WellBeing of Women

Funding Vital Health Research

WellBeing of Women is about life – helping enable it, sustain it and make it the best quality.

Women are the motivating factor for us and our aim is for women everywhere to be free of fear and suffering from reproductive problems.

Our determination to meet the health needs of women today is as strong as it was in 1964 when the charity started.

WellBeing of Women is dedicated to the challenge of raising greater awareness and securing more support and funds to invest in new medical research in three key areas of reproductive health:

- Gynaecological Cancers
- Pregnancy and Birth
- Quality of Life problems

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Royal College of Obstetricians and Gynaecologists
Setting standards to improve women's health
The Menopause

Strictly speaking, the menopause refers to a woman's last menstrual period and so to a single event. However, the word is often used in a general way to describe all the changes that happen to a woman's body for several years before and after the last period. In medical terms, these changes are known as the climacteric. They are also commonly known as 'the change of life' or 'the change'.

A change for the better?

Many women worry about the menopause and approach this time with apprehension or even dread. Some may see it as a sign that they are growing old. There may be regrets that having children is no longer possible or fears that they will be less sexually attractive. Myths about the menopause or anxiety about what actually happens may also be a cause for concern.

As you approach the menopause, you may also be experiencing other changes in your life. Children may be growing up and leaving home or grandchildren may be arriving. You may have increased responsibilities at work, or your job may be insecure. You may also have elderly relatives to care for.

The menopause can be a time for positive change. It is an opportunity to reassess your life and decide what you want to do with the rest of it. When menstruation finally stops there is freedom from periods and worry about contraception. Once the menopause is over, many women find that they have a new zest for life, with more energy and a much improved sense of physical and emotional wellbeing. And having made the transition through the menopause, you may still have more than a third of your life to live.

Why does it happen?

The menopause is the result of the fall in the number of eggs in the ovaries. At birth, the ovaries of a baby girl contain many hundreds of thousands of follicles in which human egg cells ripen and develop. When menstruation starts, the ovaries release an egg each month under the influence of two hormones produced by the pituitary gland. These are follicle-stimulating hormone (FSH) and luteinising hormone (LH), which cause the ovaries to produce the two female sex hormones, oestrogen and progesterone. These in turn stimulate other sexual and reproductive activities.

Oestrogen and progesterone prepare the lining of the womb for pregnancy. If the egg is not fertilised by a sperm, the oestrogen and progesterone levels decline and the womb sheds its lining. This results in the menstrual period. The next menstrual cycle then begins.

As you grow older, the ovaries are no longer able to produce eggs every month. Less oestrogen and progesterone are produced and the menstrual cycle starts to change. The cycle may become irregular and the bleed may become heavier or lighter. Eventually, the ovaries stop producing eggs altogether and run
out of eggs, the level of oestrogen falls even further, progesterone production stops and the menstrual period no longer occurs.

**Contraception**

It is wise to continue to use contraception for at least one year after the last menstrual period if you are over 50, or two years if you are under 50.

**The start of the menopause**

For white European women the average age of the menopause or last period is 51. However, this can vary widely from one woman to another and in different parts of the world. Some women stop menstruating in their early forties; others are in their mid-fifties. Some women have an early menopause before the age of 40 but this is not very common (see Premature menopause).

For most women, menstruation does not stop abruptly. Although some women notice nothing except the absence of their periods, most will experience some symptoms before their periods stop completely. These symptoms can continue for some time after the last period. The symptoms you are most likely to have are hot flushes and a change in your periods. But other symptoms can occur that you may not always connect with the menopause.

As levels of oestrogen get lower because of the ovaries failing, the levels of FSH and LH start to rise in an attempt to stimulate the ovaries. A high level of FSH in the blood is a sign that the menopause has started but it can vary a lot before periods stop completely.

Menopausal symptoms are listed in groups below. Don’t be put off by these. No one gets all of them – you will probably only have a few, and may not have any. Some of these symptoms can also occur at other stages of life. The good news is that most of them can be treated effectively.

