Menopause 101:

with Spiced Pear Health

Who Are We?

Dr Angela Sharma & Dr Angela Wright (both she/her)

- Experienced GP Partners
- Clinical Sexologists – Psychosexual therapy/ESSM/FECSM
- British Menopause Society/Faculty of Sexual Reproductive Health Advanced Menopause Care Specialist & Trainers
- Co-founders of Spiced Pear Health:
  - Private online clinic with a voluntary arm
  - www.spicedpearhealth.co.uk

SPICED PEAR HEALTH
HORMONES • LIFE • BALANCED

What are we going to talk about?

We will cover:

- What is the **Menopause?**
- **When** does it happen?
- **How** can it affect us?
- What can we do about it?
- How can we **maximise our health** as we age?

Then some time for Q&A

*A note about language: this talk is relevant to all female bodied individuals, including women and all individuals assigned female at birth. We will use these terms interchangeably

What Is The Menopause ?

Menopause: the LAST period

Normal Menopause:

- Gradual process
- Average age 51yrs(**median 54**)

Early Menopause: <45 yrs

Premature Ovarian Insufficiency: <40yrs

Induced Menopause:

- Cancer treatment
- Endometriosis
- Surgery

*symptoms often more severe, additional trauma of diagnosis/treatment of these conditions

Are blood tests needed to prove it?

- Not if >45

What Are The Symptoms of Menopause ?

They are real

They are easily mistaken for something else

They can hugely affect work/life/relationships

They can worsen existing mental health issues

Menopause is a biopsychosocial event

It's important to seek support

What Are The Symptoms of Menopause ?

**may present differently in different individuals/cultures*

Vasomotor Symptoms

- Hot flushes/chills
- Palpitations/dizziness
- Migraines
- Facial flushing/pressure

Psychological Symptoms

- Brain fog/memory loss
- Mood change, tearfulness
- Anxiety, irritability
- Less able to cope than previously
- Difficulty masking/coping if neurodiverse
- Overlap with trauma/PTSD
- ESPECIALLY CHALLENGING IF PMS/PMDD

What Are The Symptoms of Menopause ?

Genital & Sexual Symptoms

- Vaginal dryness, itch, discharge
- Painful sex
- Bladder changes
  - More UTIs
  - Continence changes
- Sexual response changes
  - Numbness/lost sensitivity
  - Difficulty climaxing
- Libido loss

Skin and Joint Symptoms

- Joint aches & pain
- Dry skin, itch, new rashes
- Allergic/histamine reactions
- Hair changes/thinning

What Are The Symptoms of Menopause ?

Gastrointestinal

- Bowel habit changes
- Bloating
- Burning mouth syndrome
- Dry mouth
- Nausea
- Dental issues

Eyes

- Dry eyes
- Visual changes

How Long Does This All Last?

Duration of menopausal symptoms?	Often symptomatic many years before last period This means 10%+ are symptomatic in 30's 50% experience 7 years symptoms 42% aged 60-65 still experiencing symptoms
NO ARBITRARY LIMIT FOR TREATING	Quality of life/risk Individualise that decision as much as possible

Menopause 101:

HRT

HRT Benefits:

*"Golden Window"

within 5-10 years of last period/ under age of 60

Symptom Control

- Including reducing the psychological & social distress caused by these

Reduced All-Cause Death (9%)

Reduces Heart Disease Risk

- Female bodied individuals more likely to die of heart disease than breast cancer
- Better for lipid profile than a statin!

Reduces T2 Diabetes risk

Reduced Demential Risk

- ?Lower risk Alzheimer's/other dementia

Reduced osteoporosis Risk

- If hip fracture aged 65yrs
  - 1:2 risk assisted living within 12 m
  - 1:5 risk death within 12 m

Breast Cancer: Layers of Risk

Family History +
Lifestyle Factors+
HRT choices

Low breast cancer risk
– 11% chance over your lifetime

Medium breast cancer risk
- 17-30% chance over your lifetime
- Usually annual mammograms if >30%

High breast cancer risk
- BRCA/Lynch genes
- Usually 50-80% lifetime risk
- Generally offered risk reducing surgery eg mastectomy, oophorectomy

What about previous cancer?

