrine-reuptake inhibitors) that your doctor may prescribe. These medications are used to treat depression as well as to reduce perimenopausal symptoms. In cases where HRT is not an option, an SSRI could be helpful.



# Night sweats

Hot flushes during the night are called night sweats. It can be disruptive and as a result, you feel tired due to your sleep pattern (and your partner's). Sleep deprivation may cause some women to have difficulty coping.

According to the BMS survey, women reported night sweats in 70% of cases.

## Practical tips

- + Wear fewer clothes at night and/or looser ones.
- + Have two single duvets on your bed, so you and your partner can choose the level of warmth that suits you.
- + Consider using a cooling pillow.
- + Make sure you avoid triggers, such as spicy food, alcohol, and caffeine.
- + Ask your doctor if any of your medications cause night sweats.
- + Try not to worry about sleeping enough.

## Further steps if needed

In addition to improving sleep quality, HRT is highly effective in controlling night sweats.



# Vaginal dryness

Vaginal tissues become dry and more easily damaged instead of being supple and well lubricated - the terminology is called "urogenital atrophy".

Dryness of the vaginal passage is a very common side effect of menopause, but it is often embarrassing for women to discuss it.

There is a possibility that urogenital atrophy could cause discomfort or pain during sexual activities. Additionally, it can make a smear test painful or difficult.

According to the BMS survey, 35% of women reported experiencing vaginal dryness, with 18% saying it was unexpected.

## Practical tips

- + The use of lubricants during sexual activity is recommended.
- + Consider using a vaginal moisturiser.

## Further steps if needed

- + In order to reduce vaginal dryness, your doctor can prescribe vaginal moisturisers, which can be applied twice a week.
- + The doctor can also prescribe treatments that deliver estrogen directly to the vaginal area. There are pessaries and creams available for these purposes.
- + Generally, urogenital atrophy is best managed by treatments delivered directly to the vagina.
- + You should use the medication prescribed by your doctor for several months if you have vaginal dryness. It is possible to use some products for an extended period of time.
- + Using these treatments for 3-6 months ahead of a smear test can make the procedure easier.

**(You should continue to have regular smear tests.)**

# Bladder problems

As you transition to menopause, you might experience sudden or continual urges to urinate (urge incontinence), leakage during physical activity or when laughing or coughing (stress incontinence), or both (mixed incontinence). You may also experience discomfort while urinating.

As estrogen levels decrease, vaginal and urethral tissues lose elasticity, and pelvic floor strength weakens. Moreover:

- + Pelvic organs and tissues can be adversely affected by aging.
- + Body weight increases the pressure exerted on the pelvic floor, especially when standing.
- + In cases of prolonged labor, large babies, or delivery instruments, pregnancy and childbirth exert significant pressure on the pelvic floor.
- + The pelvic floor can be further strained by conditions such as coughing and constipation.
- + Some women may have poor-quality tissue due to genetic factors.
- + During and after menopause, changes in bladder tissues caused by estrogen levels may lead to bladder issues.

## Practical tips

- + Exercises that strengthen the pelvic floor (also referred to as Kegel exercises) can help with bladder control. Additionally, these exercises can enhance sexual pleasure.
  - You can identify the muscles of your pelvic floor by squeezing around your back passage as though trying to stop wind and at the same time squeezing at the front as if trying to stop passing urine. The front and back contract at the same time.
  - Exercising these muscles can help to prevent bladder problems and reduce problems that already exist.
  - Your doctor may refer you to a specialist physiotherapist if they feel that you need more help.
- + Other Yoga and Pilates are also effective exercises for strengthening the pelvic floor.
- + Take your last drink one hour before you go to bed.
- + Caffeine and alcohol consumption can worsen symptoms, so try to reduce them.
- + Spicy foods may also irritate the bladder, so try to avoid them.

## Further steps if needed

- + There are many treatments your doctor can prescribe to improve urogenital tissue quality, in addition to medications for overactive bladder.
- + It may be necessary to take additional oral medications for women with overactive bladders or mixed incontinences.



# Effects on your mood and mind

During the menopause transition, hormone changes may make you more prone to changing emotions (emotional lability).

