

Understanding menopause

Your questions answered



About Jean Hailes

Founded in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes, Jean Hailes for Women's Health reflects the enduring legacy that Jean made to women's health. She had a far-sighted vision to improve the quality of women's lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia.

Today, Jean Hailes is one of Australia's leading and most trusted women's health organisations. Our work is built on four pillars: education and knowledge exchange; clinical care; research; and policy. We aim to translate the latest scientific and medical evidence to help inspire positive change in women and girls by improving their physical health and wellbeing.

Jean Hailes for Women's Health takes a broad and inclusive approach to the topic of women's health. This booklet generally uses the terms 'women and girls'. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.

Jean Hailes for Women's Health gratefully acknowledges the support of the Australian Government.

This project is funded by the Victorian Government.



Contents

Glossary	4
What do these words mean?	4
Introduction	7
What is menopause?	7
Culture and menopause	7
What happens at menopause?	8
When does menopause occur?	8
What causes menopause?	8
Stages of menopause	10
Perimenopause	10
Menopause	10
Postmenopause	10
Symptoms, signs & tips	11
Diagnosis	11
Signs and symptoms	12
Hot flushes	13
Bladder, vaginal & vulval changes	14
Sex and libido	17
Emotional changes	19
Menopause and memory	23
Headache and migraine	25
Abnormal bleeding	26
Sleep disturbances	26
Clinical management & treatment	29
Options	29
How safe is MHT?	30
Types of MHT	30
Health considerations and MHT	31

Pharmacy compounded/bioidentical hormones	33
Alternative therapies	34
Self-management options	36
You, your partner & menopause	37
Support through menopause	37
Sexual roadblocks at midlife	38
For partners – how you can help	41
Health after menopause	42
Breast & cervical health	42
Cardiovascular health	43
Bone health	44
Bleeding after menopause	44
Diabetes	45
Pelvic health	45
Support and resources	47
Menopause in the workplace	47
Notes	48



Glossary

What do these words mean?

You will see the below words and terms often throughout this booklet. We've provided definitions for each of them here, in case you need more help to understand them.

Anxiety – when fears or thoughts that are chronic (constant) and upsetting interfere with daily life

Cardiovascular disease – a condition that affects either the heart or major blood vessels (arteries) supplying blood throughout the body, including the heart and brain

Depression – this is more than just a low mood or sadness. A person with depression may feel extremely sad, dejected and unmotivated. It can be a serious mental illness

Diagnosis – identifying/determining the cause of an illness or other health problem by examining the symptoms, signs and investigations (see below)

Egg – the female reproductive cell produced and released by an ovary. Also known as an oocyte or ovum

Heart disease – see Cardiovascular disease

Hormone replacement therapy (HRT) – the former name for menopausal hormone therapy (see below)

Hormones – the body's chemical messengers. Hormones tell the body what to do and when, such as releasing an egg from an ovary, or starting or stopping a period

Hormone therapy – use of menopausal hormone therapy (see below) or the contraceptive pill

Libido – sex drive or desire

Menopausal hormone therapy (MHT) – formerly known as hormone replacement therapy (HRT), MHT is a treatment used to relieve menopausal symptoms such as hot flushes, insomnia and vaginal dryness

Oestrogen – one of the main female hormones, oestrogen controls the female reproductive system, making it important in puberty, periods and pregnancy. It is also important for bone strength. Men also have oestrogen, but not as much as women

Ovary – a small round organ of a woman's reproductive system containing eggs. Women have two ovaries. Women of menstruating age usually release an egg from one of their ovaries every month

Ovulate – to release an egg from an ovary, usually at about the middle of the menstrual cycle

Period – also called menstruation, this is a girl or woman's monthly bleed, in which the lining of the womb (uterus) is shed. If there is a pregnancy, the period will not happen, as the uterus will keep its lining

Progesterone – another important female hormone, which is secreted when you ovulate and balances the lining of the uterus to prepare for a pregnancy in women still having periods

Sign – is the presence of the condition or illness such as a skin rash, or being able to feel a lump or an abnormality on examination

Symptom – a physical or mental experience or feeling that shows the presence of a condition or disease. Examples of symptoms include a headache, or any change to a bodily function (such as your period) that is not normal for you

Vagina – the internal tube that connects the uterus (womb) and cervix to the outside of the body

Vulva – the name given to all the external parts of the female genitalia, which includes the inner and outer lips (labia), the clitoris, the urethral opening (where urine exits your body) and the vaginal opening.



Introduction

What is menopause?

The word 'menopause' comes from the Greek words 'menos', meaning month, and 'pause', meaning to stop.

Menopause, also known as 'the menopause' and 'the change', is a woman's final menstrual period and is a normal change at the end of her reproductive age.

Usually you only know you have had your final menstrual period if you have had no period, bleeding, spotting or staining for 12 months. Periods can be irregular, infrequent and light, but also regular or irregular and heavier before they finish permanently. Once this occurs, you are considered postmenopausal until the end of your life, even though symptoms may continue.

This booklet is designed to help support you through the transition of menopause and the physical and emotional changes that can accompany it.

Culture and menopause

Your cultural background may influence how you feel about your menopause. In some cultures, reaching the menopause is an elevation in society, and brings age and wisdom. In Western cultures, it may be seen negatively, as a sign of losing youth. Also, discussion about menopause and its changes might be taboo and not talked about, even among friends.

If you come from a culture in which ageing women are respected as community and family leaders, you may feel that menopause marks a rich, new, possibly even liberating time of life. For some women, menopause will be a freedom from the risk of pregnancy; for others, it may be a sad time if they wanted children, but didn't have them.

It is OK to seek help from your local doctor or women's health clinic if you have any concerns or would like more information about menopause.

For menopause resources in other languages, visit our website at www.jh.today/meno12

What happens at menopause?

Women are born with about a million eggs in each ovary. By puberty about 300,000 eggs remain, and by menopause there are no active eggs left.

From about 35-40 years of age, your ovaries start to change and the hormones oestrogen and progesterone are not produced in the same regular way. The hormone release becomes erratic, sometimes being less, at other times being more. Around this time, the number of eggs in your ovaries also starts to decrease more rapidly. This combination of changes eventually causes you to stop ovulating (releasing an egg from an ovary), leading to a drop in oestrogen. As a result, your monthly periods wind down, triggering menopause.

