

THE FACTS ABOUT MENOPAUSE



What is menopause?

Menopause is the term used when you haven't ovulated (ie. produced eggs from your ovaries) for over 12 months. Most women recognise this because their last period was over 12 months ago. It can be harder to diagnose in women who've had hysterectomy, or whose periods stopped due to a Mirena IUD or surgical procedure such as endometrial ablation.

Perimenopause is the term used to describe the lead up to menopause. Symptoms can start up to 10 years before your final ovulation, such as mood changes, hormonal migraines or changes in your menstrual pattern. The life stage which begins at early perimenopause and ends some years after menopause is referred to as the **Menopausal Transition**.



Dr Kelly Teagle,
Wellfemme Founder

When does menopause occur?

The average age for Australian women to reach menopause is 51. Most are between 45 and 55 years of age, but around 10% will be outside this range and 1% of women will become menopausal under 40. It can be physiological (ie. you've "run out of eggs") or due to medical or surgical treatment which stops ovarian function.

As Seen On



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Menopause symptoms can include:

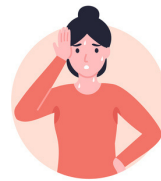
- hot flushes and night sweats,
- sleep disturbance,
- sexual problems,
- vaginal dryness,
- mood changes,
- muscle aches and pains,
- memory or cognitive difficulties and
- urinary issues



Irregular periods



Vaginal dryness



Hot flashes



Sore or tender
breasts



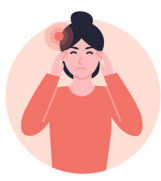
Chills



Night sweats



Sleep problems



Headaches



Weight gain and
slowed metabolism



Mood changes



Thinning hair and
dry skin



Memory problems

How common are symptoms? How long do they last?

Around 80% of women will experience menopausal symptoms at some time. 20% of women get moderate to severe hot flushes or night sweats.

Up to 50% of Australian women in their early 50's get significant symptoms but unfortunately only 15–20% are on effective treatment. Most women's menopausal symptoms last around 3–6 years, but for some they may go on for decades.

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THE FACTS ABOUT MHT (MENOPAUSAL HORMONE THERAPY)

- Estrogen therapy is the most effective treatment option for menopausal hot flashes.
- Hormonal therapy is safe for use in most perimenopausal women, that is women who are pre-menopausal or within a few years after menopause.
- If started early, it is safe for most of these women to use HRT for as long as it's needed, provided they do not take breaks of longer than about 4-6 months off it.
- Some forms of MHT are safer than others. For example, estrogen taken orally can increase your risk of unwanted blood clots, whereas estrogen via a patch or cream (transdermally) does not.
- Some types of progestins (synthetic versions of progesterone) used in MHT are also safer than others. Some can slightly increase your breast cancer risk after five years of use, but there are other types available which do not have this effect.

Is MHT beneficial?

MHT is highly effective at treating hot flashes or night sweats. It can also help with many other common menopausal symptoms such as mood changes, sleep disturbance, vaginal dryness, urinary problems and sexual difficulties.

There are also some long-term health benefits for women who use MHT for their flushes, depending on the type used:

- Reduced rates of heart disease
- Stronger bones
- Reduction in diabetes rates, and
- Reduced rates of colorectal and uterine cancers

There is also a great deal of research exploring the role of estrogen in reducing dementia.



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Why did people think MHT was unsafe for so long?

There were worrying results from a large US study (the Women's Health Initiative) released over 20 years ago. Most women in the study were well past menopause (when you would normally start MHT) so the data was not relevant to women starting MHT in their 40's and 50's. Re-evaluation of these younger women starting MHT later showed that not only was HRT safe, it also had some unexpected longer-term health benefits.

What type of MHT will I need?

IF YOU'VE HAD A HYSTERECTOMY and are suffering with hot flushes you can treat them with estrogen alone rather than "combined" HRT. This is because you don't need a progestogen to protect your uterus against endometrial cancer.

The evidence from the WHI study very clearly demonstrated that for women who started estrogen-only HRT under the age of 60 there were reduced rates of coronary heart disease, diabetes, breast cancer, death, and a HUGE reduction in bone fractures.