Among the most common emotional issues are irritability, such as snapping without warning, low mood, low motivation, anxiety, and worsening phobias.

These symptoms can be exacerbated by a lack of sleep due to anxiety or night sweats.

Additionally, some women report becoming more forgetful, having trouble concentrating, and suffering from "brain fog".

It is more likely that women who tend to have mood changes during the menopause will experience emotional lability. When women are transitioning into menopause, they may experience more premenstrual symptoms.

## Practical tips

- + Maintain your general health and well-being. You'll feel better after doing this.
- + Exercise and being outdoors are both excellent ways to improve your mood.
- + You may find it helpful to try relaxation techniques, breathing exercises, or mindfulness exercises.
- + Give yourself some time to relax, away from stress and others' demands.
- + Share your feelings of irritability with your family and partner. Those who understand what you are going through will be more supportive.
- + Talk to your human resources department if you are experiencing these symptoms (or others).
- + Talk to your friends and other women for support

## Further steps if needed

You should consult your doctor if you are experiencing mood changes that negatively impact your quality of life. You can discuss several treatments, including HRT and antidepressants (SSRIs and SNRIs), as well as counseling and cognitive behavior therapy.



# Sex and the menopause

Menopause can mean freedom from periods and no more worries about getting pregnant for some women. Some women, however, may experience problems like vaginal dryness, soreness, and libido loss during the menopause transition, which can affect sexual interests.

Consequently, pleasure and orgasm may decrease as well as sexual desire and arousal.

Sexual intimacy and the ability to have a physical loving relationship may be affected by urogenital atrophy.

Furthermore, women report feeling unhealthy and less attractive. People who experience this can avoid sex and intimacy, which are important parts of a relationship.

It is also common for women to experience bleeding after sex (postcoital bleeding) due to urogenital atrophy.

**You should consult your doctor if bleeding occurs after menopause.**

## Practical tips

- + In order to ease discomfort during sex, use lubricants and vaginal moisturisers.
- + Discover other ways to stimulate your partner and increase intimacy. The act of sexual intimacy does not need to be penetration-based in order to be enjoyable.
- + Find alternatives to showing affection and sharing intimacy with your partner. In spite of the fact that you may not want to have sex, affection and comfort are important and can make you feel better.

## Further steps if needed

There are various treatments your doctor can prescribe for improving libido and improving urogenital atrophy.





## Is contraception necessary during the menopause transition?

Yes! It is still possible to become pregnant even if your periods are irregular, so contraception is necessary until the age of 55.

A combined hormonal contraceptive should be switched to a progestogen-only method once you reach 50, such as a "mini-pill" or an IUS. Women over the age of 50 are more likely to develop health risks associated with the combined pill since it contains a different type of estrogen than HRT.

Until 55 years of age, you should continue contraception if you are still getting your periods (regular or irregular). After one year without a natural period, you can stop contraception. It is necessary to use some form of contraception while taking HRT, since it does not provide contraceptive benefit.

Discontinuing contraception should always be discussed with your doctor.

## Lifestyle changes to help manage symptoms

A change in lifestyle during the menopause transition is helpful to many women in reducing symptoms. Start with small, manageable changes. This will also make it easier for you to keep up with what works for you.

Getting more active and watching your diet and drinking are two things you should consider.

- + Your general health and wellbeing will improve as a result of physical activity during the menopause transition. Exercises that involve weight-bearing (such as running and walking) are important for maintaining bone health. Strength and flexibility are improved through yoga and Pilates which also improves continence.
- + A variety of advice is available about how much and what to eat to maintain good health. Variety is the key to a healthy diet. Hot flushes can be reduced by foods rich in phytoestrogens.
- + Caffeine and alcohol can trigger hot flushes and interfere with sleep. Caffeine is a diuretic, meaning that it increases the amount of urine that you produce and therefore the frequency at which you need to pass urine. Alcohol contains many calories, while caffeine is a diuretic. In addition to coffee and tea, hot chocolate also contains caffeine.



# Menopause and its long-term consequences

Thus far, we've discussed menopause transition symptoms. The long-term consequences of menopause must also be understood.

