

Understanding Menopause



" A woman must wait for her ovaries to die before she can get her rightful personality back. Post-menstrual is the same as pre-menstrual; I am once again what I was before the age of 12: a female human being who knows that a month has 30 days, not 25, and who can spend every one of them free of the shackles of that defect of body and mind known as femininity."

Florence King

" The menopause of Sarah became her menostart: this is feminine beauty!"

Israelmor Ayivor

" Oestrogen deficient women are nothing but the walking dead."

Marie Hoag

One only needs to read the accompanying quotes to realise that attitudes to the menopause vary widely. Rather than being a subject that is widely talked about the menopause still remains a somewhat hidden topic. The familiar stereotype of an irrational, overly emotional woman, stripping off layers as they sweat profusely is enough to ignite fear in any woman approaching this time of her life. Although many women face real challenges there is a growing amount of support, help and information available. Today there is scope for women to approach and manage the experience in individual ways that suit them.

The menopause, or 'change of life', occurs when a woman's ovaries stop releasing an egg every 4 weeks. It signifies the end of menstruation and fertility. The average age for a woman to reach menopause in the UK is 51 but it can occur in your 30's and 40's. If it occurs before the age of 45 it is known as premature menopause. A woman is considered to have reached menopause once she has gone through 12 consecutive months without a menstrual period. The time leading up to the menopause is known as perimenopause and is a transitional phase during which many physical and emotional changes happen. Although there are a range of symptoms that are associated with the menopause the severity of these symptoms differ with each individual, leaving some wondering what all the fuss is about and others suffering a great deal. This helpsheet offers a broad overview of menopausal challenges and some suggestions that may help to ease the transition. If you would like to talk about anything in more detail you can contact a member of our Adviceline team or talk to your GP.

What happens to your body?

The menopause is a stage of life rather than an illness, despite the fact that for some it might feel like an illness. Every woman is born with a certain number of egg cells, and this number decreases with age until typically around 45 – 55, very few are left. With age certain hormone levels begin to fluctuate, leading to a fall in oestrogen and progesterone. This can cause:

- **Menstrual irregularity:** The length of time between periods may become longer or shorter, the flow may be light or heavy and you may skip some periods. If you have a persistent change of 7 days or more in the length of your cycle you may be in early perimenopause. A space of 60 days or more between periods suggests you are in late perimenopause.
- **Hot flushes:** These affect up to 80% of women although the intensity, length and frequency may vary. Often they occur during the night and disrupt sleep patterns which in turn can lead to irritability and poor concentration.
- **Mood disturbances:** Mood swings, irritability or even feelings of depression have been associated with the menopause, although low moods may also be compounded by poor sleep.
- **Vaginal dryness and urinary infections:** As oestrogen levels drop there may be a loss in lubrication of the vaginal tissues and this can make sexual intercourse painful. Women may be more susceptible to urinary or vaginal infections, and loss of tissue tone may lead to urinary incontinence.
- **Loss of libido:** Some women report a change in sexual arousal and desire but for most women who have satisfactory sexual intimacy before perimenopause this is likely to continue.
- **Loss of bone density:** It is estimated that 1 in 3 women will develop osteoporosis or thinning of the bones as a result of the reduction in oestrogen.
- **Change in cholesterol levels:** The decline in oestrogen levels can adversely affect blood cholesterol, which can lead to an increased risk of heart disease.
- **Collagen loss:** Skin and hair are affected as there is some collagen loss, causing skin to be thinner and dryer and itchier and hair becomes more brittle.

What can help?

Many women do not need any help or treatment during the menopause but for those who experience powerful symptoms there are a range of options. If you feel that your symptoms are interfering with your ability to lead a satisfactory life it is advisable to discuss this with your GP. It is important to find the right support for your individual needs. Whilst some people are happy to take a more traditional medical approach others might prefer to manage their symptoms with certain lifestyle changes. There is a great deal of information available but ultimately only you can decide what is right for you.

HRT (Hormone Replacement Therapy) involves restoring female hormone levels to enable the body to function normally again. It can be taken via tablets, a patch that you stick on your skin, an implant or an oestrogen gel. It can also be applied locally for vaginal dryness. There are more than 50 different preparations of HRT and there may be some initial trial and error to find which one suits you.

There are some health risks associated with HRT that have attracted much negative publicity over the last 10 years. According to the NHS some of the publicised data has been misleading and they cite the following example - an article might suggest that use of combined HRT for 5 years increases your risk of developing breast cancer by 60%, a figure that understandably causes alarm.

