

1. What is Menopause?

The medical definition of menopause is the point in life when you have not had a period for more than 12 months. “Meno” refers to the menstrual cycle and “pause” refers to the menstrual cycle stopping. The ovaries no longer produce eggs, resulting in falling levels of three sex hormones: estrogen (oestrogen), progesterone and testosterone.

Studies show that the average age of menopause for women in the UK is 51, however it can be at any point between the age of 45 and 55.

Early “natural” menopause is defined as when menopause occurs before the age of 45 and if menopause occurs before the age of 40 it is classed as Premature Ovarian Insufficiency (POI).

The term menopause is commonly used to refer to three distinct stages:

- Perimenopause

The term perimenopause is the time before menopause when you experience menopausal symptom but are still having periods. Perimenopause can start as young as 36 but is typically between the ages of 36 and 49. Symptoms can last up to 10 years but are usually experienced for between 4 and 5 years prior to menopause.

- Menopause

This is where 12 consecutive months and one day have passed without the occurrence of a period.

- Post Menopause

This is the time after menopause has occurred and in effect is the rest of an individual’s life.

2. Types of menopause, and how it impacts on upon different groups:

- Individuals in their teens, 20’s, 30’s or early 40’s can go through early menopause known as “*Premature Ovarian Insufficiency (POI)*”. This is where the ovaries may not produce eggs due to insufficient amounts of estrogen resulting in periods becoming irregular or sometimes stopping all together.
- Surgical or Medical Menopause which can bring about an early menopause and can occur as a result of:
 - Having your ovaries removed (Oophorectomy)
 - Having a course of radiotherapy to the pelvic area as part of cancer treatment
 - Receiving certain types of chemotherapy drugs as part of cancer treatment
 - Receiving medical or surgical treatment for endometriosis or premenstrual syndrome

- Having had a partial or full hysterectomy. A full hysterectomy will result in an immediate menopause after surgery. Whereas a partial hysterectomy (where the uterus is removed but not the ovaries) may result in estrogen levels decreasing at a younger age and symptoms of menopause being experienced.
- Women in same sex relationships could be experiencing menopause at the same time as each other. They may be able to provide an increased understanding to each other or it may be challenging if both partners are experiencing lots of symptoms at the same time.
- Trans and non-binary people may have received medical interventions such as hormone therapy and surgeries. Those transitioning from male to female will usually take estrogen, progesterone, and testosterone blockers. Whereas those transitioning from female to male will take testosterone and estrogen blockers. This can result in individuals experiencing menopause symptoms if they reduce their hormone therapy or stop taking them in advance of medical procedures such as gender reassignment surgery.

3. Perimenopausal / menopause symptoms

Hormone receptors are in every organ in the body, so as hormones begin to fluctuate and ultimately decline every part of the body can be affected. Perimenopausal symptoms they can be wide ranging, both physical and psychological and with the severity of symptoms also varying greatly from individual to individual.

Physical symptoms can include:

Hot flushes	Night sweats
Irregular periods	Heavy periods
Headaches	Migraines
Joint pain	Muscle aches
Increased fatigue	Breast tenderness
Dry eyes	Dry skin, itchiness
Crawling feelings on the skin	Tingling, pins & needles in extremities
Low libido	Vaginal dryness / irritation
Increased urinary frequency	Increased urinary tract infections
Bleeding gums	Hair thinning or loss
Increased gas & bloating	Tinnitus
Weight gain	Painful intercourse
Changes in body composition	

Psychological symptoms can include:

Irritability	Anger
Depression	Feeling unloved

Anxiety	Mood changes
Loss of mojo / motivation	Loss of confidence
Loss of self-esteem	Poor concentration (brain fog)
Forgetfulness	Feeling increased stress

It is recommended that you track any symptoms you may be experiencing to help you discuss your perimenopause with your GP. There are a number of ways available to do this:

Balance symptom tracker app

Tracking symptoms is a really good way of helping to determine if you are perimenopausal. The Balance app is available either free of charge or with a paid for version. The FOC option allows you to track all your symptoms and print off a PDF report to take to your GP.