When does menopause occur?

Most women reach menopause between 45-55 years of age, though the average age for women in Australia is 51-52 years. Some women will go through menopause later, at up to 60 years of age, especially if there is a family history of late menopause.

Menopause sometimes occurs earlier than expected as a result of cancer treatment, surgery or unknown causes.

If you don't have typical menopausal symptoms, are younger than 45 years, or have other symptoms that don't fit the picture of menopause, please seek medical advice.


What causes menopause?


Menopause can happen naturally and at the expected age, or for some women it will happen earlier. Periods can stop unexpectedly due to **primary ovarian insufficiency (POI)**, in which the ovaries stop working due to a number of conditions, or an unknown cause. Menopause can occur when the ovaries are removed through surgery (oophorectomy) – this is called **surgical menopause**. If various treatments for cancer, such as chemotherapy or radiotherapy, stop the ovaries from working, this is called **induced menopause**. See our booklet 'Understanding early & premature menopause' for more information on these.


The age menopause occurs for you depend upon:


- the age you were at your first period
- the age your mother reached menopause
- the length of your menstrual cycle (women with shorter cycles are more likely to experience earlier menopause)
- the number of eggs you are born with and the age they start to reduce.


 **MYTH:** Menopause starts at 50

 **FACT:** Just as women start their menstrual period at different ages during puberty, women go through menopause at different ages too. It usually happen between 45 and 55 – but in some women menopause may happen earlier or later than this.

 **MYTH:** In the lead-up to menopause, a woman's oestrogen levels drop lower and lower.

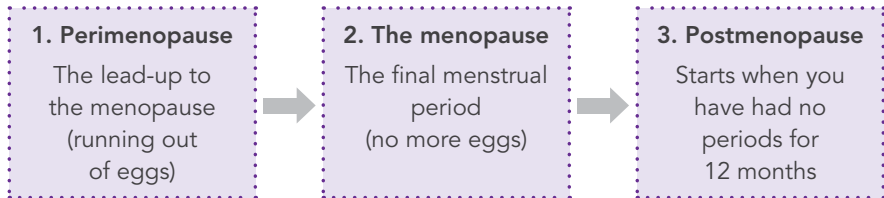
 **FACT:** During perimenopause, oestrogen levels can go up and down for a number of years. During and after the year of menopause, when periods stop, oestrogen levels fall.

 **MYTH:** Using the oral contraceptive pill can lead to early menopause.

 **FACT:** Studies show that taking hormones such as the oral contraceptive pill or fertility treatments have no influence on the age you reach menopause.

Stages of menopause

Menopause is often considered in stages:



Perimenopause

Perimenopause usually happens in a woman's 40s and on average lasts 4-6 years, but can be as short as one year or as long as 10. During perimenopause, your oestrogen levels can swing from high to low as your ovaries run out of eggs.

Perimenopause can cause symptoms similar to, or even more intense, than those of menopause. Changes to your periods are often the first sign, but other symptoms include hot flushes and mood swings. These symptoms may come in waves and often worsen before your period, when oestrogen levels drop. As oestrogen levels shoot back up you may have other symptoms such as swollen, tender breasts.

Menopause

The final menstrual period. You only know that you have had your final menstrual period if you have had no period, bleeding, spotting or staining for 12 months.

Postmenopause

The time after the final menstrual period. Oestrogen (the main female hormone) drops to its lowest level 2-4 years after your final period and stays low. Symptoms of menopause may continue for a few years or into your 60s, 70s and 80s; for how long will vary for each woman.

Symptoms, signs & tips

Diagnosis

Tests

During perimenopause, hormone levels may be low one day and within the normal range or high the next. If you are of the expected age of menopause, testing is not used to determine where you are in your transition.

Blood tests are not very useful, as hormone levels can change from day to day and cycle to cycle

There are no tests that are currently able to determine when menopause will occur. Anti-Müllerian hormone (AMH), a different hormone which comes from eggs, has been studied to see if it could predict menopause; however, at present it is only useful in investigating fertility.

The best guide

The best way to tell if you are close to menopause is to pay attention to the symptoms you have.

- Keep a record of your menstrual cycle to see if your periods are irregular or have stopped for some time.
- Use your symptoms as a guide. If you're experiencing typical menopausal symptoms such as hot flushes and erratic periods, it's likely you are going through perimenopause, and menopause is approaching.

Signs and symptoms

Not all women experience the same menopausal symptoms:

- **20%** of women have no symptoms
- **60%** experience mild to moderate symptoms
- **20%** have symptoms so severe that they significantly interfere with daily life.

As hormones change with the approach of menopause, you may begin to have some of the following physical and emotional symptoms:

Physical symptoms	Emotional symptoms
<ul style="list-style-type: none">• unpredictable periods• aches and pains• bloating• dry, crawling or itchy skin• headaches/migraines• hot flushes• increasing tiredness• night sweats• sore breasts• urinary problems• vaginal dryness• insomnia or wakefulness• weight gain.	<ul style="list-style-type: none">• difficulty concentrating• difficulty sleeping• feeling anxious• feeling irritable• feeling you are not able to cope as well as usual• forgetfulness• increasing PMS (premenstrual syndrome)• less interest in sex• lowered mood• mood swings.

Hot flushes

Hot flushes are a burning, overheating sensation that may include reddening of the skin and different degrees of sweating. They generally start in the chest or abdomen area, then spread upwards to the neck and face, but can spread over the whole body.

Flushing and sweating are responses to lowered oestrogen levels, which has a role in the narrowing of a woman's core temperature zone, called the thermoneutral zone.

The narrowing of this zone means that flushing and sweating is triggered by a smaller rise in temperature than before. At the same time, the blood vessels in the skin get bigger, further increasing the heat. Also, when a menopausal woman feels anxious or stressed, they release slightly higher amounts of the stress hormone noradrenaline, which also causes flushing.

Each woman experiences hot flushes differently. Some can have hot flushes that are mild and quick; others can have one a day, or more than 20 a day.

