



## What to expect from the Menopause

By Timothy C Hillard & Amanda J Hillard

*Most women reach the menopause in their early fifties. It is natural to have some concerns about 'the change'. Here we discuss what you can expect.*

Women in the UK hit the menopause, the last menstrual period, at the age of 51 on average, a figure that has remained remarkably consistent over the last few hundred years. In Victorian Britain there was little interest in it until around 1860. However, at this time the average woman would not expect to live many years past her menopause. Nowadays a woman can expect to live well into her eighties, and so a great proportion of her life will be post-menopausal. Consequently, over the last 50 years there has been a huge increase in the effects of the menopause and potential remedies for its symptoms.

Humans are the only animals to experience the menopause, and it has been considered an evolutionary advantage, as it allowed women who were no longer fertile to look after their children's offspring and allow their children to continue breeding – the so-called grandmother effect. The use of grandparents as child-minders to allow the mother to return to work could be considered a modern adaptation!

The menopause occurs when the ovaries finally stop working or are removed (oophorectomy). Strictly speaking, the menopause can only be said to have occurred after 12 months without a period. For most women there is a gradual change in menstrual pattern in the years preceding the menopause, which may be accompanied by troublesome symptoms.

This time is often called the “peri-menopause” or change and is a time of declining hormonal production and decreasing fertility. The ‘climacteric’ is another word that is sometimes used to cover the whole phase from the beginning of hormonal decline to the end of the menopause. A premature menopause is said to have occurred if a woman undergoes her menopause before the age of 45.

**GOOD NEWS!**

Although over 70% of women will experience some symptoms around the menopause, most women do not get all of them. On average the symptoms will only last a few years.

The menopause also marks the end of the reproductive phase of a woman’s life and her ability to have children.

While this aspect is a relief to many women, for some women this can be

quite difficult to come to terms with particularly if they have undergone an early menopause.

**What causes the change?**

The ovaries normally produce 2 hormones; oestrogen and progesterone. The level of these hormones varies considerably throughout the monthly cycle and it is this variation that helps determine when the ovaries produce an egg (ovulation).

The ovaries produce their hormones in response to messages from the pituitary gland in the brain. These messages are carried by hormones called follicle stimulating hormone (FSH) and lutenising hormone (LH). As the ovaries start to work less well they become less responsive to the FSH and LH and so produces less oestrogen. This is when periods can start to become erratic and menopausal symptoms start to develop. This pattern may go on for some years before the levels get so low that the periods stop altogether. In other woman this whole change can happen in a few months.

Why some women carry on having periods well into their fifties and some stop much earlier is not entirely clear. What we do know is that all of a woman’s eggs (about 2 million of them) are in her ovaries before birth.

There is a steady decrease in these over the years until they have virtually all disappeared by the time she is 50. Only about 400 of these are ever actually released as eggs, the rest disappearing as natural wastage.

### **Premature Menopause**

An early or “premature” menopause may occur naturally or be induced by surgery or other treatments. The causes of a premature menopause are often unknown but we do know that it is more likely if there is a family history of an early menopause. Hysterectomy, even when the ovaries are left behind, leads to an earlier menopause by up to 5 years. Smoking may reduce the age of menopause by up to 3 years. In some women the ovaries stop working early for a reason. This can be because:

- There is something wrong with the ovaries themselves (primary ovarian failure), e.g. certain chromosomal abnormalities such as Down’s syndrome or Turner’s syndrome, or there can be conditions in the body that damage the ovary along with other organs (auto-immune disorders), or
- Something happens to the ovary e.g. they are removed or damaged by radiotherapy or chemotherapy after cancer. Sometimes the ovary can be damaged after infections like tuberculosis or mumps.

#### **REMEMBER!**

The menopause is a natural event that occurs in the late 40’s or early 50’s. Most women continue to live normal and healthy lives after the menopause, but for those who have problems there is plenty of advice and treatment available.

Women who have had a premature menopause may have particular needs that will depend on their individual circumstances. Not only may these women suffer distressing symptoms at a relatively young age, but they are also at an increased risk of a number of conditions later in life (see below). Most of the literature and available information on the menopause relates to women undergoing a “normal” menopause; however The Daisy Network provides specific information and support for younger women.

## How will the menopause affect me?

The fall in oestrogen levels that occur at the menopause can cause a variety of symptoms, which can be very distressing and disabling. About 70% of women experience symptoms as they go through the menopause but for some these symptoms are relatively mild and transient. The loss of oestrogen also has some longer-lasting effects on the body, which are discussed later.

- **Menopausal Symptoms**

Many women experience hot flushes or night sweats. Their exact cause is unknown but they are thought to be triggered by a fall in the oestrogen levels, upsetting the control of the body's thermostat, which is located in the brain. Typically they start to occur a year or two before the menopause and they can carry on for anything from 2 years to 20 or more years. You may find the symptoms start to decrease after a couple of years but some women suffer with them well into their sixties and beyond. They vary enormously in their

intensity. For some women they are a minor nuisance but for others they can be very disabling, stopping them carrying out their daily activities and ruining their sleep. This in turn makes them tired and can affect their moods and libido. You may be able to identify and avoid triggers, such as spicy foods, alcohol, caffeine and hot drinks.

### MENOPAUSAL SYMPTOMS

- Hot flushes
- Night sweats
- Sleep disturbances
- Inappropriate anxiety
- Low mood
- Irritability
- Uncharacteristic mood swings
- Crawling sensation on skin
- Memory loss
- Loss of concentration
- Inability to think clearly
- Dryness of the vagina
- Soreness with intercourse
- Pain or stinging on passing urine
- Dryness of the skin and hair

- **Psychological symptoms**

Symptoms such as irritability, depressed mood, anxiety, loss of memory and concentration, tiredness and mood swings are common around the menopause – many women seek help from their GPs for this type of problem at this time.

