

The Centre for Reproductive Medicine
PO Box 20559
Nimbin NSW 2480
Australia

Maxwell Brinsmead MB BS PhD MRCOG FRANZCOG
Retired Obstetrician & Gynaecologist

Phone +61 409 870 346
E-mail max@brinsmead.net.au
Website www.brinsmead.net.au

QUESTIONS AND ANSWERS ABOUT MENOPAUSE

What is Menopause?

Menopause is that time of change in a woman's life when, generally between the ages of 45 and 55, the ovaries gradually stop producing eggs and hormones. This results in menstrual periods that become irregular and finally stop. The levels of the female sex hormones (mainly oestrogen and progesterone) in the body are significantly lower than during the previous decades of reproductive life.

The characteristic symptoms of menopause are hot flushes – a sensation of heat that spread through the body for several minutes. They may be accompanied by visually obvious flushing or sweating and can occur several times a day. They are typically worse at night. This can result in loss of quality sleep, tiredness and irritability.

It is also a medical fact that the fall in oestrogen levels leads to an acceleration of bone loss that, many decades later (or earlier in predisposed individuals), may be manifest as osteoporosis i.e. brittle bones that fracture or crush easily.

Does Every Woman Experience Symptoms?

A few women will have no symptoms at all associated with menopause i.e. apart from the cessation of menstrual periods. However, for 60% of women the problems are mild and can often be managed without medical intervention.

Only one woman in 5 (or 20%) has such disabling problems with hot flushes, insomnia and mood swings that something has to be done. Unfortunately, we cannot predict who will require medical help or indeed for how long the symptoms will continue. For most women hot flushes will decrease in frequency and severity over a period of 3 – 5 years but a small number of women experience disabling symptoms into their 60's and 70's.

What can a Doctor Do?

Doctors assist with symptoms of the menopause primarily by prescribing HRT. This is short for "Hormone Replacement Therapy". It refers to the use of the drugs oestrogen (for women without a uterus) or oestrogen and progesterone (for women whose uterus is still present) to replace those hormones that are lower after the ovaries cease to cycle.



What are the Benefits of HRT?

HRT became quite unpopular during the first few years of the 21st century for reasons that will be explained below and many doctors avoid use of the term at all. However, HRT effectively relieves the menopausal symptoms of hot flushes and night sweats. *For a woman who has disabling symptoms it is quite appropriate to use HRT for periods of months or a few years in order to cope with the enormous disruption that can arise from hot flushes and their accompaniments.*

HRT used for longer periods of time also provides protection against osteoporosis. For some time it was thought that other benefits such as a reduced risk of heart disease, mental function and skin ageing would make it desirable for most, if not all women, to take HRT throughout their menopausal years. However, it is now apparent that *for most women it is not appropriate to have “hormones for ever”*. To put it simply the overall risks of long term HRT use outweigh the benefits

What are the Risks of HRT?

By the 1990's it was becoming obvious that the long-term use of HRT is associated with a small but significantly increased risk of breast cancer. In 2002 an increased risk of venous thromboembolism, myocardial infarction and strokes were also recognised as risks of HRT. There is also a slight but not significant increased risk of ovarian cancer.

Whereas earlier studies had suggested that HRT protects women from the risk of Alzheimers and related mental deterioration, it has now emerged that there is no obvious benefit. Some studies have concluded that HRT may even increase the risk of Alzheimer's.

It needs to be emphasised that the risks of HRT seem to arise only after prolonged use *i.e. for periods of greater than 5 years*. Moreover, the risks appear to be small in terms of the number of women affected. For example, in the very large US study reported during 2002 that involved continuous combined oestrogen and progestin taken as tablets, for every 10,000 women using the HRT there were 7 more heart attacks, 8 more strokes, 8 more blood clots with lung effects, 8 more invasive breast cancers and 2 – 3 more ovarian cancers. The overall excess risk of the events specified was 19 per 10 000 person-years. It is important to note that this study involved predominantly women in their 60's and 70's.