What you can do

- Reduce common triggers such as caffeine, alcohol, stress, anxiety and spicy foods.
- Carry a hand-held fan to cool your face, or a small water spray to spritz your face.
- Check medications aren't causing the hot flushes – write a list of what you're taking (prescription, over-the-counter, herbal) and check these with your doctor.
- See your GP to rule out other causes. These may include hyperthyroidism (overactive thyroid), high blood pressure, infections and some cancers.

Bladder, vaginal & vulval changes

Lower levels of oestrogen causes changes to the vulval, vaginal and bladder tissues, which can result in some or all of the following symptoms:

- **genital** – dryness, burning and irritation
- **sexual** – lack of lubrication; discomfort or pain; impaired function; loss of elasticity
- **urinary** – urgency; pain (dysuria); recurrent urinary tract infections; incontinence.

Lower oestrogen levels can also influence how you experience touch, at times making you extra sensitive to touch, or even numb to touch.

Managing changes

Some vulval, vaginal and bladder symptoms – and ways you can manage them – are outlined below, but it is important to talk to your doctor if you have any issues to discuss the most suitable options for you.



Vulva and vagina

Symptoms

- Burning, itching, dryness and pain.
- General discomfort or irritation.
- Thinning of the skin in the vagina/vulva.
- Pain or discomfort during sex.
- Lack of vaginal secretions.

What you can do

- Use a vaginal moisturiser. Apply to the vulva or apply a little almond oil or olive oil (patch test this first on a small area of skin to ensure you don't have a reaction).
- Exercise regularly – this helps increase blood flow to your genital region.
- Use a water or silicone-based lubricant to reduce discomfort during sex.
- Make time to cuddle, touch and be physically and emotionally intimate to improve your sex life. Regular sex improves blood flow to your genital area, which benefits the health of your vagina and vulva (sex & libido is discussed in more detail on **page 17**).
- See your GP to discuss treatments. These include oestrogen creams or pessaries (small tablets placed inside the vagina).
- Talk to your doctor about menopausal hormone therapy (MHT) and if it could be right for you. See 'Clinical management and treatment' on **page 29**.

Bladder changes

Symptoms

- **Urge incontinence** – the need to pass urine more often, or suddenly and urgently.
- **Nocturia** – getting up every night to use the toilet (abnormal if more than twice a night).
- **Stress incontinence** – leaking urine when you cough, sneeze or do physical activities like jumping or jogging.

What you can do

- Do pelvic floor exercises (kegels) 2-3 times a day to strengthen your pelvic floor muscle.
- Minimise caffeine and alcohol. These can irritate your bladder, which can increase the urge to urinate.
- Avoid going to the toilet 'just in case' and wait until you have the urge to go.
- Try bladder retraining to improve bladder capacity and strength. To do this you delay going to the toilet by five minutes. Over days or weeks, increase this time to 15 minutes, then more. If needed (and if possible), use a rolled-up towel or face washer pressed between your legs to help you hold on a little longer.
- See a pelvic floor physiotherapist who specialises in continence (bladder/urine-related) issues.
- As lower oestrogen can affect bladder tissue, ask your GP about vaginal oestrogens or MHT.
- If there is no improvement after treatment and bladder retraining, you may be referred to a specialist – either a urogynaecologist or urologist – to discuss the various options available.
- If overweight, try to lose weight, address constipation, treat chronic coughs and avoid lifting heavy objects, as these can all weaken your pelvic floor.

Sex and libido

The changes around perimenopause and menopause may change a woman's sexual life. For some women these can be mild; for others they can have major impacts on sexual function, desire and enjoyment.

Some women are concerned by the impact menopause can have on their sex lives, while others are not so worried. It really depends on you, your attitude to sex, how menopause has affected you, whether you are in a relationship, whether you want to have sex and whether there are other things happening in your life you are more concerned about.

Sexual desire can be low if:

- you have experienced painful sex because of a dry vagina
- you are exhausted because of menopausal symptoms
- you feel moody or frustrated by the changes in your body
- you feel like you do not want to be touched as much.

Issues such as juggling the care of children, a busy job, caring for ageing parents and the responsibilities of life can lead to you being too busy and too tired for sex. Life responsibilities can affect your sexuality and, together with the hormonal changes, sexual problems may occur.

Different causes of menopause can also affect your sex life. If you have had a surgical or chemotherapy-induced menopause, symptoms can be worse and more severe due to a more rapid drop in oestrogen and testosterone.

Libido

Some women may improve with a trial of MHT or with use of vaginal moisturisers/lubricants or vaginal oestrogen to improve vaginal dryness. It is an important issue to discuss with your doctor.

If you are postmenopausal, you still need to practise safe sex to reduce your risk of getting a sexually transmissible infection (STI), so ensure you use protection when having sex.

Contraception

Though fertility is much lower in your 40s and 50s, you can still become pregnant until you have had:

- one year without your period, or
- two years without a period if you are under 50.

Therefore, you need to keep using contraception and protection for safe sex. The chance of pregnancy in women aged 45-49 years is estimated to be 2-3% per year. After the age of 50, it is less than 1%.

While this is low, every woman's fertility is different. Perimenopausal women can ovulate twice within one cycle, and women can still ovulate up to three months before their final period, so contraception remains an important consideration.

It's important to remember that MHT is not a contraceptive.

? MYTH: Lower testosterone levels cause loss of desire during menopause and the years before it.

✓ FACT: Testosterone gradually reduces with age. Changes to sex drive are now thought to be caused by lower oestrogen levels and their impact on circulation, sensation in the clitoris, vulva and vagina and impact on arousal and orgasm.

? MYTH: If your vagina is dry and sensitive, having sex will make the discomfort worse.

✓ FACT: Enjoying regular sex using a lubricant improves blood flow and helps keep the vagina lubricated and more flexible.

? MYTH: During perimenopause you rarely ovulate.

✓ FACT: During perimenopause you may not always ovulate, but some months you may ovulate twice due to fluctuating oestrogen levels.

Emotional changes

Mood swings

Signs

- Feeling fine one minute and down the next.
- Constant teariness.
- Irritation or grumpiness.
- Becoming more easily stressed, distressed or overwhelmed.