Whether these problems are actually caused by the menopause itself, or secondary to other menopausal symptoms or due to other factors that are occurring at the same time is open to question. Certainly the menopause is a time of life when there can be many other stressful events going on, such as children leaving home, elderly relatives needing support, relationship problems, career pressures or impending retirement, to name but a few. Whatever the underlying cause, you may need additional support during this time and may benefit from specific treatment such as hormone replacement therapy (HRT).

- **Sexual and genito-urinary problems**

The genital area and the lower parts of the urinary tract are sensitive to oestrogen. As a result the menopause can result in problems such as vaginal dryness and soreness, an increased desire to pass urine, discomfort when passing urine and cystitis.

You may also notice a loss of sexual desire or libido around this time. Whether this is directly due to the lack of oestrogen or other simultaneous factors is debatable. For many women, and men for that matter, sexual desire decreases with age, and you may find a reduced response to sexual stimulation, more difficulty reaching orgasm and your partners may have difficulty in getting or maintaining an erection. In addition the menopause may coincide with other stressful major life events. Combined with the discomfort and tiredness associated with menopausal symptoms and the loss of self-esteem that many women feel around this time, it's not surprising that libido can suffer! However, it is interesting to note that in some cultures the menopause is associated with an increase in libido, as the shackles of monthly bleeding and risk of pregnancy are finally cast off.

Just as the causes of loss of libido may be rather complex, so correcting it may be difficult. Although there is a lot of speculation, particularly in the popular press, about cures for libido, it is a difficult area to study scientifically and there is no strong evidence that any treatment works.

Testosterone may be helpful in some women but is of only proven value in women who've had their ovaries removed.

### **Long-term effects**

Oestrogen is an important hormone in women that has actions in most parts of the body. The fall in oestrogen levels after the menopause leads to a number of changes throughout the body that in some women can have quite notable effects and potentially serious consequences. The prolonged time they spent without oestrogen by women who've undergone a premature menopause increases the risk of these conditions developing at a younger age.

- **Osteoporosis**

It's been well known for many years that the menopause leads to a decline in the density of bone, which increases the risk of osteoporosis (when the bones become thin and prone to breaking). Women who undergo an early menopause or who have a strong family history are particularly at risk. The bones most susceptible are the wrist, spine and hip. Osteoporosis is major health problem for women in the western world, and there are a number of strategies designed to identify those at most risk and a number of different treatments (see article on *Protecting your bones*).

- **Heart Disease**

Heart disease is uncommon in women before the menopause, but the risk starts to increase considerably after the menopause. Women who go through an early menopause have a higher risk of heart disease than those who don't. It seems clear that oestrogen does play an important part in protecting against heart disease and that the loss of oestrogen after the menopause leads to adverse changes in things like blood cholesterol, which in turn affects the risk of heart disease. Studies over the last 20 years have suggested that taking oestrogens around the time of the menopause helps to reduce this risk.

However, more recent clinical trials have not shown any convincing evidence that taking oestrogen after the menopause has any benefits as far as heart disease risk is concerned.

- **Other Effects**

Most areas of the body have some response to oestrogen, and as a result you may notice a number of changes in your body, such as dry skin, dry eyes and a change in hair texture. Weakening of the pelvic floor muscles can result in an increased incidence of vaginal prolapse, particularly if there has been previous pelvic floor damage after childbirth or prolonged straining such as with persistent constipation. Pelvic floor exercises can help – seek advice from your practice nurse or physiotherapist.

Oestrogen can also affect brain function, and memory loss is sometimes a problem after the menopause. It has even been suggested that the menopause in some women could influence the future risk of developing Alzheimer's disease.

**DID YOU KNOW?**

The changes that are associated with the menopause may start to occur several years before the periods finally stop.

However, whilst there are some interesting theories about this, as yet none have been proven to be correct.

### **Future developments**

The menopause is a biological event that cannot be altered. However, the effects for some women can be so debilitating that interest in why and how these symptoms occur is likely to continue. The role of HRT and other potential treatments that are being evaluated will be discussed in a separate article.

Women who undergo a premature menopause can have particular difficulties. There is interest in a blood test that might predict when a woman is likely to go through the menopause, which would have particular use in relation to fertility and family planning.

Fertility research is looking at ways of helping women who have gone through an early menopause still have children, and there have even been a few reports of ovary transplants, although it is still very early days. The wide-ranging effects of oestrogen mean there is no shortage of areas for future research. The possible effects of oestrogen on heart disease and breast cancer risk are two particular topics that are receiving a lot of attention.

## Summary

The menopause is a time of change in a woman's body that marks the end of the reproductive phase of her life. Many women embrace this as a positive development and an opportunity to move forward to the next phase of their lives. However for some women the menopause can be quite a difficult time with distressing symptoms that can affect their ability to cope with the day-to-day challenges of life. If you feel that you are struggling, advice and support, either moral or medical, is widely available.

If you are undergoing a premature menopause, you may benefit from specific help and advice that is available in some specialist centres. A wide range of potential treatments are available for helping women through the menopause and it may take some trial and error to find the right one for you. No two women's experience of the menopause is exactly the same, and any advice or treatment should therefore be tailored to the needs of the individual woman.

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### HELPFUL LINKS

#### The Daisy Network

PO Box 183, Rossendale BB4 6WZ

<http://www.daisynetwork.org.uk/>

#### Menopause Matters

<http://www.menopausematters.co.uk/>



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