Besides protecting heart tissue, bones, brain, vaginal tissue, and bladder tissue, estrogen also protects the cardiovascular system. Menopause reduces this protection, increasing CVD (heart attacks and strokes), osteoporosis, cognitive decline, and problems with the vaginal and bladder areas.

Menopause is inevitable, but these long-term consequences are not. Lifestyle changes and hormone replacement therapy can reduce the risk.

## Cardiovascular disease

- + During your reproductive years, estrogen protects your cardiovascular system (heart and blood vessels).
- + Following menopause, this benefit gradually disappears, increasing the risk of cardiovascular disease.
- + The most common cause of death for women over 50 is cardiovascular disease.



## Osteoporosis

- + During your reproductive years, estrogen protects your bones.
- + Approximately 1% of women's bone density is lost every year after menopause. As a result, they are at risk of fractures.
- + Most postmenopausal women experience poor health due to fractures caused by osteoporosis.



## Vaginal dryness

- + It is common for women to experience vaginal dryness during the menopause transition and postmenopausal years: the tissues become dry and weak, allowing damage to occur more easily.
- + In addition to causing discomfort or pain during sex, vaginal dryness may also cause smear tests to be uncomfortable.

## Bladder problems

- + Estrogen also affects bladder tissues and other urinary tract tissues. Urogenital atrophy refers to changes in the vaginal and urinary systems.
- + Postmenopausal women are more likely to experience bladder problems during the menopause transition. Incontinence and passing urine more frequently are two problems associated with this condition.

## Cognitive decline

- + It is common for women to have short-term memory problems and "brain fog" during the menopause transition, but this usually improves after the transition.
- + Lack of estrogen may cause cognitive decline (decline in memory and thinking skills) and possible dementia during menopause.



# Hormone replacement therapy

During the menopause transition, HRT replaces estrogen by replacing it with progesterone alone or in combination with it. In addition to alleviating menopausal symptoms, it also reduces the long-term consequences.

Based on all the available evidence, HRT is recommended as the best treatment for menopausal symptoms.

HRT is available in a variety of forms, including tablets, patches, gels, sprays and implants. As a result, your HRT can be tailored to your needs. It may be more appropriate for some women to use a patch, gel, spray, or implant than tablets, especially those who are at risk of blood clots. It may take you more than one type of HRT to find the one that suits you best.

Although HRT aids many women through their menopause transition, it is not suitable for all women.

HRT is perceived as having some risks by some women, as reported in the as reported in the media, but are not entirely supported by recent research.

HRT risks and benefits are explained to help you decide whether to try HRT and to help you discuss your options with your doctor.

## Combined estrogen and progestogen HRT

Women with a womb and continuing to have periods (even if they are irregular) need estrogen and progesterone containing HRT. During menopause, estrogen levels can fluctuate (as they do during the transition to menopause), which increases the likelihood of the womb lining becoming too thick.

There is a monthly withdrawal bleed (as with the contraceptive pill) when women begin taking a sequential preparation, which includes progestogens for 12-14 days of each 28-day cycle. There are two methods of delivering sequential HRT: via tablets or transdermally (through the skin).

It is possible to use preparations with less progestogen; however, heavy bleeding may occur (even though it is not common).

Around 51 years of after one year with no period, women can start taking estrogen/progestogen products continuously. Every day, a progestogen is taken, so there is no monthly bleeding. As a result of this "bleed-free" HRT, your uterus' lining is well protected for a long period of time. The continuous combined hormone replacement therapy can also be administered orally or through the skin. (It isn't used earlier in the menopause transition because it can cause irregular bleeding.)

## Estrogen-only HRT

The product is suitable for women who:

- + have undergone a total hysterectomy (removal of the womb and cervix).
- + If you have had a Mirena IUS fitted within the last 5 years, Mirena contains levonorgestrel, a progesterone that protects the lining of the womb.



# Phytoestrogens and other alternative therapies

A phytoestrogen is a plant protein similar to estrogen that may alleviate symptoms of menopause. Among them are soy products and isoflavones (red clover). There is mixed evidence regarding phytoestrogens' benefits during menopause.

It has been shown in some small studies that red clover can improve some symptoms in women, and it is more potent and better researched than soy.