What you can do

- Exercise regularly. It can help lift your mood and reduce stress
- Check your lifestyle. Make healthy food, a good night's sleep and some enjoyable time out your top priorities
- Do things that lift your spirits. Join a choir, make a regular catch-up with friends, or play a board game with your family
- See your GP about referral to a counsellor. Treatments such as cognitive behavioural therapy can help some women feel more emotionally supported during the stages of menopause.



Anxiety and depression

Hormone changes at menopause can lead to depressed mood and anxious feelings, and you may find your emotions swing from joy to frustration in the blink of an eye. Whether menopause causes depression continues to be debated, but there are many things you can do to help with both depression and anxiety if you experience these at the same time as menopause. Talk to your GP if this might be an issue for you

Hormonal changes may be a small part of the causes of the depressed mood and anxious feelings women often experience around perimenopause.

Identifying what is a menopausal symptom and what are unrelated mood changes, depression or anxiety can be confusing. Often anxiety symptoms get worse with perimenopause. What might start as a hot flush might lead to an anxiety attack.

The symptoms of menopause, such as hot flushes and night sweats, can affect mood and make some women feel depressed. Many women kept awake at night because of night sweats find they are exhausted, can't think clearly and feel more negative because they have had poor-quality sleep.

Depression and depressed mood around the time of expected menopause is more likely to occur because of things other than menopause, including:

- prior episodes of depression
- significant stress in your life
- a negative attitude to things happening in your life
- not being happy with your relationships
- low self-esteem
- poor body image
- poor lifestyle, such as too little exercise or too much alcohol.

Emotional health around menopause is also likely to be influenced by trauma, such as past abuse. Women often look for counselling at menopause and might want to work through traumas they have lived through before. This time of life can bring up issues from the past. Its important to talk to your GP or health professional if this is happening to you.

Research suggests women who have a surgical menopause (menopause caused by removal of the ovaries) and/or an early menopause are more likely to experience clinical depression than women who have menopause at the expected age. This seems to be because of the more sudden drop in hormones that comes with a surgical menopause, and it might also be related to the illness that caused the surgery in the first place, such as cancer.

What you can do

Eating a healthier diet, getting to bed earlier, exercising regularly and meditation can help you better cope with mental and emotional dips caused by menopause. But you may also need additional support such as:

- **MHT** – this can steady your emotions and reduce symptoms of depression and anxiety.
- **Antidepressants** – these can be more effective if used with MHT. Antidepressants with a shorter half-life – which means they stay in the body for less time – tend to be less agitating and more calming. Others may increase anxiety in some women.
- **Switching to a different contraceptive pill** – research shows some oral contraceptive pills with lower-dose oestrogen may be linked to higher rates of depression in women than higher-dose pills. Progestogen-only contraceptives need to be avoided, as they carry a higher risk of depression in some women going through perimenopause or menopause.

✓ 10 mood-boosting habits

These habits can help lift your spirits and help you feel more calm and in control:

1. **Don't skip meals.** This can lower your energy and increase your levels of the stress hormone cortisol, according to research from the University of California.
2. **Try to think positively.** Avoid unhelpful thinking styles such as exaggerating, jumping to conclusions, catastrophising and being stubborn. Seek counselling if you feel it might help you.
3. **Get among nature.** Research shows that exposure to greenspace significantly reduces people's levels of cortisol, reports *Science Daily*.
4. **Play a musical instrument or write a poem.** Immersing yourself in such activities can create a state called 'flow'. Studies have shown that people who frequently experience flow are generally happier, according to Harvard Medical School.
5. **Switch off your mobile phone.** Set a time every day for time without texts, emails and social media. Research shows these constant interruptions can add stress to our lives.
6. **Live in the now.** Whether showering, walking the dog or enjoying a meal, use your senses to enjoy the experience. Try mindful practices such as tai chi, yoga and meditation. Or simply take time out to sit and be still.
7. **Be active every day.** It helps burn off adrenaline caused by stress and anxiety.
8. **Cut back on things like caffeine (tea/coffee/cola), alcohol and sugar.** These can all stimulate the release of stress hormones.
9. **Watch or read something funny.** Laughing boosts your mood and immune system.
10. **Get enough sleep.** Not enough sleep can increase the risk of anxiety and depression, according to researchers from the University of California. Talk to your doctor about treatments if hot flushes keep you awake at night.

Menopause and memory

Many women complain of issues with memory and concentration during perimenopause and menopause. Hot flushes, sleep issues and mental health changes such as anxiety and low mood can happen. Day-to-day stresses, such as juggling work and family, can then make memory and thinking issues worse by adding stress into the mix.

Brain boot camp

It was once believed that the brain stopped growing after childhood. However, science has shown this isn't true. That means that you can continue improving and growing your brain networks and connections at any age. To keep your mind active and strong, try these brain-boosting activities:

- **Play mind games** – count backwards by 7 or 5, then count up by in lots of 8 or 12. Say the alphabet from Z to A. Learn a long poem by heart. Use memory cues to help you remember phone numbers instead of simply storing them.
- **Tease your brain with problem-solving games and activities** – try Sudoku, jigsaw puzzles, Scrabble, chess and checkers.
- **Draw, paint, write poetry or a short story** – using your imagination exercises several important parts of your brain.
- **Learn a new skill** – activities such as learning a new language or musical instrument create new memory lanes in your brain.
- **Dance** – dancing can help protect against dementia because it involves remembering steps and moving your feet to the beat.
- **Slow down** – ongoing stress can negatively affect important parts of your brain.

? MYTH: Deep breathing is the best way to calm yourself when you feel anxious.

✓ FACT: When we're stressed, we often take in too much breath, which can increase anxiety. Instead, gently breathe in and out to the count of five or six, aiming to take no more than 10-12 breaths per minute.

? MYTH: Depression is due to negative thinking.

✓ FACT: Depression can be caused by chemical and hormonal changes in the body. New research also shows that inflammation may also contribute. For this reason, positive thinking may not be enough. Some menopausal women need antidepressants or MHT or both.

? MYTH: Antidepressants are the best treatment for anxiety and depression.

