

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/FECSSM
- 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



What Is The Menopause ?

Menopause: the LAST period

Normal Menopause:

Gradual process

Average age 51 yrs (median 54)

Early Menopause: <45 yrs

Premature Ovarian Insufficiency:

<40 yrs

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?

**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: *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

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week



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/TMS

+/- 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*

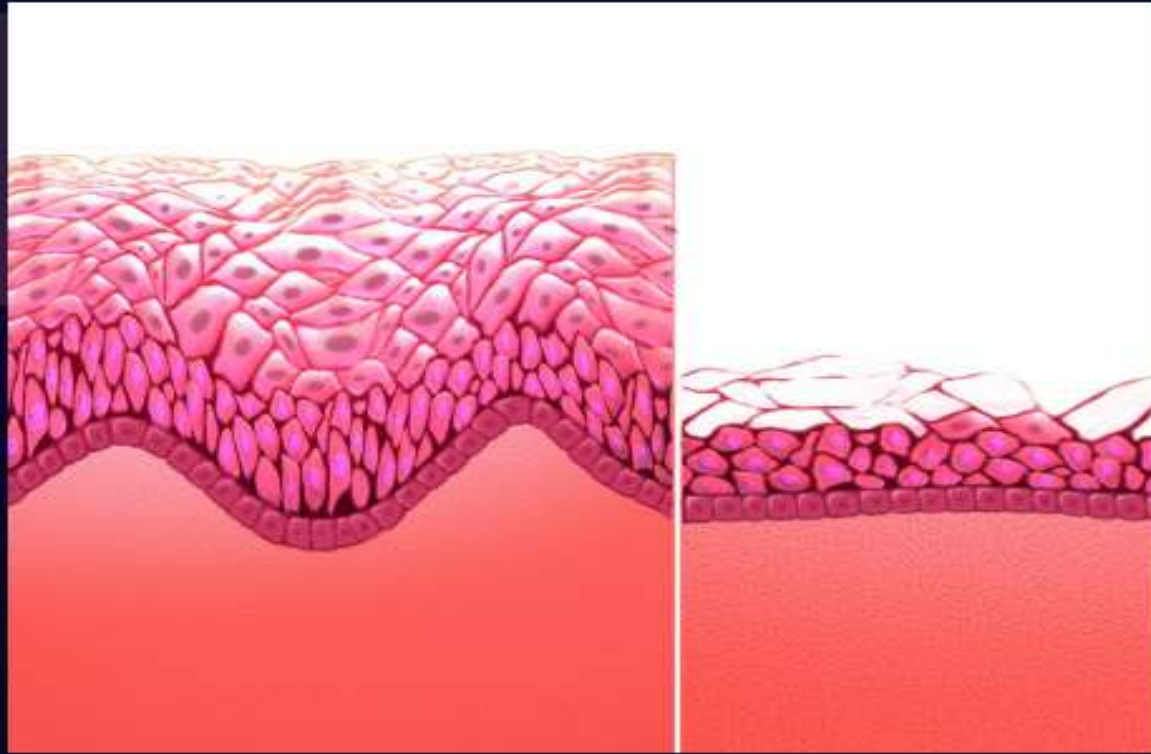
Aim for stable dosing/continuous regime, consider vaginal route for Utrogestan or Mirena

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





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



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



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!