However, whilst this may be statistically true, the average risk of developing breast cancer, provided there are no other contributory factors, only increases from 1% to 1.6%. To find out more you can discuss your concerns with your GP or read the regularly updated findings on the Cancer Research UK website.

Osteoporosis – There are several medical treatments available to protect against bone thinning including HRT, a selective oestrogen receptor modulator or Bisphosphonates (a tablet which is usually taken weekly). Also beneficial are a good calcium and vitamin D supplement and ensuring you undertake regular weight-bearing exercise such as walking or jogging.



Sex – A recent survey found that 84% of menopausal women found sex painful and 70% felt it had affected their relationship as a result. Although some decline in libido is normal as we age this can be exacerbated by menopausal related depression or stress. Sometimes talking things through with a partner can be helpful. Most issues around sex drive are temporary. There are several treatments available for vaginal dryness including ordinary over the counter lubricants such as KY jelly, or your GP may prescribe HRT or an oestrogen gel that can be applied ‘locally’ to the vagina. Some women feel embarrassed approaching their GP about sexual issues but it is worth knowing that they are used to dealing with these matters and it could make a real difference. See a female GP if it makes you feel more comfortable.

Lifestyle – As with all stages in life it is important to adopt a healthy lifestyle. Eating a balanced diet, exercising regularly and reducing stress will smooth your transition and help to protect against other factors such as heart disease. Avoid smoking and excessive levels of alcohol.

Alternative treatments – many women opt for alternative treatments rather than HRT. Whilst there may be some benefits many treatments have not been rigorously tested and there may be some questions around their safety. For instance black cohosh is popular but tests have found that this can cause liver toxicity. Be on the alert for any adverse reactions you have to anything you try and if you have concerns stop taking them.



The menopause as ‘life changing’

The menopause often triggers a shift in how a woman thinks about and identifies herself. It is frequently associated with loss: as fertility ends it can be particularly difficult for those who were unable to have children or would have liked more; it often coincides with children leaving home and the empty nest syndrome; focus may turn to the older generation of parents who are ageing and require more care and the reality hits that they will not always be around. As signs of aging become more visible a woman can feel both the loss of her youthful appearance as well as previous energy levels. This can be especially hard if she has regular contact with blossoming daughters, or young friends and colleagues who possess all the vitality of youth.

Writer and medical practitioner Christiane Northrup believes that the menopause can be the key to unlocking greater happiness if one is able to pay attention to what it teaches us. She views the whole cycle of menstruation – from teenage to midlife – in two stages. The first half is about either biologically or psychologically preparing to give birth to someone or something outside of ourselves; the second half is about giving birth to ourselves. She makes a connection between the turbulence that we might feel during our monthly menstrual period and the turbulence we might feel during perimenopause. Hormone levels alone are not an indicator of hormone related moods such as those experienced with PMS, postnatal depression or menopausal mood swings; it is the reaction they cause in the brain. Some of us seem to be more sensitive to these changes than others. Her view is that this is connected with unresolved emotional or physical baggage such as unhealthy relationships or not taking care of our physical wellbeing. These hormonal events are a wake up call to make positive changes in our lives.

If we can listen to what our bodies tell us we might be able to lead better lives. We need to stop dismissing our feelings as simply being hormonal and to take them seriously.

She cites her own experience of empowerment when her menopause was suddenly triggered by an oestrogen reduction treatment designed to shrink a fibroid. A simple question from her former nanny prompted an unexpected reaction. Her husband gave an answer that Christiane inwardly disagreed with. Rather than relying on old habits, which dictated she should remain quiet and allow him to be the authority, something inside her snapped. She spoke out and disagreed with him with all the conviction she felt. In this pivotal moment she was able to recognise the validity of her own experience and was no longer prepared to be less of herself for the sake of her marriage. Following this event she and her husband were able to discuss their needs more openly and this represented an important turning point in their marriage. Christiane’s belief is that it was thanks to the strong feelings invoked by the menopause that she was able to be clear about what she wanted and needed.



Conclusion

This helpsheet has provided some basic insight into the menopause but it is important to recognise that the transition will be different for each individual. There is a great deal of information available if you would like to read more, and if there is anything that you are concerned about it is best to talk with your GP so that they can support and guide you to make decisions that work for you.



Further Resources

Cancer Research UK: www.cancerresearchuk.org

The Daisy Network (a premature menopause support group): www.daisynetwork.org.uk

The Menopause Exchange (offers independent advice about the menopause): www.menopause-exchange.co.uk

The Wisdom of Menopause: Creating Physical and Emotional Health During the Change by Christiane Northrup M.D.

Further help and information

CiC – Supporting Organisations

www.well-online.co.uk

24-hour Confidential Care Adviceline, providing emotional and practical support.

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