✓ FACT: MHT can reduce low mood and anxiety in some women in midlife. Research also shows that as little as one hour of exercise a week can help prevent depression.



Headache and migraine

Symptoms

- Throbbing, aching and/or pulsing pain in the head.
- Feeling sick and vomiting (if you have migraines).
- Flashing lights or an aura (unusual visual changes) before a migraine.

What you can do

- Keep a headache diary. On days you get headaches, note if there are triggers, including where you are in your menstrual cycle, what foods you have eaten and other lifestyle factors such as stress or exercise. This will help you to identify triggers, then minimise or avoid them.
- Keep blood glucose levels stable by not skipping meals. Keep healthy snacks at work, home and in your handbag so you don't have big gaps between meals.
- Drink up to two litres of water per day.
- If the migraines are continuing despite medications, see your GP to decide if you need to see a specialist to help you manage them.
- Take pain relief or anti-migraine tablets. Other medications that may reduce headaches include antidepressants and beta-blockers (often used to treat blood pressure issues).
- Talk about hormonal treatment options such as the contraceptive pill (never in migraine accompanied by an aura) and MHT with your GP.

Abnormal bleeding

In the perimenopause, how often you get your period can change as a normal part of midlife. However, sometimes the changes may mean there is some other cause of bleeding.

If you are having irregular, painful or heavy periods, or having constant spotting between periods, see your doctor. You may be having abnormal uterine bleeding (AUB) that may not be because of the changes of menopause.

AUB may be due to conditions such as endometrial hyperplasia (abnormal thickening of the lining of the uterus), or growths such as polyps, fibroids or cancer (rarely).

Sleep disturbances

Hormonal shifts lead to body changes that can cause sleep problems during different stages of perimenopause and postmenopause.

These include problems such as trouble falling asleep or staying asleep (insomnia). Twice as many women than men experience insomnia during their lifetime.

Menopausal symptoms, particularly hot flashes and night sweats, can set off insomnia. Night sweats might change your usual pattern of sleep and your body learns this new pattern, so the broken sleep pattern becomes the new norm. You may take longer to fall asleep, wake more often, have hot flashes that interfere with sleep quality, or need to get up more often to go to the toilet.

Sleep-friendly lifestyle habits can help to boost your sleep.

What you can do

- Set a sleep schedule. Get up and go to bed at the same time every day to help your body clock stay in line with light and dark.
- Have a warm (but not hot) shower or bath about an hour before bed – this will drop your body temperature, helping you fall asleep faster.
- Relax. Once you're in bed, try meditation or progressive relaxation (where you tense and relax all the muscles in your body).
- Minimise distractions. Wear a sleep mask and earplugs, and keep pets out of your room.
- Stay cool. Wear cotton pyjamas, use light sheets and layers of light blankets. Keep an electric fan and cold-water spray by your bed to help with night sweats.

What to avoid

- Computer/phone screens at night. Their light can lower your levels of the sleep-inducing hormone, melatonin.
- Caffeine. Try not to drink coffee, tea, cola or energy drinks in the afternoon or evening. If you drink tea, make it weak and choose a low-caffeine variety or calming herbal tea, such as chamomile.
- Alcohol. It may relax you at first, but it can mess up your sleep cycle and cause wakefulness during the night.
- Late-night exercise. This can raise your body temperature, making it more difficult to fall asleep.

? MYTH: Perimenopause goes for just a few years before menopause.

✓ FACT: Many women get their first signs of perimenopause in their early 40s, and they may continue for 10 years or more.

? MYTH: Hot flushes only start during menopause.

✓ FACT: Women often experience hot flushes and night sweats more intensely or more often during late perimenopause than they do during menopause.

? MYTH: If your menstrual periods stop for a few months, you are going through menopause.

✓ FACT: Your periods may stop and start a number of times before you reach menopause. If your periods suddenly stop and you don't have typical menopausal symptoms and are 45 or younger; see your doctor to rule out other causes.



Clinical management & treatment

Options

If symptoms of menopause are affecting your quality of life, see your doctor to talk about possible treatments. Taking medication to make your journey through menopause easier is not a failure or sign of weakness; just as you would seek medical help for other hormone-related problems, get support if you're struggling with menopausal symptoms.

Management and treatment depends on each individual woman's experience. Depending on your age, health, health history, family history and stage of menopause, your doctor may recommend any of the following:

1. Menopause hormone therapy (MHT)

Previously known as hormone therapy (HT) or hormone replacement therapy (HRT), MHT is used to replace the hormones oestrogen and progesterone, and sometimes testosterone, which decline during perimenopause and after menopause. Studies show it is the most effective treatment for relieving menopausal symptoms such as hot flushes and night sweats. Research also shows MHT:

- is beneficial for a woman's cardiovascular health
- can help prevent osteoporosis (brittle bones)
- carries a low risk of breast cancer, blood clots and stroke.

2. The contraceptive pill

For some women, the combined contraceptive pill can help reduce symptoms of perimenopause such as hot flushes and irregular periods. However, if you take a low-dose pill, you may still have symptoms, and may want to discuss alternative pill options with your GP. The pill is not recommended after the age of 50 years.

3. Non-hormonal medications

These may offer a different option if you can't take MHT due to side effects or health issues. These options include antidepressants, some chronic pain/anti-epileptic drugs and medications used for high blood pressure and migraines. These medications have all been well studied to show they can help with symptoms.

How safe is MHT?

In 2002, a study called the Women's Health Initiative trial made headlines when it reported that MHT increased a woman's risk of breast cancer.

However, the reporting of the data was later found to be flawed.

Experts worldwide now agree that MHT is a safe and effective treatment for menopausal symptoms in healthy women (except those with a previous breast cancer diagnosis) between the ages of 50-60, or within 10 years of their final period, and carries a very low risk.

In fact, the following put you at a higher risk of developing breast cancer than taking MHT:

- having more than two standard alcoholic drinks per day
- having your first child over the age of 35
- being overweight or obese
- reaching menopause in your late 50s.

MHT and breast cancer risk

Chance of developing breast cancer in a given year:

- If you are not taking MHT during menopause:
3 in 1000 chance.
- If you take MHT for five years during postmenopause:
4 in 1000.

