

Patient Information - Menopause - Patient Information Leaflet

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Leaflet

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Gynaecology

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The menopause is when you stop having your periods for an year or more. Most women in the UK have their menopause between the ages of 45 and 55 years, with the average age being 51 years. If menopause happens before the age of 40 years, it is called premature menopause or premature ovarian insufficiency. If it happens before 45 years of age, it is called as Early menopause.

Menopause occur when the ovaries spontaneously stop producing hormones oestrogen, progesterone and testosterone as a part of reproductive aging or when the ovaries stop functioning due to specific treatment such as chemotherapy or radiotherapy, or when the ovaries are removed, often at the time of a hysterectomy. Periods stop because the low levels of oestrogen and progesterone hormone fail to produce a period.

Perimenopause is the stage from the beginning of menopausal symptoms to the post menopause.

Post menopause is the time after menopause i.e. more than 12 months with no periods in someone who have their ovaries, or immediately following surgery if the ovaries are removed.

Symptoms

Before cessation of your periods, the oestrogen levels start falling and this period is known as the perimenopause. This can last from a few months to several years. Around half of all women notice physical and/or emotional symptoms during this time. Every woman experiences the menopause differently. Some experience one or two symptoms, which may be mild, while others have more severe and distressing symptoms.

The most common symptoms are:

1. Irregular Perimenopausal bleeding- Menstruation/having regular periods is a delicate balance between oestrogen and progesterone(ovulation)hormone. Progesterone hormone is needed for pregnancy but is also important to control the growth of the womb lining. Too much Oestrogen and too little Progesterone cause abnormal shedding of the lining of the womb and heavy and irregular periods. With time during the transition, Oestrogen levels also decrease, and the uterine lining then becomes thinner making periods become lighter, more infrequent and then finally stop.

2. Hot flushes- The hot flush, or flash, is well known as the classic menopausal symptom and affects 60-85% of menopausal women. They vary immensely in both their severity and duration. For about 20% of women they can be severe and can cause significant interference with work, sleep and quality of life. The symptoms on average last for about 2 years but, for about 10%, symptoms can continue for more than 15 years.

3.Night Sweats-Normally, there is a daily pattern of rises and falls in your body temperature, being lowest at about 3am and highest in the early evening. These small changes are not normally noticed, but a menopausal woman may flush with every temperature rise. To try to cool your body down, a variety of chemical reactions cause the blood vessels in the skin to open up, giving the sensation of a rush of heat, and sweat glands release sweat to dissipate heat. The exact underlying mechanism is still unclear as to why this happens but is related to fall in Oestrogen levels. Being overweight, alcohol, excess caffeine, spicy foods, monosodium glutamate and some medications can worsen these symptoms.

4.Vaginal dryness - The menopausal changes can cause dryness, irritation, itching and pain with intercourse. These symptoms are due to decreasing Oestrogen levels which cause thinning of vaginal wall and decreasing secretions. They can affect up to 40% of postmenopausal women. Effective treatments both hormonal and non-hormonal are available.

5.Bladder symptoms. Bladder symptoms like increased frequency of passing urine, burning in passing urine and leaking of urine may be related to decreased oestrogen levels, however other causes should be ruled out. They can cause significant distress yet are often under-reported and under-treated.

6.Sexual Problems- Sex drive decreases gradually with age in both men and women, but women are two to three times more likely to be affected by a decline in sex drive as they age. The mechanism is complex but falling Oestrogen levels are mainly responsible for the symptoms. You can discuss with your doctor for treatment options.

7.Low mood and/or feeling anxious- Menopause symptoms such as mood swings,

irritability, anxiety, difficulty concentrating, difficulty coping and forgetfulness may be related to hormonal changes, either directly or indirectly e.g. due to sleep disturbance.

However, other life events may have a contributory effect.

8.Joint and muscle pain - These commonly occur, often affecting neck, wrists, and shoulders but recognition of their possible association to menopause is often lacking.

9. Insomnia- This may be partly due to the night sweats, control of which can lead to an improved sleep pattern. You can discuss the management to help with these symptoms with your doctor.

10. Low Energy and Brain Fog. Momentary lapses in memory or concentration are normal for most people however during menopause these can become often and prolonged and can disrupt life

How can menopause effect your health in long run?

Osteoporosis-Due to lack of Oestrogen the bones start to weaken and become prone to fractures. The risk increases mainly in late post menopause and can cause fractures. If indicated your doctor may ask for a bone scan and refer you for appropriate treatment if needed.

Strokes and Heart Disease- After menopause, a woman's risk of heart disease and stroke increases (especially after age 65), and ultimately more women die of these conditions than men. Yet again optimizing health by lifestyle changes like Smoking cessation , Reduction of alcohol consumption ,Regular aerobic exercise , Healthy diet , Control of body weight , Participation in mentally stimulating activities , Regular screening for cancer . HRT has benefits for heart and cardiovascular health if started in the perimenopause or early menopause.

What can we do to minimize or treat symptoms?

Practicing Lifestyle changes, diet and exercise in general help with the symptoms and some medications like hormonal and non-hormonal therapy can be used to treat the symptoms.

Treatments options will be discussed by your treating doctor so that a mutually agreeable plan can be made. Please refer to our Patient leaflets on Natural and hormonal management of Menopause

Useful links <https://thebms.org.uk/> <https://cks.nice.org.uk/menopause> **This leaflet has been developed in partnership with the Patient Information Group and our DGT Patient Partners**

Patient Information

Further patient leaflets are available from the Dartford and Gravesham NHS Trust website: <https://www.dgt.nhs.uk/patients-and-visitors/patient-information-leaflets> Please ask a member of staff if you require information in another language or format.

Complaints, Comments, Concerns and Compliments

Please speak to the staff in the ward or department caring for you if you have any concerns or questions relating to your care or that of a loved one.

Compliments can be shared by visiting: <https://www.dgt.nhs.uk/contact-us/compliments>

Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01322 428382 Email: dgn-tr.PALS@nhs.net

Patient Property

Please do not bring large sums of money or valuable items into the hospital. Dartford and Gravesham NHS Trust accepts no responsibility for the loss or damage to personal property unless it is handed into Trust staff for safe-keeping.

Dartford and Gravesham NHS Trust operate smoke-free hospitals. This means that smoking is not permitted anywhere on hospital grounds. For help to quit smoking please visit www.kentcht.nhs.uk/service/one-you-smokefree/

Use of alcohol or illicit drugs is not permitted anywhere on the hospital site. For drug and alcohol support please speak to your nurse or doctor or

Visit: www.changegrowlive.org/westkent/help

Call: 0330 128 1113

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