Family History +
Lifestyle Factors+
HRT choices

Previous cancer?
- ovarian/endometrial/cervical/melanoma/meningioma: usually ok, would always discuss with oncologist

- Breast (non hormone responsive) – sometimes ok, would always discuss with oncologist

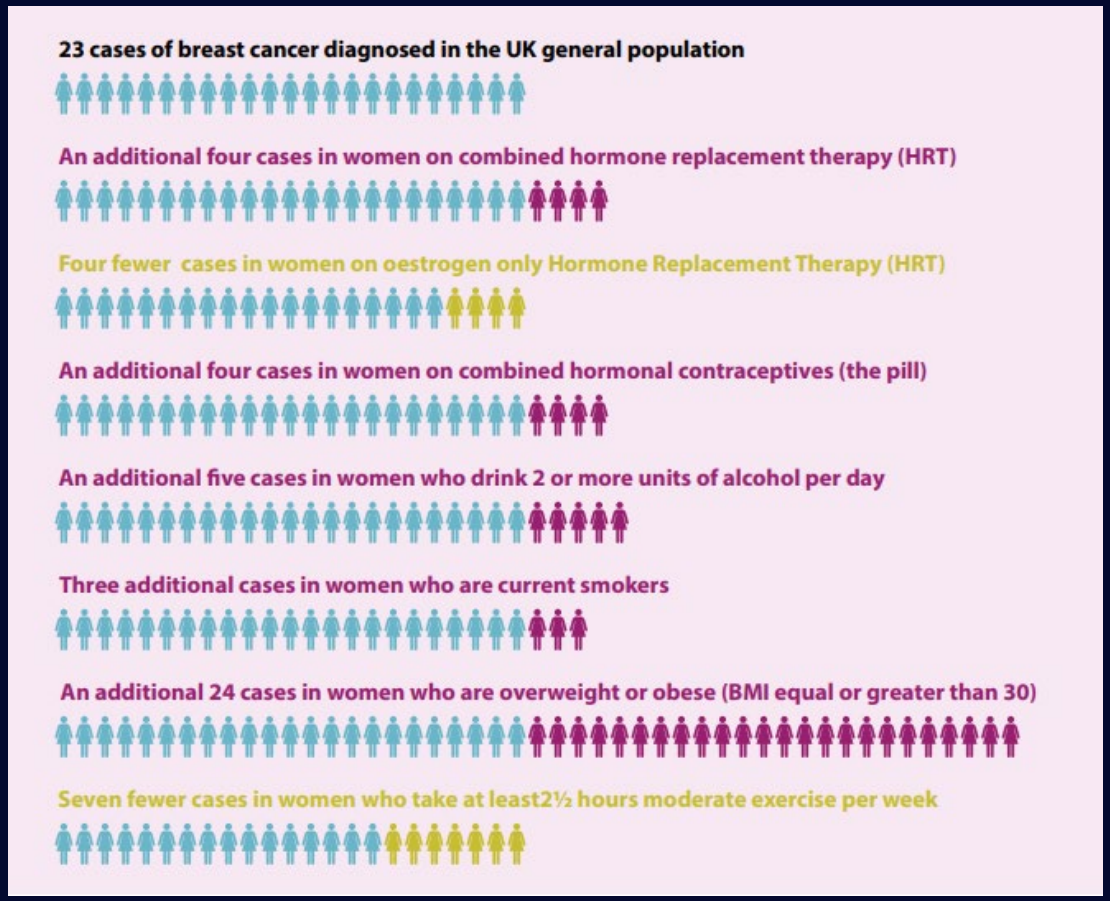
- Breast (hormone receptor positive) – only if extreme symptoms and nothing else helps, should ultimately be a patient's decision

Breast Cancer: HRT Impact on Risk

Family History +
Lifestyle Factors+
HRT choices

Figures to the right look at synthetic progestins, in 1000 women over 5 years.

Newer studies suggest risk is NEUTRAL with body-identical progesterone



Types of Hormone Replacement Therapy

Transdermal (through the skin) vs Oral

- **Transdermal is gold standard now**
  - Lower doses, safer – don't increase blood clotting risk, or stroke risk, or gallbladder disease
  - Smoother blood levels = better symptom control (good in migraines or mood)
  - Personal choice patch v spray v gel
- **Oral**
  - Higher doses and variable absorption
  - Increases blood clotting risk

Oestrogen only vs Combined

- If womb/endometriosis/still have cuff of endometrium in cervix, need progestin to balance oestrogenic effect
- Evidence now supports **NATURAL PROGESTERONE as the gold standard** choice
  - Lower breast cancer risk vs synthetics
  - Better tolerated/mood/metabolic impacts

Types of Hormone Replacement Therapy

Bleeding vs non-bleeding vs Mirena Coil

- If >12m from final period, can be bleed free
- If <12m, need bleeding regime
- Mirena can be a great choice if you want bleed control or need a stable level of hormone (mood, migraine)

Contraception?