<https://www.balance-menopause.com/balance-app/>

There is also a really good explanation of the different symptoms available on this website if you prefer not to use an app (provided by NHS menopause specialist GP's and consultants):

<https://withalva.com/menopause/list-of-symptoms>

There is a downloadable paper symptom checker available here:

<https://www.menopausethewrightway.com/resources/loam-voted-best-local-bakery-ra5kn>

4. *Evidence based menopause information websites:*

a) Balance Menopause

The Balance website offered by Dr Louise Newson is an excellent for everything to with perimenopause / menopause and uses evidence based research for all the articles, factsheets, and information. There is a fully searchable library that allows you to look by topic, word, or delivery method (i.e., podcasts, video's etc.

The link to the Balance Menopause library page is here:

<https://www.balance-menopause.com/menopause-library/>

b) Premature Ovarian Insufficiency (POI)

The charity for those who suffer from POI is the Daisy Network

<https://www.daisynetwork.org>

There is a really good article on POI offered on the Balance website regarding POI the link is below. Dr Newson has also recorded a few podcasts on POI which can also be located in the library on the Balance website (second link below). In addition to these articles there is the

Daisy Network Charity which was set up to provide support specifically for individuals who experience POI.

c) Endometriosis

The charity for those who are diagnosed with endometriosis is Endometriosis UK

<https://www.endometriosis-uk.org>

There are some really helpful articles and podcasts on the Balance website in the library as well as some great information on the charity's own website.

<https://www.balance-menopause.com/menopause-library/endometriosis-and-you-booklet/>

d) The Menopause Charity

This is the charity established by Newson Health and contains a lot of useful information as per the Balance website.

<https://www.themenopausecharity.org/>

5. *Menopause Societies*

Most of the menopause societies offer information for medical professionals and information for “consumers’ within their sites.

Listed below are the Menopause Societies who offer up to date, accurate and clear medical professional and consumer resources:

a) British Menopause Society (BMS)

The BMS put all of their consumer information that is aimed specifically at consumers (women) rather than healthcare professionals on a website called the Women’s Health Concern:

<https://www.womens-health-concern.org>

b) The Australian Menopause Society (AMS)

The AMS has a lot of really useful information on it for women. When you arrive at the home page, hover over the “Consumer Information” heading and a lengthy and searchable menu will appear:

<https://www.menopause.org.au>

c) International Menopause Society (IMS)

The IMS has some useful information for consumers, the website is not as modern looking as the previous two sites mentioned but the information is reliable and trustworthy.

<https://www.imsociety.org>

HRT Supply issues

The British Menopause Society (BMS) does issue regular updates on its website with regards to HRT supply issues. Please keep in mind that the BMS website is aimed at clinicians and isn't updated in real time, but it is a useful reference point.

<https://thebms.org.uk/news/british-menopause-society-update-on-hrt-supply/>

6. Menopause management options

a) Lifestyle

Symptoms experienced during perimenopause are driven by the ongoing hormonal fluctuations, whereas upon reaching menopause the sex hormones have flat lined and physical changes experienced after that are more specifically age related. Hence why it is more beneficial to make lifestyle changes in terms of diet and exercise whilst perimenopausal if not before.

- Exercise

If you do not currently participate in any exercise then you should aim for a minimum of 150 minutes per week (30 minutes per day) of moderate exercise (defined as brisk walking, easy cycling or easy swimming) or 75 minutes per week of vigorous exercise i.e., running.

Include weight bearing and resistance training within your weekly exercise activities e.g., cross fit, circuit training, body weight strength and conditioning, High Intensity Interval training (HITT) and Sprint Interval training (SIT).

Minimise sedentary time inside and outside of work i.e., stand up and move around more regularly at work, ideally every 30-60 minutes as a minimum.

- Diet

Aim to eat a minimum of 5 different fruits or vegetables per day.

Consume protein rich foods.

Reduce your intake of processed foods and foods high in sugar (no more than 30g of total sugar = 7 sugar cubes per day).

Eat more whole grain foods and fibre (i.e., complex carbohydrates)

Minimise alcohol consumption (14 units per week = 6x 175ml glasses of wine).