It is best to take red clover capsules at the time you are most troubled by your symptoms. The drugs should not be taken by women who have venous thromboembolism risk or a history of hormone-sensitive cancers (see page 35).

The use of black cohosh during menopause is more controversial. Despite being approved for non-prescription use in Germany, its effectiveness has not been proven. In terms of its effects on the liver, there are some concerns.

**Any form of alternative therapy must be considered both for its risks and benefits, just as any medicine prescribed by a physician. You may not want to risk even a small amount of potential risk if you don't know whether something will be beneficial.**

## Testosterone

The hormone testosterone is usually viewed as a male hormone, but it is also produced by women, but at a lower level than that of men.

The effects of testosterone include improved energy levels, libido (sex drive), muscles, and joints. As women age, their testosterone levels decrease significantly.

During the menopause transition, testosterone can improve libido (interest in sex). An application of testosterone gel is applied to the skin (3/10ths of the dose for men). Areas without hair, like the inner forearm, are best for applying this product. (A testosterone application to follicular areas of skin can cause hair growth.)

Currently, there are no licensed testosterone products for women but the products used for men's health can be used at smaller doses.

# Weighing up the benefits and risks of HRT

The long-term health benefits and benefits of HRT during the transition to menopause are important considerations when considering HRT.

As well as protecting the vaginal and bladder tissues, HRT helps prevent osteoporosis and cardiovascular disease (depending on individual circumstances).

The benefits of HRT outweigh the risks if you are under 60 and in good health. There are certain conditions, however, that are associated with higher risks, such as obesity, smoking, and a family history of these conditions. The risks associated with HRT must be considered when deciding which is best for you.

## Benefits

### Short term

- + Improves mood and controls menopause symptoms within days or weeks

### Long term

- + Maintains bone health, reducing the risk of osteoporosis and fractures (broken bones).
- + It reduces the risk of cardiovascular disease (when started within five to six years of entering menopause)
- + The effects of this supplement may be beneficial for preventing memory loss and possible Alzheimer's disease
- + Bowel cancer risk is reduced



## Risks

- + Deep vein thrombosis (DVT) is increased by oral HRT in women at risk for it
- + It is associated with an increased risk of cardiovascular disease for women who start HRT after the age of 60, as well as for those who already have risk factors, such as smoking and being overweight or having high blood pressure or high cholesterol
- + Small increase in breast-cancer risk after age 60
- + Gallbladder disease risk increases slightly

It is important to note that some of these risks (such as DVT) are not increased when estrogen is administered as a patch, gel or spray instead of as a tablet.





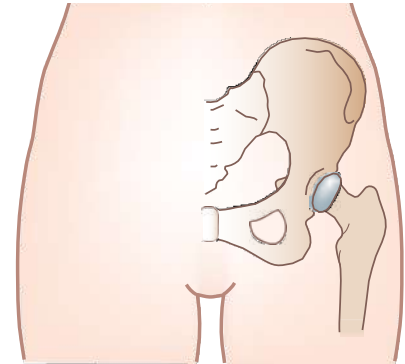
# The long-term benefits of HRT

## Osteoporosis

Estrogen plays an important role in bone health. During menopause, bone density decreases, increasing the risk of osteoporosis.

As a result, fractures, particularly of the hip, wrist, and vertebrae (bones of the spine), are more common. Loss of height and back pain can occur as a result of osteoporosis affecting the vertebrae.

Fractures and bone loss can be reduced with HRT. Women who stopped taking HRT had a 55% increased risk of hip fractures, according to a long-term study conducted in the US.



To prevent osteoporosis and fractures in women under 60 who have risk factors for the condition (e.g., fractures or height loss) or a family history of the condition, HRT should be considered.

- + Exercises that involve weight-bearing or impact are important for healthy bones, such as walking, running, and any other form of exercise that makes your bones stronger.
- + The calcium and vitamin D you consume in your diet, as well as sunlight exposure, are also important for bone health.