If HRT is used the overall risk *death* from cancer is *not* increased. Indeed, a number of studies have confirmed that women using HRT have *a lower risk of dying from breast, colon and uterine cancer*. A possible explanation for this finding is that women using HRT see their doctor more regularly and have more screening that results in diagnosis at an earlier and more treatable stage.

The evidence is further confused by the use of varying forms of HRT and by different routes of administration. The earliest studies involved the hormone oestrogen alone and showed positive benefits in terms of preventing osteoporosis and heart disease. However, for women who have not undergone hysterectomy the use of oestrogen alone carries a significant risk of uterine cancer as well as much more frequent bleeding problems. So, for women who still have a uterus, progestins are usually required. Studies that involve the use of oestrogen alone for long term use are continuing but, to date, the results are reassuring.

What remains uncertain is whether all of these long-term risks apply also to the use of HRT administered by other means eg patches. Tibilone (Livial) is a synthetic steroid that was developed to avoid uterine and breast stimulation. This was confirmed in early studies but the risk of stroke was slightly increased.



Another study concluded that Livial increases the risk of recurrence of breast cancer and it has been implicated a causal agent for this cancer in some other studies.

Finally, amongst all the confusion there is evidence that, if HRT is used during the transitional phase of the menopause or in the years immediately following the cessation of periods, then it will have long term benefits to the health of the heart and blood vessels.

For a summary of the risks and benefits of HRT consult the table at the bottom of this page.

What about Side Effects of HRT?

Initial side effects with HRT can include irregular vaginal bleeding, breast tenderness, headaches and irritability. Many of these initial side effects settle with time and persistence.

It is preferable not to discontinue HRT suddenly or stop and start because this simply magnifies many of the side effects (especially bleeding) or causes rebound symptoms. See “Is HRT addictive?” below.

Does HRT cause Weight Gain?

Both women and men tend to experience an increase in abdominal girth and trunk fat as they enter middle age. This is often due to changes in physical activity and food intake, but changes in sex hormones and other hormonal factors are also responsible. From the early 40s most women become aware of a redistribution of fat from the buttocks and thighs to the stomach. Whether this change is caused by menopause alone, ageing alone or a combination of both is unclear.

HRT does not cause weight gain. Many studies confirm that hormone treatment does not produce weight gain in menopausal women. When commencing HRT some women experience feelings of bloating, breast tenderness and fullness but these should not be mistaken for weight gain. These side effects tend to settle within the first few months of therapy.

Menopause & Sexuality

Sexuality does not begin and end at any particular stage in life. Nor is it easy to define. For some couples caressing, physical closeness and companionship can be as integral a part of their sexual relationship as intercourse. With age there is a normal decline in both male and female sexual activity. Problems may occur when partners experience differences in libido.

What causes Loss of Libido?

Loss of libido, loss of interest in sex or reduced sex drive may occur at the time of the menopause for a variety of reasons including tiredness, stress and relationship problems. Menopausal changes such as vaginal dryness, skin crawling sensations, a change in skin sensitivity, tiredness due to hot flushes, and a sense of just not wanting to be touched are also a problem for some women.

Sometimes a change in lifestyle and avoidance of stressors or even relationship counselling may be required. However, if the problem is due to oestrogen deficiency, then HRT will alleviate the vaginal dryness, abolish hot flushes and most of the other skin symptoms. For a few women a small amount of testosterone or the mildly androgenic formulation Tibilone (Livial) may be beneficial.



Skin & Other Changes

Skin is an oestrogen dependent part of the body and is affected in a number of ways by the fall in oestrogen levels following menopause. Changes in hair, teeth and bladder control also occur. Skin thickness decreases with time after menopause and, as a result, cuts and abrasions often take longer to heal. A crawling skin sensation and dry, itchy eyes also responds well to oestrogen replacement.

Wrinkles increase after menopause as a result of skin deterioration and are made worse by smoking and lifetime exposure to sun. Other than not smoking, sun protection is the best action.

Are Changes in Hair Growth Normal?

