



## **About The Menopause**

All women will enter the menopause at some point. Fertility in women will naturally fall from the late 30's onwards and there is a small but significant percentage (around 5-8%, source Office for National Statistics ONS) of first-time mothers over the age of 40 in the UK with the average age of first childbirth nearly at 30, having been 25 in the 1930's (ONS Data 2018).

Natural menopause takes place when the ovaries no longer produce the hormones oestrogen and progesterone. Menopause can also occur when they are damaged by treatment such as chemotherapy or radiotherapy, or when the ovaries are physically removed, often at the time of a hysterectomy.

Ovaries naturally fail to produce oestrogen and progesterone when they have few remaining eggs in reserve; the maximum number of eggs stored in the ovaries is present before birth, and even at birth there are less, with a gradual reduction from puberty, and a rapid decline from age 40 onwards. With a declining egg reserve, the ovaries become less able to respond to hormones from the pituitary gland in the brain: follicle stimulating hormone (FSH) and luteinising hormone (LH) and less oestrogen is produced. Over time, the levels of FSH and LH subsequently increase to try and stimulate the ovaries (which is why the measurement of FSH is sometimes used to make a diagnosis of menopause). The resulting low, and most importantly the changing levels of ovarian hormones, particularly oestrogen, are thought to be the cause of many of the symptoms of the menopause women can experience.

There is a commonly used term – Climacteric. The term Climacteric refers to the time in which the hormone levels are changing, up to the periods stopping; reducing and

changing hormone levels can cause early menopausal symptoms. At this stage, there may still be enough hormones produced to stimulate the lining of the womb (endometrium) to produce monthly periods (menstruation).

Menopause means the last menstrual period. Periods stop because the low levels of oestrogen and progesterone do not stimulate the lining of the womb (endometrium) in the normal cycle. Hormone levels can fluctuate for several years before eventually becoming so low that the endometrium stays thin and does not bleed.

Perimenopause is the time leading up to menopause when production of hormones by the ovaries becomes more irregular. Many women can experience menopausal symptoms whilst still having regular periods and therefore many women often put off addressing their menopause symptoms as they assume they cannot take HRT until their periods have finished. This is not the case. The perimenopause can vary widely in length between a few months and many years and can start even before the age of 40.

It is apparent for many women the Menopause is not a sudden event but something that starts years before. Menopause symptoms can be controlled by Hormone Replacement Therapy (HRT) during the perimenopause to alleviate symptoms and make them easier to manage.

## **Symptoms of the menopause**

Menopause symptoms can include hot flushes, night sweats, vaginal dryness and pain during sex, changes in mood or lack of interest in sex. Menopausal symptoms tend to be more severe when they first start and gradually improve over time with fluctuations in severity from one woman to the next. Menopause symptoms often begin with hot flushes (also known as hot flashes) and night sweats. Patients who experienced significant premenstrual syndrome (PMS) symptoms previously may experience more significant menopause symptoms as well. Menopausal symptoms can also include mood swings, depression, anxiety and difficulty concentrating and well as fatigue, poor and disrupted sleep and joint and muscle pains. Migraines can also be a feature of

menopause which can be more frequent and worse than usual. In addition the thinning of the vaginal tissues due to low oestrogen can cause dryness and itchiness and lead to painful intercourse and the associated thinning of the bladder can lead urinary symptoms such as urgency, and recurrent urinary infections.

Menopause symptoms may be experienced in different ways for each woman; some women experience menopausal symptoms that are mild to moderate whilst others suffer more severe and debilitating symptomatology. Menopausal symptoms can be overwhelming affecting them physically, psychologically, and socially. In recent times it has been highlighted more the impact the menopause can have on work and employers should adjust for employees who are experiencing symptoms and make need support.

### **Are there any risks to an early menopause?**

Menopause before the age of 40 is often referred to as premature menopause. Menopause before the age of 40 can be as a result of oestrogen deficiency as in surgical menopause or it can arise from low levels of natural oestrogen and/or progesterone without an apparent cause such as Menopausal Syndrome. Menopause before the age of 40 is sometimes called early menopause or premature ovarian failure.

### **Cardiovascular risks and menopause**

Menopause before the age of 40 is not a disease but it does carry cardiovascular risks. These risks are thought to be related to deficiencies in oestrogen and progesterone which can lead to inflammation, atherosclerosis (thickening of the arteries) and thrombosis (formation of blood clots) Menopausal symptoms such as hot flushes and night sweats can increase the risk of venous thrombosis (formation of blood clots in deep veins)

## **Bone Density after Menopause**

Menopausal Bone Loss Menopause is one of the most important risk factors for osteoporosis and frailty in postmenopausal women. Menopausal bone loss (MBL) remains an active area of clinical research, but it is currently understood that sex steroid deficiency is associated with accelerated MBL, which begins. Menopause also increases the risk of osteoporosis due to reduced oestrogen levels.

## **Cognition and Menopause**

Menopause can affect cognitive function Menopausal women may experience a range of different effects on their brain. The menopausal transition has been linked to declines in attention, memory, and processing speed. Menopause can also be associated with small increases in the risk for neurodegenerative diseases such as Parkinson's disease.

So the menopause can have wide ranging effects on the body and produce many symptoms which is why lifestyle approaches and consideration of Hormone Replacement Therapy with a GP trained in the treatment of the Menopause is really important, so women can be given advice, choice and strategies to understand the risks, manage the symptoms and receive support, advice and treatment.

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