So if you do get symptoms, don’t just put up with them. Talk to your doctor about possible treatment such as hormone replacement therapy (HRT), or try the self-help methods discussed below.

**Premature menopause**

Although in most women, the menopause usually occurs between the ages of 45 and 55 years, it may occur much earlier than this. When it happens before the age of 40, it is considered premature. It is however rare, occurring in about one percent of women. Sometimes the ovaries stop working at a very young age, even in the late teens, although this is extremely rare. Menopausal symptoms (see below) may be the first sign of an early menopause.

When premature menopause occurs the two main hormones, oestrogen and progesterone, stop being produced, your periods will cease and no eggs will be released. This can happen for several reasons: the body’s immune system may have damaged the ovary by mistake or there may be a hereditary genetic cause or a chromosomal defect. Other causes are radiation therapy or chemotherapy used to treat malignant diseases such as leukaemia or cancer. Another cause of premature menopause is the removal of the ovaries by surgery (called oophorectomy), which sometimes happens with a hysterectomy if the ovaries are abnormal or to prevent the spread of endometriosis, or ovarian or endometrial cancer. However, in most cases of premature menopause no cause is found.
Women who have a premature menopause often need extra help, both in terms of specialist treatment and in emotional or psychological support. Having a premature menopause increases the risk of osteoporosis and heart disease later in life and you are advised to discuss treatment options at an early stage. If you experience the menopause early, whether as a result of surgery or for other reasons, you may feel very isolated and unable to cope with problems such as infertility. To help you deal with this, it is best to seek specialist advice. It is important to remember that you are not alone.

**Hysterectomy**

If both ovaries are removed at the time of hysterectomy, a sudden menopause will occur. If one or both ovaries are left behind, they may continue to work until the expected age of the menopause. It is thought that in some women the ovaries stop working earlier than expected, resulting in a lack of oestrogen sooner than anticipated. If you have had a hysterectomy, with one or both ovaries left in place, you need to be aware of any signs of the menopause. If you are at all concerned, you should seek advice from your doctor or gynaecologist.

**Symptoms of the menopause**

**Changing periods**

As the menopause approaches, your periods are likely to change. They may become shorter or longer, heavier or lighter, and irregular. See your doctor if your bleeding is abnormally heavy (this is called menorrhagia) or you have a brown vaginal discharge or spotting between periods.

**Hot flushes and night sweats**

During the menopause, the falling levels of oestrogen produce changes in the sensitivity of the temperature-regulating mechanism (thermostat) in the brain causing inappropriate messages to be sent to the small blood vessels in the skin (vasomotor instability). These are often most severe in the one to two years before your period stops.

**Hot flushes** are the most common and often most distressing symptom of the menopause. They are experienced by more than 80 percent of women at some point. They often start long before menstruation stops and can continue for several years afterwards.

Hot flushes vary in frequency from an occasional flush to up to 20 a day or more. The severity of hot flushes also varies. Some women may just feel a sensation of heat flooding from breast to head. Other women may turn bright red and perspire so profusely that sweat drips down their face, neck and back. Afterwards, some women feel cold and shivery. During a flush some women may also experience other symptoms such as palpitations, giddiness, weakness, skin prickliness, and feel faint or as if they are suffocating.

So in spite of often being the subject matter of jokes, hot flushes can have a significant effect on quality of life and be very distressing indeed. There are several ways of helping to relieve these problems.

**Night sweats** are severe hot flushes, and can cause women to wake up drenched in sweat. In some cases a woman has to get up several times during the night to wash and change. Not only do night sweats result in sleeplessness and tiredness, but they can also cause stress in a
relationship if your partner also suffers from disrupted sleep.