Types of MHT

MHT can be taken in different forms and hormone combinations.

It is available in:

- transdermal (skin) patches
- tablets
- implants
- transdermal (skin) gels
- vaginal creams and pessaries (inserted into the vagina).

Hormone combinations

- **Oestrogen alone** – this is usually recommended for women who have had a hysterectomy and therefore don't need progesterone.
- **Oestrogen-progestogen** – this combined MHT is if you still have a uterus. The progestogen (the group of either body identical or synthetic progesterone-like hormones) protects the lining of the uterus from normal growth changes caused by the oestrogen hormones.
- **Progestogens** – these are sometimes used to treat hot flushes in women who cannot tolerate oestrogen, but do not work as well.
- **Testosterone** – this is sometimes prescribed for women who have low testosterone. Regular blood tests are needed to make sure the levels do not become high because they may cause side effects such as acne, changes to hair growth, voice and sometimes mood changes.

Health considerations and MHT

- MHT should be used at the lowest effective dose for as long as you have symptoms reducing your quality of life.
- Studies suggest transdermal (skin) patches are the safest way to take MHT. Unlike tablets, they are also less likely to upset your stomach.
- Though low, the risk of breast cancer may be slightly higher if taking combined oestrogen-progestogen MHT, especially if you use it for more than five years.
- If you have side effects, you might need to try a lower dose of MHT, or try a different brand. Your doctor will advise you.

Side effects of taking MHT

You may or may not have any of these side effects when you take MHT.

Nausea Fluid retention Feeling bloated Breast enlargement and discomfort	<p>These symptoms may be experienced when you first start taking MHT and lessen over time – if they interfere with your daily life, discuss the symptoms with your doctor.</p>
Breakthrough bleeding	<ul style="list-style-type: none">• Some women experience vaginal bleeding in the first six months after starting MHT. In most cases this can be helped by changing the dose or type of MHT.• Persistent, unexplained, unscheduled vaginal bleeding should be investigated and a cause found.
Weight gain	<ul style="list-style-type: none">• Most studies do not show a link between weight gain and use of MHT.• In several studies, women who used MHT had less weight gain than those who did not use MHT. Women are prone to weight gain around the stomach in midlife (40s–50s) due to the loss of oestrogen; MHT may reduce this.

Reasons NOT to take MHT

- Current, past or suspected breast cancer.
- Known or suspected oestrogen-dependent cancer, such as breast and uterine cancers.
- Undiagnosed vaginal bleeding.
- Untreated uterine lining thickening (endometrial hyperplasia), which could develop into cancer.
- Current thrombosis or deep vein thrombosis (DVT), but a past history would require investigation to establish if MHT is safe.
- Thrombophilia (a group of conditions that lead to an increased risk of thrombosis).
- Untreated high blood pressure.
- Coronary heart disease, stroke, dementia.
- Other rare contraindications (reasons not to use a treatment or medication) include active liver disease, porphyria cutanea tarda and known sensitivity to active ingredients.

Pharmacy compounded/bioidentical hormones

Pharmacy-compounded hormones – sometimes referred to as bioidentical hormones – are mixtures of hormones made in compounding pharmacies that are promoted as hormones ‘exactly like our own’ hormones. They can contain oestrogens, progesterone and sometimes other hormones such as testosterone.

The hormones are made in various forms, such as creams and lozenges. However, it is important to know the following:

- pharmacy-compounded hormones are promoted as being safer and made of more ‘natural’ ingredients, but they are made in a laboratory, just like hormones in standard MHT.
- unlike MHT, which has been thoroughly studied, the safety of pharmacy compounded hormones has not been well researched. As a result, they have not been approved by the Australian Therapeutic Goods Administration and women who use them could unknowingly be putting their health at risk.

Alternative therapies

Many women are keen to explore non-medical options to manage their menopausal symptoms. There is increasing evidence looking at the effectiveness of many of these treatments, but very few studies meet the gold standard of research. More research on the effectiveness and safety of herbal therapies for menopause is needed. Also, some promoted remedies can be expensive and unproven.

It is important to see a qualified practitioner for advice. It's also important to tell all the health professionals you are seeing about any medications or treatments you are taking or receiving, as there could be dangerous interactions between them.

Herbal therapies & remedies for menopause

Herbal remedies, such as black cohosh and red clover, may be considered as an option for some women in the management of menopausal symptoms, such as hot flushes, vaginal changes, mood changes and sleep problems. Some herbs, such as St John's Wort, may help to manage mood changes, such as anxious thoughts and depressed feelings. Other herbs may help with fatigue, low energy or sleep disturbance.

See our webpage on Menopause and herbs at www.jh.today/meno11 for more information.

Hypnotherapy

During hypnosis a counsellor speaks to you in a calm tone and helps you achieve a state of deep relaxation. They then give you instructions and suggestions that direct you to feel calmer and more in control of your life. This can help you feel less affected and bothered by problems such as uncomfortable or frequent symptoms of menopause.

Cognitive behavioural therapy (CBT)

CBT involves recognising the unhelpful thoughts that influence depression and anxiety, replacing them with more helpful thoughts and using relaxation and breathing techniques to manage the physical symptoms. Recent research suggests CBT can also be used to help manage hot flushes.

Acupuncture

This ancient Chinese medicine uses fine needles placed at specific points in the body. Research from the University of Denmark found that women treated with weekly sessions of acupuncture reported fewer and less intense hot flushes. However, a recent Australian study showed no improvement in symptoms.

Paced breathing

To use this deep breathing from the diaphragm (just below the ribs), slow down your breathing so that you are only taking 5-7 breaths a minute.

Mindfulness

Mindfulness training teaches you to focus on the present moment and not get so caught up in your thinking. It is also important to reduce things that can stress you, as these can set off anxiety and depression. Mindfulness is a clinically proven technique that can be learned and used in your daily life to help manage anxiety and improve your wellbeing.

Learn more at www.jh.today/meno6



Self-management options

There are techniques that can help to deal with depression, anxiety, stress and poor body image that may accompany menopause.