Systemic vs Topical vs Both

- Systemic = treats the whole body (usually safe, not first choice for hormone receptor positive cancer history)
- Topical = treats the vagina/vulva/bladder only (safe for almost everyone, even if cancer history)

Body Identical vs Bio Identical

- Bioidentical is unregulated and therefore not recommended by BMS/IMS

+/- Testosterone

Teething
Problems on HRT:

**Likely to settle – sometimes changing HRT type or dose can help*

Other common issues usually settle within 3 months:

- Bloating
- Breast tenderness
- Mood change
- Headache
- Nausea

Bleeding problems common in first 3-6 months. Usually settle.

If ongoing after 6m or significant bleeding MUST REPORT to GP

Teething Problems on HRT:

**Caution with progesterone sensitivity*

Aim for stable dosing/continuous regime, consider vaginal route for Utrogestan or Mirena

May need higher dose oestrogen to suppress ovulation in perimenopause

PMS/PMDD, post natal depression history – "REPRODUCTIVE DEPRESSION"

Mood change can include suicidal thoughts: 30% of women with PMDD attempt suicide

Premenstrual dysphoric disorder (PMDD) is a **cyclical, hormone-based disorder** with symptoms during the premenstrual (or luteal) phase of the menstrual cycle.

It is not a "hormone imbalance".

It affects 5.5% of women/AFAB individuals of childbearing age.

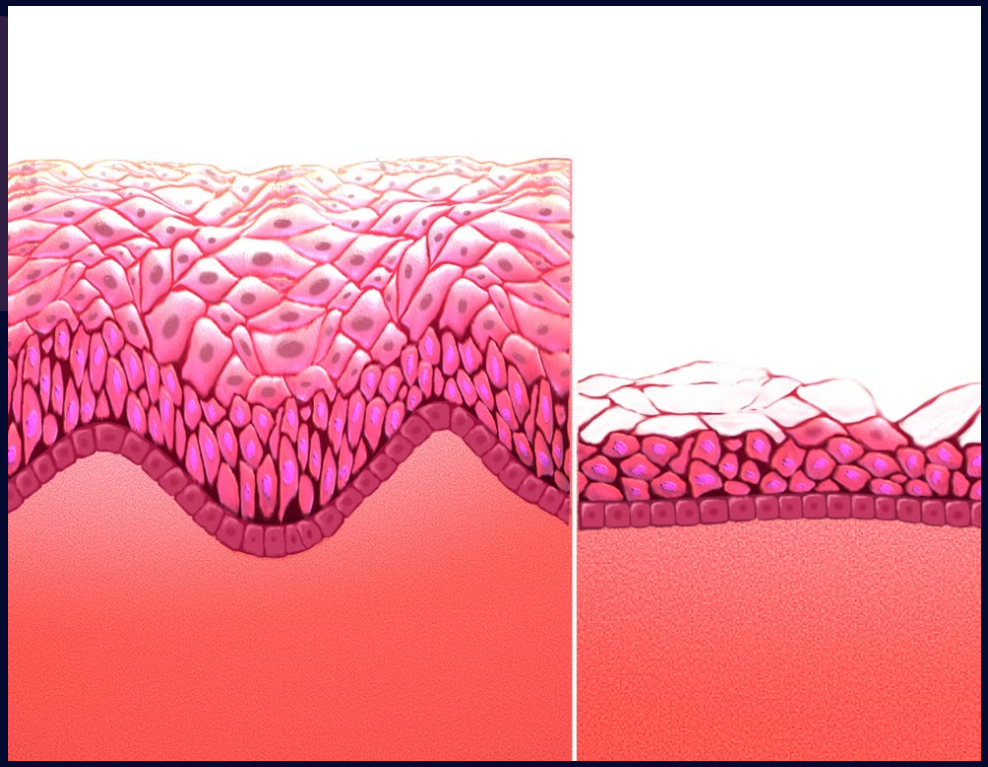
PMDD is **a SEVERE NEGATIVE REACTION** to the natural rise and fall of hormones in the brain: a suspected cellular disorder of the brain.

Symptoms can worsen at: menarche, pregnancy, birth, miscarriage & perimenopause.