Consider Vitamin D and calcium supplementation (to help with bone health).

- Mental Well Being

Be prepared for perimenopause by familiarising yourself with the possible symptoms and management options.

Talk to your partner, friends, and family members if you are struggling with your symptoms.

Take time for yourself to enable self-care.

b) Complementary & alternative therapies:

The British Menopause Society (BMS) has produced literature about alternative therapies with regards to their effectiveness based upon results from academic studies if you are considering these as an alternative to HRT. This information is available on its patient the Women's Health Concern website, which is the BMS patient focused website.

The link to the literature on alternatives to HRT is here:

<https://www.womens-health-concern.org/wp-content/uploads/2021/02/03-WHC-FACTSHEET-Complementary-And-Alternative-Therapies-FEB2021.pdf>

If you are considering a natural remedy then there is a good free resource (it originates from the US but has most of the natural remedies we might see in the UK) where you can search for the remedy by name and read information about it and it will also provide a summary of the evidence available regarding effectiveness:

https://medlineplus.gov/druginfo/herb_All.html#S

c) Hormone Replacement Therapy (HRT)

Many women have questions and concerns regarding HRT particularly with regard to increased risk of breast cancer. There can also be a significant amount of misleading information about HRT on the internet.

All of the websites already recommended provide lots of information regarding the many different questions that you may have around HRT

<https://balance-menopause.com/uploads/2021/10/HRT-the-basics-updated-Feb-22.pdf>

A PDF document prepared by the BMS detailing different factors relating to increased risk of Breast Cancer is available here:

<https://thebms.org.uk/wp-content/uploads/2016/04/WHC-UnderstandingRisksOfBreastCancer-MARCH2017.pdf>

- Types of HRT

There are many different ways of taking HRT, for example orally, transdermally, locally (e.g., vaginal pessaries) etc, however it is usual that women with an intact uterus will require both (o)estrogen and progesterone. Whereas women who have had a hysterectomy will normally only be prescribed (o)estrogen.

It may also require ongoing discussions with your GP with regards to both dosage and the type of HRT prescribed to determine the correct combination that has the maximum effect on your symptoms.

Here are some useful links with regards to different types:

<https://www.womens-health-concern.org/wp-content/uploads/2022/11/27-WHC-FACTSHEET-HRT-Doses-NOV2022-A.pdf>

<https://balance-menopause.com/uploads/2021/09/HRT-types-and-doses.pdf>

- Pre-paid Prescription for HRT:

On 1st April 2023 the UK government launched the NHS Hormone Replacement Therapy Prescription Prepaid Certificate (HRT PPC). Each item on a prescription currently costs £9.65, so a prescription for estrogen and separate progesterone would cost £19.30. However, the HRT PPC costs £19.30 for one year and will then cover you for an unlimited number of certain HRT medicines for a period of 12 months.

If your HRT is not covered then you may also consider a Prescription Prepayment Certificate for 3 or 12 months that covers you for all prescriptions.

The link to the HRT PPC certificate online application is here:

<https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/nhs-hormone-replacement-therapy-prescription-prepayment-certificate-hrt-ppc>

A link to the list of HRT medications covered by the HRT PPC is provided here:

<https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/nhs-hormone-replacement-therapy-prescription-prepayment-certificate-hrt-ppc/medicines-covered-hrt-ppc>

7. *How to maximise an appointment with your GP when discussing perimenopause or menopause symptoms:*

- When making the appointment ask for the practice GP that specialises in female health issues or if there is a practice nurse that is menopause trained.

- Try to book a double appointment (either a telephone call or an in-person appointment).
- Prepare for your appointment so that you can provide your GP with the maximum amount of information on your symptoms.
- Use a menopause symptom checker to determine which symptoms you are experiencing and the extent to which you are having them (Balance app - <https://www.balance-menopause.com/balance-app/>)
- Also keep a record of your menstrual cycle so that you can identify any changes in the cycle length, and amount of blood flow.
- If you feel comfortable take your partner or a friend with you so they can help support you during the appointment and during this stage in your life.