Relaxation

Relaxation is a skill that needs to be learned. There are different ways that can help you to relax; one may suit you better than another. For more information on relaxation go to anxiety.jeanhailes.org.au.

Other therapies

Ask your doctor or health professional what therapy or therapies might be best for you. Severe depression and anxiety can be treated with medication such as antidepressants in combination with 'talk' therapy (counselling or psychotherapy) from a registered psychologist or psychiatrist.

In some women with mood disturbance, anxiety or depression, MHT may be of value in reducing their symptoms, but may also be combined with antidepressants or therapies, such as CBT.

To find a qualified psychologist, either ask your doctor for a referral, or visit the Australian Psychological Society website at psychology.org.au

You, your partner & menopause

Support through menopause

It is hard to know if menopause influences your relationship with your partner, or if the relationship you have with your partner influences your experience of menopause – often it's probably both.

At midlife and menopause, different women are at different stages of their relationships. Relationships can be long-term or new, satisfying or unsatisfying. Any relationship difficulties a woman may experience during menopause can negatively affect her mood.

Menopausal symptoms and a chronic illness or premature menopause can take their toll on a woman and her relationship, making good communication in the relationship vital at this time.

Your partner will be better able to support you through the different stages of menopause if you:

- tell them about symptoms you're struggling with
- Show them to helpful information about menopause, such as the Jean Hailes website: **jeanhailes.org.au**
- let them know how they can help – eg, by taking longer to kiss and cuddle you before sex
- ask them to come to doctor's appointments with you if that support would be helpful. Also, if talking with them about your thoughts and problems openly in your relationship is difficult, you might find it easier to do in a doctor's appointment together. Or, you could both visit a psychologist who specialises in couple's therapy.

Sexual roadblocks at midlife

"I take longer to reach orgasm and when I do it is less intense."

What you can do

- Linger on foreplay to increase arousal, relaxation, lubrication and pleasure during sex.
- Do pelvic floor exercises (kegels). Lower oestrogen and reduced blood flow to the genitals (due to age) can affect nerves, which may reduce sensitivity of the clitoris. Reduced pelvic floor tone may also mean your contractions are weaker at climax. Kegels can help restore your orgasm intensity.
- Enjoy regular sex. It boosts blood flow to your genitals which helps to keep the vaginal walls moist and flexible.
- Talk to your GP about relieving dryness with vaginal oestrogens and/or MHT.
- Exercise. It encourages good circulation to the genitals.



"Sex often feels painful."

What you can do

The treatment will depend on the cause. Many women develop an overactive pelvic floor (tightened pelvic floor muscles) as a consequence, or the cause, of painful sex.

- Learn and practise relaxation.
- Use a vaginal moisturiser to hydrate skin and a water-based lubricant during intercourse.
- Give each other a sensual massage. This may help both relax and arouse you.
- Avoid soap, bubble bath, talcum powder and feminine hygiene sprays around your vulva and vagina. These can cause dryness and irritation.
- See a pelvic floor physiotherapist who can teach you pelvic floor exercises to help you to release the muscles (downtraining).
- See your GP for a prescription for vaginal oestrogen cream, or pessaries to reduce vaginal dryness.

"I don't feel in the mood for sex as easily or often as I used to."

What you can do

- Stay in touch using cuddles, kisses and holding hands – the more intimacy you share, the greater the opportunities for arousal.
- Tell your partner what you like: If you say, "This feels nice, but this feels great," they will get the idea without feeling judged.
- Enjoy variety. Have sex in a different place or position, or use a prop like a blindfold or vibrator.
- Be affectionate and attentive even if you're saying 'no' to sex this time, so your partner still feels loved and valued.
- Address relationship issues. See a relationship counsellor and communicate calmly to address issues such as recurring arguments or disconnection.

"I'm self-conscious about my body because of mid-life weight gain."

What you can do

- Watch your self-talk. Tell yourself the positive things you would say to a friend who was putting down their body.
- Look at other women. Notice how unique and beautiful they are, in all shapes and sizes.
- Move daily. This helps you stay at a healthy weight and helps you feel stronger and calmer.

"I'm always tired so I feel I have little energy for sex."

What you can do

- Make a date for sex tonight. Anticipation is a powerful libido booster.
- Leave the laundry until tomorrow. Relaxing can do wonders for your sex drive.
- Ask your doctor about taking the 'sleep' hormone melatonin if your sleep has been so disrupted that you are always exhausted.

"My partner has erectile dysfunction (ED)."

What you can do

- Encourage your partner to see his GP or a men's health clinic for a thorough check-up and to discuss medical treatments such as Viagra. Excellent information and resources on ED are also available online at Healthy Male (Andrology Australia) at **www.jh.today/HMED**
- ED is often related to health issues such as high blood pressure, cholesterol or medications, so support your partner to make changes, such as reducing weight, exercising regularly, eating a healthy diet, quitting smoking and reducing stress. Adopt these lifestyle changes with your partner, and you'll benefit too.

For partners – how you can help

During menopause your partner goes through hormonal changes that can have a significant impact on her body, health, energy levels and mood. To support her, it is helpful if you:

- read up about menopause. Ask her which symptoms are affecting her the most and show her more understanding
- engage in non-sexual 'no strings attached' physical contact through hand-holding, hugs and back rubs
- listen and ask questions. Instead of suggesting how to 'fix' things, listen and ask her how she is feeling. Make comments that show empathy ("that sounds really hard") and support ("let me know if I can do anything to help")
- don't joke about her symptoms
- remind your partner you find her attractive and how much you love and value her.

To learn more, please see our factsheet 'How you can support women through menopause' at **www.jh.today/meno12**



Health after menopause

Breast & cervical health

Check your breasts once a month while showering, dressing or looking in the mirror. Get to know their normal look and feel, as this will help you notice if any changes occur. Look for changes in the breast, nipple, armpit, chest or skin, such as a rash or dimpling, a lump, discharge or pain. If you find any of these changes, see your doctor.

If you are 50 years or older and have no breast changes, you should have a breast screen, or mammogram, every two years. A mammogram is the best way to find breast cancer early and can find changes you or your doctor cannot see or feel. Visit **www.jh.today/breast3** for more information.