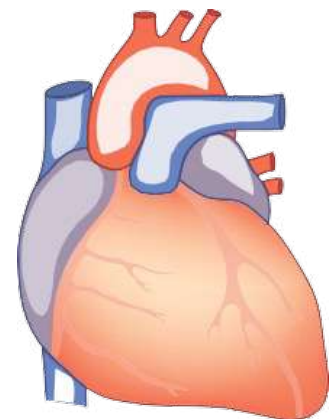
## Cardiovascular disease

The leading cause of death among women over 50 is cardiovascular disease, which includes stroke and heart attack.

Postmenopausal women die most commonly from heart attacks.

Several factors increase the risk of CVD after menopause, including estrogen deficiency. Smoking, obesity, high blood pressure, diabetes, and high cholesterol are also contributing factors.

When estrogen (either natural estrogen or HRT estrogen) is administered, blood lipids (fats) are improved: high-density ("good") cholesterol is increased and low-density ("bad") cholesterol is reduced. As a result, atherosclerosis (a fatty layer in the blood vessels) is prevented.



Taking HRT within 5-6 years of menopause reduces the risk of CVD by 40% and decreases the death rate from CVD. When started during the menopause transition, HRT also reduces stroke risk.

It is not necessary to come off HRT at age 60 as long as you start it early. But it may increase the risk of CVD if it is started later.

Women taking only estrogen appear to experience greater benefits.

## Arthritis

Estrogen helps to maintain the cartilage that A woman's estrogen plays a role in the maintenance of the cartilage that lines the bones in joints and the discs between her vertebrae.

A thinned cartilage after menopause increases the risk of arthritis and causes backache and other joint pain.

In HRT, estrogen protects the cartilage, which reduces the severity and risk of arthritis.

While progesterone neutralizes some of this benefit, Mirena IUS can reduce blood progesterone levels.



## Memory and brain function

It has been shown that long-term use of HRT during the first 5 years of menopause improves memory and reduces Alzheimer's risk.

## HRT's other benefits

- + Research consistently shows that women who take HRT have a 20% lower risk of developing bowel cancer.
- + There is a lower incidence of stomach cancer among women who use HRT.
- + The risk of cataracts in women taking hormone replacement therapy is reduced by 60-80%.
- + HRT may reduce the risk of glaucoma (high eye pressure).
- + In addition to protecting teeth, estrogens may protect jaw bones as well.



# Risks associated with HRT

## Blood clots

HRT is associated with the highest risk of DVT (blood clots in the leg). The pieces of a clot may become lodged in a blood vessel in the lungs when they break off. As a result, a pulmonary embolism occurs - shortness of breath, chest pain, and blood in the cough are common symptoms.



- + There are about 1% of PEs that are fatal. Venous thromboembolism (VTE) refers to both DVT and PE together.
- + Women under 60 have a very low risk of VTE.
- + Age increases the risk. Lifestyle factors such as obesity and smoking, as well as prolonged immobility (for example, on long flights) increase the risk.
- + Study results showed that two of 1000 women taking estrogen-only HRT in their 50s developed DVT.
- + With combined HRT, this number increases to 5 per 1000; however, the risk is not increased if estrogen is taken as a patch, gel, or spray.
- + A study has found no increase in DVT risk with tibolone, which is sometimes used as a substitute for HRT.

## Cardiovascular disease

Women who begin HRT after the age of 60 are at a higher risk of CVD than those who start it early. Estrogen dilates (stretches) the blood vessels, causing the fatty lining in the arteries to break off, resulting in a blockage.

It's best to use patches, gel, or spray rather than tablets if women decide to start HRT later in life. In women below 60, stroke is a rare cause of death, but it is the second most common cause of death among women over 60. By using the smallest dose of HRT, preferably in the form of patches, gels, or sprays instead of pills, the risk can be reduced.

## Gallbladder disease

Taking HRT may increase the chances of gallbladder disease (gallstones and/or gallbladder inflammation). The risk may persist for some years after HRT is stopped. Women who are at risk (for example, overweight women) should use estrogen via the skin in the form of a patch, gel or spray since it reduces this risk.

# HRT and breast cancer

Research studies have reported conflicting findings, namely that HRT increases, decreases or does not affect the risk of breast cancer among women using HRT, and this is confusing. Studies' results can sometimes differ due to the different scientific methods used, which can sometimes overly influence positive or negative conclusions.

In light of this, the current UK advice is as follows.

