

Menopause

Menopause is a natural process that occurs in all women, usually between 40–55 years of age. At menopause, a woman's own oestrogen levels fall and the monthly period (menstruation) stops. Menopause is said to have occurred when menstrual periods have ceased for 12 months.

Premature menopause is when periods cease before the age of 40. In many cases no cause is found for menopause to be early. Sometimes there may be a history of early menopause in the family but certain infections and immune and chromosome disorders can cause it to happen early. You should discuss with your doctor whether you need to have any investigations. Smoking has been linked to premature menopause.

Premature menopause may also happen as the consequence of surgical removal of both ovaries. It can also be as a result of some cancer treatments where the ovaries are affected. This causes a sudden drop in hormone levels and menopausal symptoms can often be more severe than with the other types of menopause.

What are the symptoms of menopause?

Menopause is a highly individual experience. Symptoms vary between women from mild to severe although some women have no symptoms at all. In some women the symptoms last for less than one or two years, but other women have them longer.

The main symptoms of menopause are hot flushes and night sweats. These can start even when a woman is still having periods. Eventually though periods get less frequent and stop. Other period changes such as bleeding between periods, bleeding after sex or very heavy periods are not part of menopause and need to be investigated.

Other symptoms may include:

- Poor sleep pattern due to night sweats.
- Vaginal dryness.
- Painful intercourse.
- Itchy skin.

Some symptoms may be related to stress or other factors, rather than menopause.

Although a number of psychological symptoms such as depression, anxiety, forgetfulness and loss of interest in sex are often blamed on menopause, there is no evidence that these are especially part of menopause. These symptoms can occur in men and women and people of all ages. Severe hot flushes and night sweats can disrupt sleep causing tiredness and irritability.

Vaginal dryness

Some women have vaginal dryness after menopause which is uncomfortable and can make sex painful. Vaginal oestrogen cream increases vaginal moisture and is safe to use long term in low doses that minimise absorption into the blood stream. This is only available with a prescription.

Another effective treatment is Replens, which is a non-hormonal moisturiser. This is available in some pharmacies, and can be purchased online through the Family Planning web shop: www.familyplanning.org.nz

Osteoporosis

Osteoporosis is a condition where bone tissue is lost or destroyed more quickly than the body can replace it. As a result bone density lessens, the skeleton becomes weakened and there is increased chance of fracture.

Everyone's bones get thinner as they age. In women, the drop in oestrogen at menopause can cause loss of bone strength. This can increase the risk of fractures later in life, especially for women who do not have strong bones. This is more likely in Pakeha and Asian women than in Māori or Pacific women. Routine bone density screening is not recommended at menopause, unless you have risk factors such as a personal or family history of fracture with minimal trauma.

Recent research suggests it is not appropriate for older women to take calcium supplements to reduce the risk of hip fractures.



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What is Hormone Therapy (HT)?

Hormone therapy is a hormone medicine which decreases or stops hot flushes and night sweats which some women have at menopause. Hormone therapy comes in pills, implants, creams and gels, or patches applied to the skin. (Hormone therapy was previously referred to as HRT – hormone replacement therapy.)

Hormone therapy consists of either estrogen and progesterone (combined therapy) or estrogen only. Women who have had a hysterectomy (removal of the uterus) who wish to use HT can use estrogen only. Women with a uterus who wish to use HT need to use combined therapy as estrogen only can cause cancer in the endometrium (lining of the uterus). When progesterone is added, the endometrium is protected. If you would like to have further information regarding HT refer to the Family Planning HT pamphlet.

Alternative Therapies

The remedies below are often suggested for hot flushes and night sweats. There is little information about the safety of these alternatives, especially when used long-term.

Black cohosh (*cimifuga racemosa*) is a herb that is available from herbalists, health food shops and some pharmacies. Some small studies have shown that black cohosh is effective at reducing hot flushes and night sweats, but a recent Cochrane review of all the research has found that black cohosh is no more effective for flushes than placebo.

Phytoestrogens are plant hormones that are found in some foods and in supplements. Phytoestrogens are like estrogens and they are not necessarily safe just because they come from plants. There is some evidence that foods containing phytoestrogens or phytoestrogen supplements may help with hot flushes, though not all studies show this effect. Long-term safety has not been studied.

‘Natural’ progesterone cream is widely advertised for menopausal symptoms, but there are only a few studies looking at the effect for hot flushes. Some studies show that it helps with hot flushes, but others do not. It can only be obtained on a doctor's prescription.

Some women report relief from using the following alternative therapies, and some studies have shown that they can be helpful:

St John's Wort – for mild depression and mood swings (caution is advised if using the oral contraceptive pill or other medications).

Ginkgo Biloba - for short-term memory loss, slow reaction time, energy levels and concentration.

Acupuncture - Some women have found that acupuncture has helped with hot flushes.

Other considerations:

- Clothing - Avoid tight clothing and wear layers of natural fibres to help manage during hot flushes.
- Decrease caffeine intake and hot spicy foods.
- Use cotton sheets on the bed.
- If you have a partner, get separate bed covers such as different weight duvets to minimise sleep disruption for your partner.

Sex at menopause

A woman can still be fertile up to a year after her last period, or two years if menopause was before age 50. Women having sex with men could get pregnant. Contraceptive needs may change over the years. It is important to discuss with a doctor or nurse what contraceptive method will be best during menopause. HT is not contraceptive.

You may want to use lots of water based lube when having vaginal sex. This can be purchased from a chemist or supermarket as well as online from the Family Planning web shop.

If vaginal sex is too painful, ask your doctor about using estrogen vaginal cream.

Further Information

The Cochrane consumer website will give you more information about studies on the products mentioned in this pamphlet. The website can be accessed at <http://consumers.cochrane.org/search/reviews>

You just need to put the product you are looking for in the Searchbox

MENOPAUSE