



My greatest fear is that menopause doesn't exist and this is the REAL me!









Making sense of the Menopause

Dr Petra du Plessis







Why is this important?

- It affects everyone
- 4 out of 5 women report experiencing symptoms
- 1/4 will experience severe symptoms
- Less than half of women will seek help from their doctor.
- >3/4 women do not realise their sx are due to menopause





Definitions



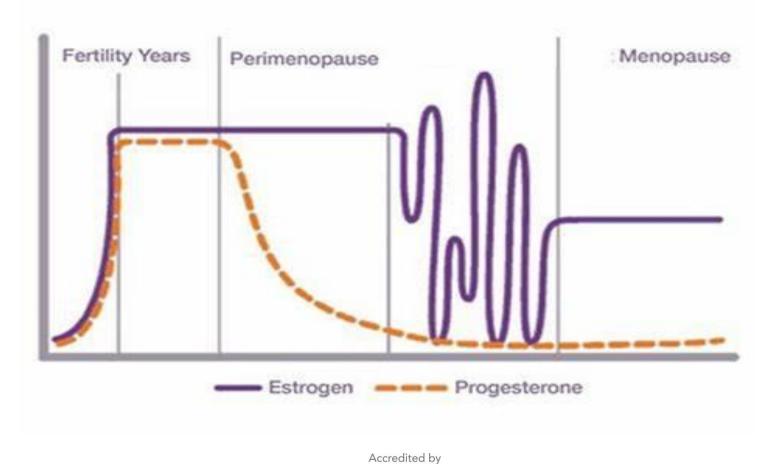
- Menopause
 - when your periods have stopped and ovaries stop producing eggs. We only know this once there have been no periods for 1 year
 - Usually occurs between 45 and 55 (average age 51)
 - 1/100 before 40
 - Women who have had a hysterectomy
 - Medication e.g. Chemotherapy
- Perimenopause
 - gradual reduction in estrogen production
 - Decreased ability to conceive
 - This is when you start experiencing symptoms
 - Can take several years



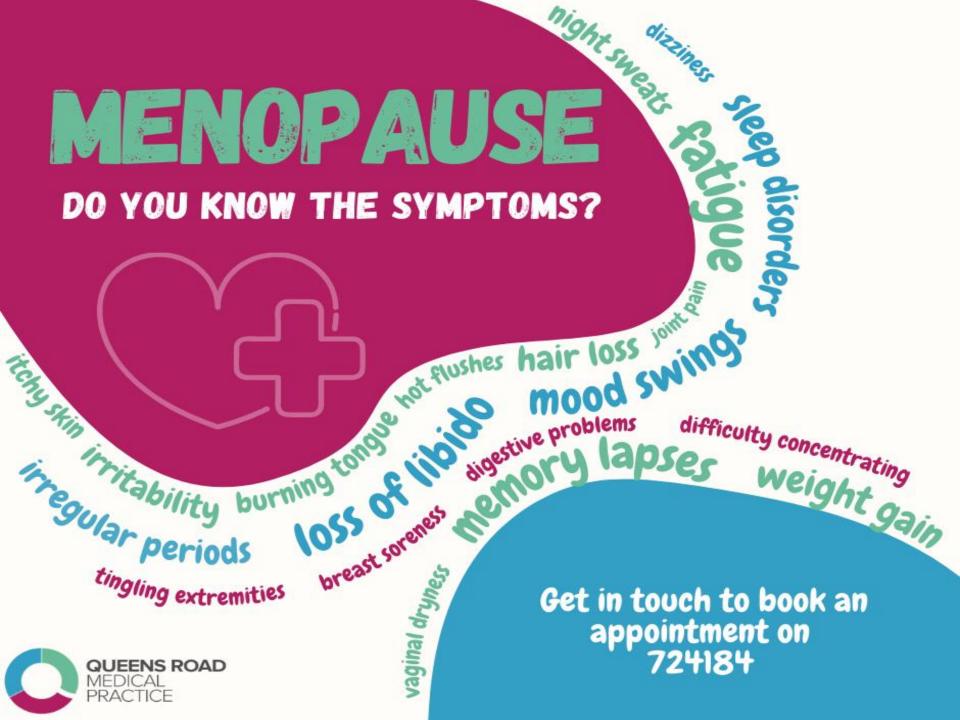




What happens to our hormones?











How do we make the diagnosis?

- >45 based on symptoms. No blood tests needed unless your Dr needs to exclude other conditions like thyroid problems or anaemia
- <45 FSH test









- Lifestyle measures
- Complementary and alternative therapies
- Non-hormonal prescribed medication
- HRT
- Intravaginal treatments



Lifestyle



- Exercise: sustained aerobic; resistance
- Diet: spicy foods, caffeine
- Healthy weight
- Smoking
- Alcohol





Alternatives – not prescribed

- St John's Wort
- Black cohosh
- Isoflavones / red clover / soy products
- Not recommended for women with breast or ovarian cancer.
- Can interfere with other medications.