- + Breast cancer risk is very unlikely to increase with estrogen-only HRT and may even be slightly reduced. Women who have had a hysterectomy receive this treatment.
- + The increased risk appears to occur only in women who have taken combined HRT (estrogen plus progestogen) for a long time (more than 3-4 years). The risk may also be lower with HRT preparations containing micronised progesterone or dydrogesterone.
- + It is unlikely that a woman who previously used hormone replacement therapy (estrogen-only or combined) will develop breast cancer.
- + The benefits of estrogen-only or combined HRT will exceed potential harms for women at a low risk of breast cancer (most of the female population).

The concept of risk should be viewed in a balanced manner. There are many factors that can influence your risk of developing breast cancer. To compare the effectiveness of HRT with being overweight and drinking alcohol, you may need to know how these factors affect breast cancer risk.

Table below shows how many additional women will be diagnosed with breast cancer over the next 5 years if different risk factors are taken into account for 1000 women aged 50-59. The important thing to note is that the excess risk is small, regardless of the risk factor.



# Risk of being diagnosed with breast cancer

## in 1000 women aged 50-59 over the next 5 years

Breast cancer will be diagnosed in 13 women who do not use HRT

- + Being overweight: **+4 women**
- + Being obese: **+10 women**
- + Drinking 4-6 units of alcohol daily: **+8 women**
- + Drinking 6 or more units of alcohol daily: **+11 women**
  
- + Taking estrogen-only HRT for 5 years:
  - 6 women** (WHI study 2020)
  - +3 women** (CGHFBC study 2019)
  - +3 women** (NICE Menopause Guideline 2015)
  
- + Taking combined HRT for 5 years:
  - +8 women** (WHI study 2020)
  - +10 women** (CGHFBC study 2019)
  - +9 women** (NICE Menopause Guideline 2015)

Overweight is defined as a body mass index (BMI) over 25 but less than 30. Obesity is defined as a BMI of 30 or higher.

CGHFBC, Collaborative Group on Hormonal Factors in Breast Cancer; NICE, National Institute for Health and Care Excellence; WHI, Women's Health Initiative. The results from these studies differ because of different methods of data collection.

- + Women who have an early menopause are counted from the age of 50 for years of HRT exposure.
- + The use of certain types of HRT can reduce the risk of bowel cancer, fractures due to osteoporosis, and heart disease (see pages 32-4).
- + When compared with women who have never taken hormone replacement therapy, deaths due to all causes are reduced regardless of whether the woman uses estrogen-only or combined HRT.

Women with a family history of breast cancer or previously diagnosed benign breast conditions may be concerned about using HRT.

- + Consult your doctor if you have a family history of breast cancer but have not been diagnosed. Your physician may recommend a genetics clinic or a family history clinic based on your family history (depending on where you live). A low risk assessment will determine if you can take HRT.
- + Epithelial atypia and lobular carcinoma in situ are the only benign breast conditions associated with an increased risk of breast cancer diagnosis. Breast biopsies are the only way to diagnose these conditions. Symptoms of either of these conditions should not be treated with HRT, but HRT is probably safe for all benign breast conditions.

# Breast cancer facts you need to know

- + It is estimated that 1 in 8 women will develop breast cancer during their lifetime. In addition, it means that most women (7 out of 8) won't be diagnosed with breast cancer during their lifetime.
- + Having been diagnosed with breast cancer (for most women) is associated with being female and being older. It is most common to find breast cancer in older women over 50 (80%).
- + Breast cancer diagnosis is increased by a small amount when postmenopausal lifestyle factors such as obesity, alcohol consumption, and HRT usage are taken into account. It is unlikely that overweight, drinking alcohol, or using HRT will cause a woman to be diagnosed with cancer.
- + Breast cancer survival rates have improved significantly over the last 50 years due to better treatments and the introduction of Breast Screening Programmes.
- + The majority of deaths in postmenopausal women do not result from breast cancer, contrary to popular belief. Dementia and Alzheimer's disease cause the most deaths, followed by heart disease, stroke, chronic lung conditions, and influenza or pneumonia.