What should you expect from your GP? (As per NICE Guidelines 05/12/2019)

- To provide individualised care:
 - Adopt an individualised approach at all stages of diagnosis, investigation, and management of menopause
- To provide a diagnosis of perimenopause / menopause typically without recommending blood tests in healthy women aged over 45 who have:
 - vasomotor symptoms and irregular periods
 - not had a period for at least 12 months and are not using hormonal contraception
 - are without a uterus.
- Follicle stimulating hormone (FSH) tests are typically only used to diagnose menopause:
 - in women aged 40 to 45 years with menopausal symptoms, including a change in their menstrual cycle
 - in women aged under 40 years in whom menopause is suspected
- Your GP should provide you with an explanation of the stages of menopause
- To discuss your symptoms and other common symptoms
- To determine your lifestyle and if there are any changes or interventions that could help with your general health and well-being and in managing your symptoms.
- To discuss the benefits and risks of different treatments for menopause symptoms, such as hormone replacement therapy and other non-medical options.

(More detailed information on NICE guide lines for GP's and menopause symptoms and prescriptions can be found here:

<https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#individualised-care>)

What your GP should not do!

- Tell you that it's just that time of your life. Yes menopause is a natural life stage, but it doesn't mean that you should have to put up with symptoms that impact upon your quality of life.
- Decline to prescribe HRT. It's up to you what you want to try and for them to say whether it could be right for you, depending on your medical history.
- Impose time restrictions on prescribing HRT e.g., they'll only prescribe this once or for a year or two. This is an ongoing conversation and if your symptoms persist, you'll still need help to manage them.

The British Menopause Society (BMS) have also produced a summary of the NICE guidelines from a GP's perspective, but it is actually more succinct than the NICE guidelines themselves and I would always recommend that you tell a GP that you have read them and are aware of them.

<https://thebms.org.uk/wp-content/uploads/2019/04/09-BMS-TfC-NICE-Menopause-Diagnosis-and-Management-from-Guideline-to-Practice-Guideline-Summary-01-April2019.pdf>

8. *Alternatives to your NHS GP if you are not happy with your GP consultation*

- **Where not to go:**

Do not go to private menopause clinics that offers to provide you with and will charge you for custom "compounded bio identical hormone replacement treatments". Bio-identical hormone treatments are not regulated. All of the menopause societies around the world are united in their view that women should be aware of the issues around bioidentical hormones and that regulated body identical hormone replacement therapy (i.e., HRT) which should be accessible on prescription from your GP should be your first choice if considering Hormone replacement therapy.

There is a link to the article here from the British Menopause Society website:

<https://thebms.org.uk/publications/consensus-statements/bioidentical-hrt/>

- Specialist Menopause Clinics – Private GP menopause service or NHS Menopause Specialist Clinics

You should look for any menopause clinic that has menopause trained GP's and ideally they will be members of the British Menopause Society or the International Menopause Society. They should not reference compounded bioidentical hormones on their website and should only prescribe regulated body identical hormones.

Prices range from between £100 - £300 per initial consultation.

Newson Health - <https://www.newsonhealth.co.uk/>

Health & Her - <https://healthandher.com/clinic/>

Manchester Menopause Hive - <https://manchestermenopausehive.co.uk>

Health in Menopause - <https://www.healthinmenopause.co.uk>

The Menopause Consultancy - <https://www.menopauseconsultancy.co.uk>

The British Menopause Society also offers a search facility to find a qualified menopause specialist:

<https://thebms.org.uk/find-a-menopause-specialist/>

9. *Testosterone*

At the moment the NHS guidelines only enable NHS GPs to recommend testosterone if a patient presents with significantly reduced libido or "Hypoactive sexual desire disorder". It is available on private prescription, via menopause specialist GP's such as those cited earlier in the document.

Again there is a really good leaflet available about testosterone on the Balance website and is available here:

<https://balance-menopause.com/uploads/2022/01/Testosterone.pdf>

Superdrug online also offer a private testosterone testing option for women, with follow up from one of their online GP's for £50 and they can also issue private prescriptions for testosterone.

<https://onlinedoctor.superdrug.com/testosterone-for-women.html>

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