Alternatives - prescribed

- SSRIs / SNRIs fluoxetine, citalopram, venlafaxine – helps with flushing
- Gabapentin improves flushing, sleep
- Clonidine helps with flushing
- CBT recommended for anxiety/ moods problems, sleep and stress reduction







Bio –Identical hormones

- "Customised" hormones made by compounding chemists
- Unregulated:
 - not monitored by regulatory authorities
 - safety not tested
 - not recommended



Benefits of HRT



- Reduces menopausal symptoms
- Prevents osteoporosis
- Protects against heart disease (within 10 yrs of menopause, and <60y; no increased CV risk)
- Reduced risk of colorectal cancer
- Possible reduction in dementia risk
- Anti-ageing





Risks of HRT



- Increased risk of stroke (not all methods)
- Clotting risk (not all methods)
- Breast cancer (no increased risk of dying from breast cancer)
- Ovarian cancer (<1 in 10,000)



Partnership of Purpose Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59. Number of women developing breast cancer over the next five years.

November 2015

23 cases of breast cancer diagnosed in the UK general population

An additional four cases in women on combined hormone replacement therapy (HRT) *************************

Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT) ***************

An additional four cases in women on combined hormonal contraceptives (the pill) *****************

An additional five cases in women who drink 2 or more units of alcohol per day **********************

Three additional cases in women who are current smokers ***********************

An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)

Seven fewer cases in women who take at least2½ hours moderate exercise per week



Women's Health Concern is the patient arm of the BMS. We provide an independent service to advise, reassure and educate women of all ages about their health, wellbeing and lifestyle concerns.

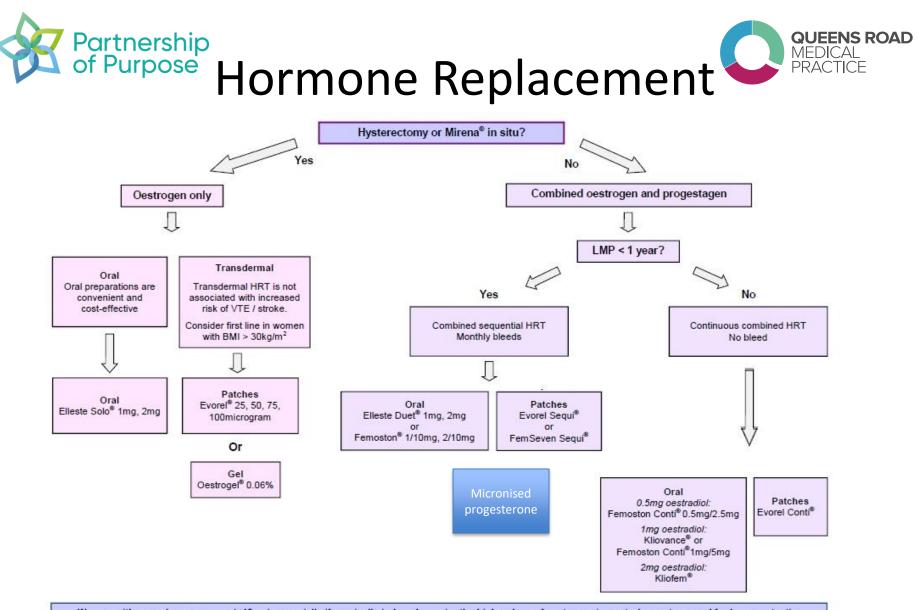
Go to WWW.womens-health-concern.org



Society warm the first own us Reg Charlty No: 1015344 Company Reg No: 02759439

British

Menopause



Women with an early menopause (<45yrs), especially if surgically induced, require the higher dose of oestrogen to control symptoms and for bone protection.







Micronised Progesterone

- Body identical
- Reduced risk of clotting problems
- Lower risk of breast cancer compared to other progesterones
- Utrogestan







Who cannot use HRT?

- Current, past, or suspected breast cancer
- Undiagnosed vaginal bleeding
- Active DVT or PE
- Active liver disease
- Clotting problems
- It is still worth discussing with your doctor.
 Specialists can advise in these cases







- Vaginal dryness, soreness, painful sex
- Frequent UTI's
- Urinary incontince
- Can sometimes only start until 5-10 years after menopause.
- Treat with pessaries/ rings
- HRT contraindications do not apply.





Contraception



- Still needed
 - For 1 year after last period if >50y
 - For 2 years after last period if <50y
 - Or until age 55









- Women >50 are the fastest growing demographic in the workplace
- 55% of women say menopause has had an impact on their work
- Symptoms can lead to
 - Less engagement
 - Less job satisfaction
 - Increased time off work
 - More likely to quit





In the workplace



- What can employers do to help?
 - Flexible working
 - Regular breaks
 - Adjustments at workplace
- Positive action by employers can lead to
 - Improvement in productivity
 - Keep employees engaged
 - Enable job retention





References



- Useful websites
 - Menopausematters.co.uk
 - Menopausedoctor.co.uk
 - Womens-health-concern.org
- Davina's Channel 4 program





Questions?