# What you need to know about HRT

## **Q: Do I need HRT if I don't have many menopausal symptoms?**

There are several reasons why HRT is recommended for most women:

- + Provides protection against the development of future peri-menopausal symptoms
- + Assists in preventing osteoporosis over the long term
- + Assists in protecting the vaginal tissues as well as the bladder.
- + The benefits of HRT far outweigh the risks for women aged up to 60 who are in good health.

## **Q: What is the best time to start HRT?**

If you are going through the menopause transition, you can start HRT at any time. HRT will relieve symptoms and also provide long-term benefits.

In addition to starting HRT after the actual menopause, it will assist with any symptoms that remain after the menopause. Additionally, it will protect the bones from osteoporosis.

The use of HRT outside the window of opportunity (within 10 years of menopause or till 60 years of age) does not confer any CVD benefits.

## **Q: What is the recommended duration of HRT?**

Your doctor can help you determine what age is appropriate to stop HRT.

To get the full benefits of HRT for osteoporosis and CVD prevention, women are advised to take it until age 60.

It is recommended that women who have premature ovarian insufficiency (in which the ovaries stop producing estrogen) continue HRT until at least age 52 (the average age of menopause).

## **Q: The contraceptive pill was not an option for me. Is HRT safe for me?**

HRT has lower hormone levels than contraceptive pills. HRT is an option for women who cannot take the pill (due to other health conditions, risk factors, or side effects).

As we age, our blood pressure increases. In some women, estrogen can raise blood pressure even higher, but in most women, blood pressure remains normal.

## **Q: If my symptoms do not improve, what should I do?**

Your doctor will prescribe you the lowest dose of HRT that can relieve your symptoms. It may be necessary to try a higher dose or a different type of medication. Older women may require higher doses than women in their 40s.

## **Q: How does HRT affect the body?**

It is important to note that DVT is the only serious side effect associated with HRT, but, overall, the risk is low in otherwise healthy women.

The nausea, breast tenderness, and headache most women experience when they start taking HRT usually pass with time.

## **Q: Is it likely that I will gain weight?**

Women do not gain weight directly as a result of HRT. Estrogen, however, can lead to fluid retention, which increases weight. Hormones can also increase appetite.

As you age, your metabolism slows down, so it is important to reduce your calorie intake to avoid gaining weight.

# What partners need to know

Menopause can be a challenging time for partners too - although they may want to help, they may not know how.

- + Start by learning about the menopause (this booklet is a good place to start).
- + You can support your partner more effectively if you know more.
- + Discuss how your partner is feeling and what she is going through - spend some time asking her how she feels.
- + Ask - "How can I help?, Is there anything you need?"
- + Consider getting practical - how can you assist your partner, especially if she's feeling overwhelmed? A small act can have a huge impact.
- + Be aware that mood swings and irritability are common during the menopause, so do your best to keep a cool head.
- + You should reaffirm your partner's confidence - many women lose their self-confidence during menopause.
- + Menopause can have a negative impact on intimate relationships, so don't take it personally. There's no reason to think that your partner rejects you just because she doesn't want to have sex.
- + Don't give up - things will improve.





# Working women and menopause

The menopause may make you hesitant to discuss it with your employer, but increased awareness of the topic means that more employers are aware of how it can affect their employees. Usually, Continuing to perform your role successfully can be achieved by making a few simple changes.

## What is the best way to raise this issue?

In the event that you are not comfortable approaching your line manager/ employer directly, is there someone else at your workplace who would be willing to listen to your concerns? There are some organizations that offer menopause support, in addition to wellbeing champions, human resources representatives, or occupational health specialists who may be able to help you.

Regardless of who you choose to talk to, it is worth booking a private room for your conversation if possible. Organize your thoughts, rehearse them mentally (or with a friend if you prefer), and consider possible changes that could improve your life.

## Are there any adjustments my employer might consider?

- + Working hours: Do you have the option of working from home or adjusting your shift patterns if you are struggling with lack of sleep? Will your work hours change if you are unable to sleep?
- + Breaks: Are you allowed to take breaks when you need them, or regularly scheduled breaks where you can manage your symptoms privately?
- + Ventilation: Is there any way you can improve the ventilation in the room? Could you put a desk fan on, sit near an opening window or adjust the air conditioning?
- + Toilets: Could you move your desk closer to the toilets if you need easy access to them?
- + Clothing: How flexible are company requirements regarding clothing/uniforms? Can you wear what you like? Is it possible to avoid wearing synthetic fiber uniforms or to wear a looser uniform that is more comfortable?