Symptoms of PMS/PMDD

Symptoms (at least 5 including 1 green)

- Mood/emotional changes
- Irritability, anger, or increased interpersonal conflict
- Depressed mood, feelings of hopelessness, feeling worthless or guilty
- Anxiety, tension, or feelings of being keyed up or on edge
- Decreased interest in usual activities
- Difficulty concentrating, focusing, or thinking; brain fog
- Tiredness or low-energy
- Changes in appetite, food cravings, overeating, or binge eating
- Hypersomnia (excessive sleepiness) or insomnia (trouble falling or staying asleep)
- Feeling overwhelmed or out of control
- Physical symptoms such as breast tenderness or swelling, joint or muscle pain, bloating or weight gain



Genitourinary Syndrome Of Menopause

Can **change sexual function**

Can **increase frequency of urine infections**

Causes **dryness, itch, discharge, prolapse**

Most will need local therapy

Often **safe for those** who can't take normal HRT as **very little gets absorbed systemically**

Vaginal moisturisers and lubricants are helpful too, or in rare cases that hormones not ok

VAGINAL LASER is new and seems effective – only available privately

What About Testosterone?

In our fertile years, we make 3-4 TIMES more testosterone than oestrogen!

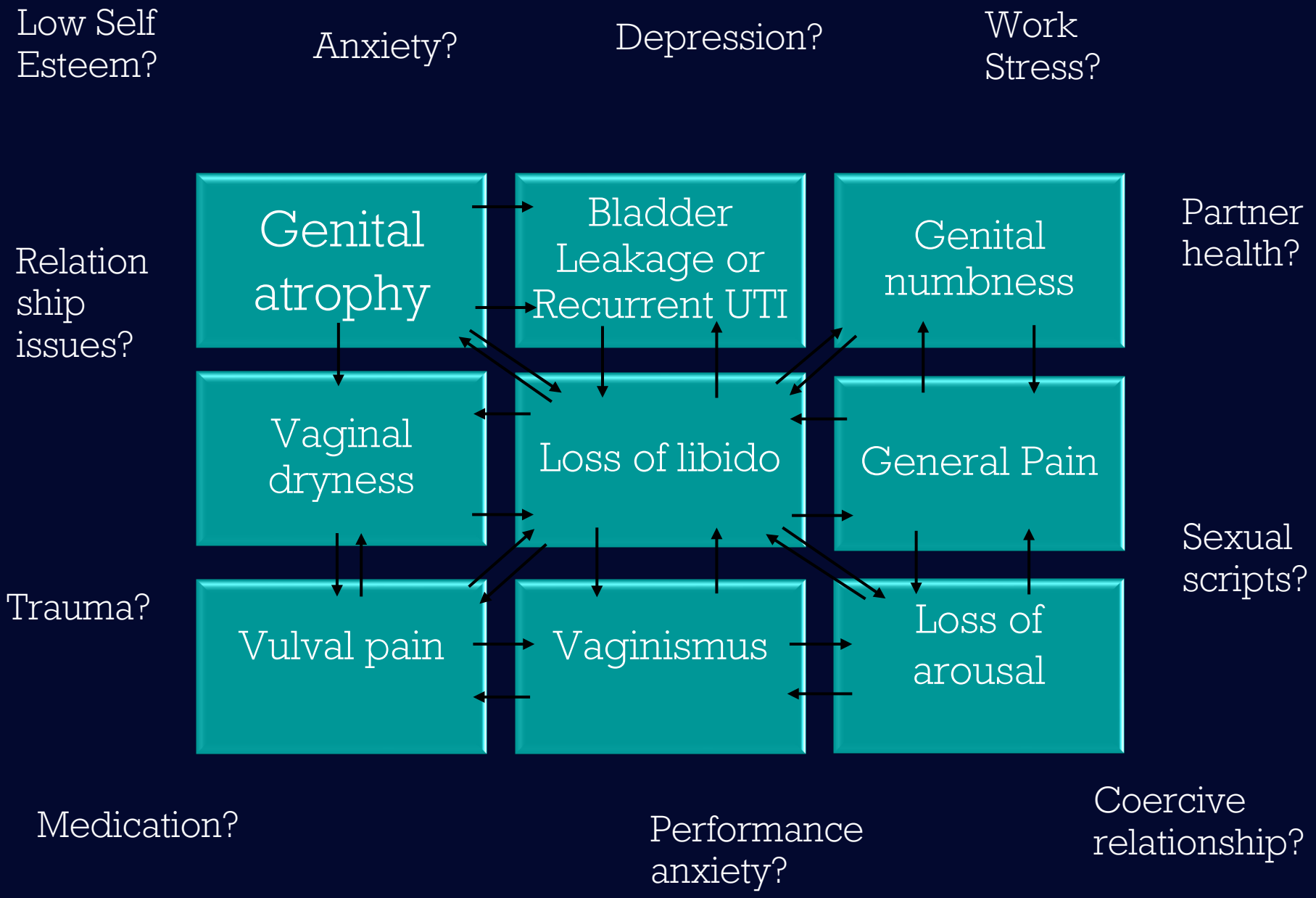
Ovaries & adrenals continue producing testosterone after menopause