After menopause many women experience unwanted hair growth and this is one consequence of the hormone changes. It is best dealt with cosmetically. Thinning of pubic hair is a normal part of ageing and does not require treatment.

Will HRT help my Vaginal Symptoms?

The vagina is highly oestrogen dependent. Prior to menopause the vaginal walls are ten cells thick and well lubricated. After menopause, in the absence of oestrogen, this lining shrinks to two cells in thickness. These changes can result in inflammations, vaginal dryness, painful intercourse, as well as bladder and vaginal infections. Some women also experience dry vulval skin.

Vaginal Oestrogen Use

One very effective and safe form of oestrogen use is by applications of low doses as a cream or pessary within the vagina. If used according to directions, then there is very little or no absorption of the hormone into the circulation and therefore no effect on breasts (no risk of cancer), uterus (no bleeding), and no effect on coagulation factors or blood lipids.

This is not HRT as it is usually described and will not relieve hot flushes but it is putting oestrogen where it is needed most. It is suitable for long term use, improves vaginal health and helps to control bladder weakness.

Can I Improve my Bladder Control?

Problems with urinary control are extremely common in women over 50. There are several potential problems that require careful evaluation. There are also effective treatments available and, in general, all treatments are enhanced by the use of vaginal oestrogen. Systemic HRT, however, increases urinary frequency and incontinence.

Is HRT Addictive?

Some women find it difficult to stop HRT because there is often a rebound with severe menopausal symptoms. If it is decided that cessation of HRT is desirable then I recommend that it should be done very gradually indeed and ideally over 4 – 6 weeks if possible. This recommendation is not supported by clinical studies.



Are there Alternatives to HRT?

It is important to address matters of lifestyle. Smoking is associated with an earlier and more severe menopause as well as many serious diseases later in life. Excessive alcohol (more than 10 drinks a week) should be avoided.

Many women seek natural or dietary solutions to help them through menopause. Alternative therapies can take many forms including herbal or plant supplements, skin creams and foods. Little is known about the risks associated with alternative therapies sold in Australia, and you should not assume that supplements and extracts described as 'natural' are safe or effective.

Many factors need to be considered when thinking about the benefits and risks of alternative therapies. Validated information about the main alternative therapies can be summarised thus:

Soy and Phytoestrogens : Soy food products are good for our health and are known to help reduce cholesterol. However, recent research has shown that it is not the phytoestrogen component of the soy protein that provides this benefit. A widely promoted product called Promensil is no more effective than a placebo in reducing symptoms of menopause.

Remifemin: This extract of Black Cohosh (*Cimicifugae racemosae rhizoma*) has been shown in scientific studies to benefit a modest 40% of women suffering menopausal symptoms. Up to 4 tablets daily may be required and some women do not respond immediately. Its safety for long term use has not been established but most evidence suggests that it is NOT acting as an oestrogen. Extracts of Black Cohosh have occasionally been a cause of liver damage. It is an option for women who have had breast cancer.

Progesterone and Wild Yam Creams: There is no satisfactory scientific evidence that these products provide women with any therapeutic benefit.

In Summary

HRT is *safe and effective short-term therapy* for the relief of disabling or discomforting menopausal symptoms. Any decision about *the long-term use* of HRT requires a careful evaluation of the particular patient circumstances and a clear understanding of the risks and benefits by the participating woman.



Benefits		Risks	
Immediate	Long-term	Immediate	Long-term
Reduces hot flushes	Prevents osteoporosis. Reduces bone fractures by almost 50 percent	Irregular bleeding	Cancer of the lining of the uterus (if taken without progestin)
Improves vaginal and bladder symptoms	Decreased risk of colon cancer	Fluid retention	Increased risk of breast cancer (but decreased deaths).
Keeps skin healthy	Improved dental health	Breast tenderness	Increased risk of heart attacks and strokes
Improves sleep		Headaches	Gallbladder disease
Lessens problems with depression and mood swings		Dysphoria or "Feeling Hormonal" for some women sensitive to progestins	Increased risk of blood clots with embolism
Improves mental functioning in some women			Increased risk of Alzheimer's in older women in one study

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