It's important to discuss and agree to any other changes with your employer if they seem necessary given the fluctuating symptoms of the menopause.



## Breaking taboos and getting support

This is one of the most important transitions in a woman's life, marking the conclusion of her reproductive years. The thought of no longer having periods or worrying about pregnancy may be painful for some women, while others may rejoice at finding themselves free of these burdens.

There are a number of things women need to consider when they are going through the menopause transition. Even so, it must be emphasized that the menopause is a natural process, and it does not have to be unpleasant.

Women are becoming more aware of the symptoms of perimenopause as well as the challenges they face during their transition to menopause.

As part of a campaign to raise awareness of menopause issues, the International Menopause Society (IMS) launched World Menopause Day in 2014. The event has been held yearly since then, focusing on a different issue each year.

## There is power in talking!

Communication is important. Being open makes it easier.

When your partner and children know how you feel, they can be more supportive.

Whenever you feel discomfort or pain during sex, let your partner know. It is important to feel comfortable and loved, even when you aren't feeling sexually motivated and there is also a possibility that your peer group is also experiencing similar symptoms. If you all discuss or laugh about experiences such as hot flashes, you might all feel better!



# What's new?

- + Trials are being conducted on HRT products containing Estetrol (E4). The effects of estrol on vagina, womb, bone, and brain are similar to those of estrogen, but it blocks the effects of estrogen on breast tissue. The risk of blood clots may be reduced by estetrol.
- + For the treatment of hot flushes, neurokinin 1/3 receptor antagonists are being developed.
- + In the future, there may be laser treatments available for urogenital atrophy on the NHS as well as in the private sector.
- + The menopause workshops are offered by a variety of organizations.
- + In such workshops, it is advisable to check the qualifications and credentials of the presenters.

## Glossary

**BMS:** British Menopause Society

**CVD (cardiovascular disease):** heart attack and stroke

**DHEA (dehydroepiandrosterone):** a hormone that converts in the body into estrogen.

**DVT (deep vein thrombosis):** blood clot in the veins of the leg

**Early menopause:** menstrual periods stop before the age of 45

**FSH (follicle-stimulating hormone):** a key hormone in the menstrual cycle that triggers the maturation (ripening) of an ovum (egg)

**HRT (hormone replacement therapy):** medication, also known as menopausal hormone treatment (MHT), containing estrogen, either alone or with a progestogen; it is used to relieve symptoms during the menopause transition and protect against the long-term effects of the menopause

**Hysterectomy:** surgical removal of the uterus (womb)

**IUS (intrauterine system):** a device inserted into the neck of the womb to provide contraception and control heavy bleeding; the Mirena IUS releases low levels of a progestogen and can be used in HRT

**Libido:** sex drive or desire for sexual activity

**Menopause:** specifically, the last menstrual period

**Menopause transition:** the gradual change as estrogen levels decrease and periods stop (also known as perimenopause)

**Estrogen:** a key hormone released by the ovaries; loss of estrogen as the ovaries age causes the menopause

**Osteoporosis:** thinning of the bone (which can occur when estrogen levels are low after the menopause)

**Perimenopause:** the years around the menopause when estrogen levels are decreasing

**Postmenopause:** starts 12 months after the menopause (last menstrual period)

**Premature ovarian insufficiency (POI):** failure of the ovaries before age 40

**Progesterone:** a natural hormone that helps regulate the menstrual cycle

**Progestogen:** medication that is similar to natural progesterone, used in HRT

**Sequential HRT:** hormone replacement therapy that contains a progestogen for 12-14 days of each 28 day cycle, allowing a monthly withdrawal bleed

**Tibolone:** a medication that has similar effects to estrogen and progesterone that may be used to relieve symptoms during the menopause transition

**Vaginal dryness:** loss of estrogen causes the tissues of the vagina to become dry and less stretchy, so they are more easily damaged

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