Removing the ovaries = SIGNIFICANTLY lower testosterone

Needed for LIBIDO, AROUSAL and ORGASM

Also important in normal metabolic function, muscle and bone strength, genitourinary health, mood, brain function

Consider after optimising oestrogen and progesterone levels


Low Self Esteem?
Anxiety?
Depression?
Work Stress?
Relation ship issues?
Genital atrophy
Bladder Leakage or Recurrent UTI
Genital numbness
Partner health?
Vaginal dryness
Loss of libido
General Pain
Sexual scripts?
Trauma?
Vulval pain
Vaginismus
Loss of arousal
Medication?
Performance anxiety?
Coercive relationship?

Menopause 101:

Non-HRT Options

What Non-Hormonal Options Are There For Those Who Don't Want HRT?

Research shows **HRT is the most effective option for flushes and mood**

Other options **do not offer the RISKS or BENEFITS of HRT**

But: **There is no one size fits all solution**

Non hormonal drug options can reduce flushes by up to 2/3

Gabapentin, Pregabalin, Oxybutynin, Venlafaxine, Paroxetine, Clonidine

Herbs, diet & supplements

Melatonin – helpful for sleep, limited availability in UK	Ginseng – no evidence of efficacy	Oil of evening primrose – no evidence of efficacy	Dong Quai – harmful interaction with warfarin
Gingko Biloba – possible evidence on memory?	Sage – no robust studies	Wild Yam – studies show no significant benefit	St Johns Wort, Agnus Castus, liquorice, Valerian: no evidence of benefit
	Phyto-oestrogens:NICE says helpful, inconsistent dose/quality	Black Cohosh: NICE says helpful, inconsistent doses, harmful in liver disease	

Menopause 101:

Lifestyle Measures

Cognitive Behavioural Therapy:

**Cortisol Reduces Oestrogen & Activates Our Fight/Flight Reflex*

Increasing Your Calm Will Decrease Your Symptoms

Trauma History Correlates With Symptom Severity

- Talking therapy/Toolbox Of Skills
- Decreases negative beliefs and thoughts around menopause
- Decreases the distress and frequency of symptoms
- Increases understanding and sense of control
- No side effects & suitable for all
- Focus on paced breathing – a "body-up" approach to stress
- Insomnia – teaches how to cope with it and improve it
- Sharing the experience too – group support

Can Other *Alternative Therapies or Exercises* Help?

Take a "whole body" approach to menopause – anything that improves health and wellness improves menopause symptoms

Acupuncture – some good evidence it can be very helpful reducing flushes, improving sleep, helping stress and anxiety

Reflexology, homeopathy – may offer a holistic approach to wellbeing

Exercise – regular sustained aerobic exercise reduces hot flushes, improves mood, QOL and reduces cancer

Weight bearing/higher impact exercise is essential to prevent loss of bone density

Yoga – benefits vasomotor symptoms and sleep

Cold water swimming has shown benefit!

What Else Can We Do?

Use their menopause as an opportunity to address general health & age better

- MINDFULNESS
- BLADDER HEALTH
- SEX
- PELVIC FLOOR EXERCISES
- DIET
- STOP SMOKING
- REDUCE ALCOHOL

Importance of Bone Health

**Bone Loss Accelerates At Menopause*

HRT protects against bone loss

Weight bearing exercise (at least 30 minutes daily) and strength training has been shown to help maintain bone density

Ensure your diet has adequate calcium and vitamin D in it to prevent bone loss

Stop smoking & reduce alcohol

Consider a bone scan if:

- History of anorexia nervosa
- Untreated premature menopause
- Family history of osteoporosis
- Long term steroids/anti-hormone drugs


Any Questions?
www.spicedpearhealth.co.uk