IF YOU HAVEN'T HAD A HYSTERECTOMY and decide to use HRT you will require both estrogen and a progestogen, to stop the lining of the uterus from becoming abnormally thickened. The WHI evidence for women who started combined HRT before age 60 showed reduced rates of diabetes, bowel and uterine cancers, death, and again a huge reduction in bone fractures.



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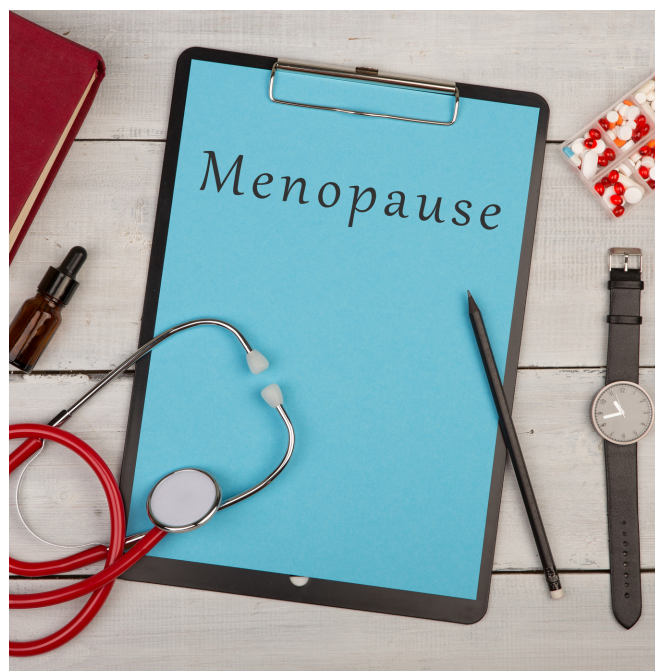
Are there any side effects?

Possible side effects of MHT include changes to vaginal bleeding, a small increase in unwanted blood clots (but not with transdermal estrogens) and small increase in breast Ca risk after 5yrs of use with some progestins. Other potential side effects include breast tenderness, nausea, mood changes and bloating. [The Australasian Menopause Society's](#) website includes very informative, evidence-based fact sheets about MHT and other treatments.

Side effects are usually temporary and reversible, and can often be avoided by changing products or changing the way you're using them;

Who should avoid using MHT?

Women with a personal history of breast cancer (or other hormone-sensitive cancers), certain autoimmune diseases, established cardiovascular disease or who are more than 10 years post-menopause should not start MHT. Those with uncontrolled medical issues like high blood pressure should have them well-managed before commencing, and expert advice will be required for some medical issues. Make sure that the doctor who is prescribing understands your full medical history including medications.



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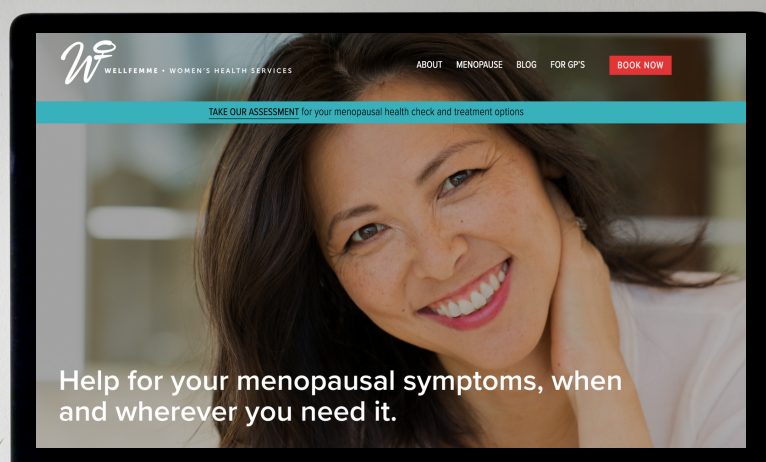
Get expert advice!

The benefits of MHT vary depending on which hormones you need, and the risks also vary depending on the particular product and delivery system of hormones chosen.

The important take-home message is this:

If you are putting up with dreadful symptoms because you think MHT is unsafe, get some evidence-based advice from a doctor who is knowledgeable about menopause treatments.

For more information about how menopause and perimenopause will impact on your health, take [WellFemme's free online Menopausal Health Assessment](#).



REFERENCES: As per <https://wellfemme.com.au/useful-menopause-links/>

www.wellfemme.com.au