What you can do to help yourself

- Consider taking HRT.
- Don’t be embarrassed about a flush. Breathe deeply, and try to relax. If possible, sit still until it passes.
- Give yourself plenty of time to get to places and avoid rushing.
- Wear layers of thin clothing that you can take off if necessary. Run your wrists under cold water if possible, or rest them on something cold.
- Stand in front of a window. Keep a drink of iced water near you. Use a battery-operated fan. Carry wet wipes to cool you down. If you are feeling particularly hot, take a tepid shower if possible.
- Notice whether hot or spicy food, alcohol, tea or coffee, make the flushes worse. If so, avoid these.
- At night, keep your bedroom cool. Have a fan, a cold drink and wet wipes by your bed. Use cotton sheets, pillowcases and nightclothes.
- If disrupted sleep is causing tension between you and your partner, try sleeping on your own occasionally to give you both a better night’s sleep.
- Try to stop smoking. This affects the circulation and makes sweats and flushes worse.
- Try complementary therapies.

Do not hesitate to see your doctor if your symptoms persist. There is no need for you to put up with these problems. Your doctor will be able to offer you effective treatment.

The most effective treatment for hot flushes is hormone replacement therapy (HRT).

Headaches and sleeplessness

Headaches are common during the menopause. They may be the result of vasomotor changes or tiredness due to hot flushes, sleeplessness or general stress and anxiety. Migraine headaches may be influenced by oestrogen levels and may become better or worse during the menopause.

Sleeplessness or insomnia is common during the menopause. Causes may include night sweats, anxiety or having to get up in the night to go to the toilet. Poor or disturbed sleep can be the cause of many other symptoms listed below under emotional and psychological symptoms. Therefore improving sleep can result in elimination of many other problems by the ‘domino effect’.

Do discuss the matter with your doctor and, if you feel it might help, ask if there is a menopause clinic in your area to which you might be referred. If necessary, ask to be referred to a gynaecologist.

What you can do to help yourself

- Relaxation techniques, exercise and fresh air can help headaches and sleeplessness. A hot milky drink or camomile tea before going to bed may help sleeplessness.
- Try complementary therapies.
- Pain-killers such as paracetamol or aspirin can relieve headaches in the short term.
- HRT may be effective in alleviating these symptoms.
Emotional and psychological symptoms

- Mood changes
- Depression
- Loss of energy
- Irritability
- Change in sexual desire
- Poor memory
- Poor concentration
- Loss of confidence
- Panic attacks
- Agoraphobia (fear of open spaces)

Emotional upsets are not confined to the menopause, but there is no doubt that many women suffer mood swings at this time. Feelings of depression, irritability and anxiety are common menopausal symptoms. So is being unable to concentrate or remember things. These symptoms do not mean that you are going out of your mind and they probably have physical, hormonal causes. You may find yourself weeping for no apparent reason, being indecisive about little things, or panicky at the thought of tackling a piece of work that you would normally take in your stride.

Although all these feelings are normal, they may cause you to lose confidence in yourself, or to feel you are not able to cope. However, help is available from your doctor, and there are several things that you can do to help yourself. And remember, these feelings will pass, although the time taken for this to happen varies from woman to woman.

What you can do to help yourself

- Talk about how you feel.
- Eat a healthy diet and take regular exercise.
- Consider going to a menopause clinic or menopause support group if there is one available. Or consider individual counselling from a counsellor or therapist.
- Try complementary therapies.
- Try yoga or relaxation techniques.
- Consider HRT, which can be effective in relieving some emotional symptoms of the menopause, and may help depression.

Depression

A depressed mood can occur at any age, but it may be experienced for the first time during the menopause because of the fluctuating hormone levels. It may also be unrelated to the menopause. Whatever the cause, if you suffer from a severe or debilitating depressed mood, it is important that you seek help from your doctor. True clinical depression requiring psychiatric support is not more common around the time of the menopause.

Vaginal, sexual and urinary symptoms

For some women, falling oestrogen levels may lead to vaginal, sexual or urinary problems. These include:

- Vaginal dryness
- Pain on intercourse (dyspareunia)
- Urinary frequency
- Urinary incontinence
- Cystitis
- Vaginal discharge