After reaching menopause, you still need to have a cervical screening test every five years until the age of 74. This can be done at a visit to your doctor. The test is done every five years if your results are normal, otherwise you will need them more often.



Cardiovascular health

Before menopause, women have a lower risk of heart disease than men, but as women age and their oestrogen levels fall after menopause, their risk of cardiovascular disease (CVD) increases. Though it's not clear how higher oestrogen levels protect heart health, it may be because they help keep blood vessels more flexible, reducing pressure on the heart when pumping blood.

Blood pressure can increase after menopause, as can total cholesterol and LDL, or 'bad cholesterol'. There can also be a decrease in HDL, or 'good cholesterol'. Other blood fats such as triglycerides can also increase.

It is very important to try to reduce the risk of CVD, especially at this time of your life, with a healthy lifestyle that includes:

- a healthy and nutritious diet
- regular exercise
- maintaining a healthy weight
- not smoking
- minimising alcohol.

Research shows that the Mediterranean diet reduces your risk of heart attack and diseases such as cancer. It is high in vegetables, nuts and fish and low in dairy and red meat.

Lifestyle changes might not be enough for some women with a higher risk of CVD, so medication for high blood pressure and/or cholesterol may be required.

Bone health

Osteoporosis is a loss of bone density makes bones more fragile, which can lead to fractures in the bones.

It is more common for women to develop osteoporosis than men. This is because the low levels of oestrogen in a woman's body after menopause lead to bone density loss. Most bone loss happens in the first three years after menopause, and then slows.

Smoking, not enough exercise, too much alcohol and caffeine (5-6 cups of coffee or caffeinated soft drinks per day) can increase the risk of osteoporosis.

Healthy eating that includes enough calcium intake is important for bone health. Your diet should include foods containing calcium such as dairy, canned fish with bones (eg, sardines), almonds, tofu, leafy green vegetables, and legumes such as chickpeas or kidney beans.

It is important for women to have bone health checks as part of their health screening. This may include the taking of a medical history, a check of risk factors for osteoporosis, and possibly bone density testing.

Bleeding after menopause

It is important to note that bleeding after menopause is not normal and you should tell your doctor immediately. Postmenopausal bleeding is bleeding that occurs more than 12 months after your final period (menopause). It can be bleeding like a period, spotting or staining.

Seeing your doctor about this abnormal bleeding is important, as can be a sign of uterine or endometrial cancer. These are the most serious but rare causes of this bleeding. In most cases, the cause will be due to a very thin endometrial or uterine lining, but other causes include an endometrial polyp.

Investigations your doctor might perform are:

- cervical screening
- vaginal or internal ultrasound.

You might also be referred to a gynaecologist for a biopsy or curettage, depending on other test results. Management of postmenopausal bleeding will depend on the cause of the bleeding.

Diabetes

Menopause-associated weight gain, which tends to be around the abdominal region, is a risk factor for developing type 2 diabetes (T2DM).

T2DM is a condition in which blood sugar levels are high, and can lead to complications long-term if not treated. Unlike type 1 diabetes, which is due to low insulin levels, in T2DM there is usually increased levels of insulin in the blood, but the insulin is not working as it should.

T2DM is strongly linked to lifestyle factors and to family history.

Women who carry excess weight, have had diabetes in pregnancy, or have family members with diabetes have a higher risk of developing pre-diabetes or T2DM. Lifestyle measures are the first line of treatment and include maintaining a healthy weight, regular exercise, a healthy diet, and avoiding alcohol.

Research has shown that MHT has been associated with a reduction in new-onset T2DM.

Pelvic health

Oestrogen helps to keep the tissue in your bladder and pelvic floor stronger and more flexible. When oestrogen levels drop after menopause and beyond, the tissues of the vagina and urethra can lose some elasticity. This can lead to a range of changes, including:

- weakness of the pelvic floor muscles
- thinning of the urethral and bladder lining, leading to urinary tract infections
- vaginal dryness
- loss of elasticity in the pelvic tissues leading to prolapse
- incontinence (bladder leakage).

Incontinence is not something to be embarrassed about; it is a very common problem and there are things you can do to help. In many cases, it can be improved with pelvic floor physiotherapy by a continence nurse or pelvic floor physiotherapist. See your doctor for an assessment and treatment program.



Support and resources

At jeanhailes.org.au you will find further, more detailed information on menopause symptoms, diagnosis, management, fertility, emotions, relationships and sex.

See our 'How you can support women through menopause' factsheet.

Several menopause support networks in Australia can be found via **www.jh.today/meno1**.

You can also visit the Better Health Channel's menopause webpage at **www.jh.today/BHCmeno**

Menopause in the workplace

Further resources for employers and employees are available at **menopauseatwork.org**

Notes

[illegible]

Jean Hailes for Women's Health

Jean Hailes for Women's Health provides high-quality, trusted information, to assist you to make decisions about your health. We use the latest research to develop our website and resources on a range of topics, including:

- bladder and bowel
- bone health
- breast health
- cardiovascular health
- endometriosis
- fertility and pregnancy
- health checks
- healthy living
- Indigenous health
- menopause
- mental and emotional health
- natural therapies and supplements
- polycystic ovary syndrome (PCOS)
- periods
- sex and sexual health
- vulva, vagina, ovaries and uterus.

Visit jeanhailes.org.au to:

- Subscribe to our free magazine and email updates.
- Enjoy videos, podcasts and recipes.
- Be inspired to improve your health.



For further information contact

Jean Hailes for Women's Health
PO Box 3367
East Melbourne VIC 3002

Toll free 1800 JEAN HAILES (532 642)

Email education@jeanhailes.org.au

Website jeanhailes.org.au

Disclaimer This booklet is designed to be informative and educational. Jean Hailes for Women's Health does not accept any liability to any person for the information or advice which is provided in this booklet or incorporated into it by reference. Information is provided on the basis that all persons reading this booklet undertake responsibility for assessing the relevance and accuracy of its content.

© Jean Hailes for Women's Health 2019

This work is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced by any process without written permission from Jean Hailes for Women's Health. Requests and inquiries concerning reproduction and rights should be addressed to Jean Hailes for Women's Health using the contact information provided above.

Published June 2019