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www.intothemainstream.cswebsites.org

Accessible Information Website
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What is the Menopause ?



Information leaflet

**Produced by East Lancs PCT,
Learning Disability Service**

Menopause - What happens and when?

The menopause occurs in all women. It can occur when the ovaries spontaneously fail to produce the hormones oestrogen and progesterone, when the ovaries fail due to specific treatment such as chemotherapy or radiotherapy, or when the ovaries are removed, often at the time of a hysterectomy.

The resulting low and changing levels of hormones, particularly oestrogen, are thought to be the cause of menopausal symptoms in many women.

If you require help with any health needs for people with Learning Disabilities please don't hesitate to contact:

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This resource pack has been modelled on a pack available for download from:

www.menopausematters.co.uk

Booklet put together by the Adult Health Team Burnley, Pendle & Rossendale PCT.

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

Perimenopause is the stage from the beginning of menopausal symptoms to the postmenopause.

Postmenopause is the time following the last period and is usually defined as more than 12 months with no periods in someone who has their ovaries, or immediately following surgery if the ovaries are removed.

The average age of the menopause is 51 years but can occur much earlier or later. Menopause occurring before the age of 45 is called an **early menopause** and before the age of 40 is a **premature menopause**.

Conclusion Continued

In all women dietary and lifestyle measures play an important part, particularly in menopausal years, in promoting general well being, and in reducing the risks of heart disease and osteoporosis. Women should therefore ensure that they have adequate exercise and a healthy well balanced diet as part of menopause management.

Conclusion

All women go through the menopause at some time in their life. Individual experiences of the menopause differ and the decision on how women manage this will depend on a number of factors including age of menopause, the presence of any symptoms and how these affect quality of life, and osteoporosis risk.

Some women prefer to take a more “natural” approach to menopause management whilst some women will choose to go on to hormone replacement therapy (HRT).

Menopausal symptoms

Menopausal symptoms, which affect about 70% of women, are thought to be due to the changing hormone levels, particularly oestrogen, but many other factors such as diet and lifestyle, exercise and other medications can also influence symptoms.

Therefore for some women, lifestyle factors such as reducing / stopping smoking, eating healthily, reducing caffeine, reducing alcohol intake, reducing stress and taking regular exercise can considerably help the symptoms of the menopause.

What are the symptoms of the menopause?

Early menopausal symptoms include **Physical, Sexual and Psychological** problems.

Physical symptoms include:

- ?? Hot flushes
- ?? Night sweats
- ?? Insomnia
- ?? Palpitations
- ?? Joint aches
- ?? Headaches

General factors which can therefore help to reduce the risk of osteoporosis include: -

?? Reducing or stopping smoking

?? Reducing alcohol intake

?? Taking regular weight bearing exercise, such as walking

?? Having a diet which is rich in calcium, eg from dairy products, green leafy vegetables and oily fish.

HRT can help to prevent bone loss whilst being taken and although is not a first line treatment for osteoporosis, is particularly useful for prevention in women who have an early menopause and for those women with menopausal symptoms.

Risk factors for osteoporosis include:

?? Breaking a bone after a simple fall or bump

?? Premature (before age 40) or early (before age 45) menopause

?? Family history including a maternal history of hip fracture

?? Steroid therapy, e.g. Prednisilone at any dose for longer than 3 months

?? Smoking

?? Excess alcohol intake

?? Poor dietary intake of calcium

?? Lack of weight bearing exercise

Flushes and sweats (known as vasomotor symptoms) are due to altered function of the body's temperature control. They can occur without warning but may be precipitated by a hot drink, change in room temperature, alcohol and stress.

Headaches, palpitations and dizziness may be associated with vasomotor symptoms. Insomnia (sleeplessness) or disturbed sleep may in part be due to night sweats, control of which can improve sleep patterns.

Joint aches can be a common symptom but their association with the menopause often goes unrecognised.

Psychological menopause symptoms such as mood swings, irritability, anxiety, difficulty coping, forgetfulness and difficulty concentrating may be related to hormonal changes, either directly or indirectly, for example due to sleep disturbance.

However, other life events such as worry over teenage children, elderly relatives and stresses of work may also contribute to such “symptoms” around the time of the menopause.

With age and reduced oestrogen levels, particularly when the menopause occurs before the age of 45, there is an increased risk of progressive loss of bone strength leading to bone thinning and fragility (osteoporosis). Although bone loss occurs in both women and men, the loss occurs more rapidly and is more common in women.

Bone thinning itself does not cause any symptoms with osteoporosis being known as the “silent disease”. The first warning sign can be a fracture after a simple fall or bump. It is estimated that by the age of 70, one third to one half of women will have had an osteoporosis related fracture.

Other later menopause symptoms include skin and hair changes due to the falling oestrogen levels.

Skin may become dryer, thinner, less elastic and more prone to bruising. Skin itching can also occur. Skin symptoms often respond to oestrogen replacement.

Hair thinning, dryness and the growth of unwanted hair can also be explained by the lack of oestrogen .

Skeleton – the most important long-term effect of reduced oestrogen levels involves the effects of the skeleton.

Sexual problems may be caused by vaginal dryness due to low oestrogen levels, resulting in discomfort during intercourse. Effective treatments are available. As men and women get older, interest in sex may decrease but this particularly affects women.

Treatment of other menopausal symptoms may indirectly improve libido by improving feelings of well being and energy levels e.g. by improving sleep through control of night sweats, but restoring hormone levels can also improve sensation.

Hormonal treatment 4 may not however be the “magic” answer as relationship problems can also affect libido.

Later menopause symptoms are due to the effects of lack of oestrogen on the bladder and vagina and include: -
?? Passing urine more frequently by day and night
?? Discomfort on passing urine
?? Urine infection
?? Leakage of urine
?? Vaginal dryness, discomfort, burning and itching.

These symptoms are extremely common and can cause significant distress but, often due to embarrassment, are under-reported and hence undertreated.

Local vaginal oestrogen preparations (tablet, creams, pessaries or vaginal ring) can be very helpful in relieving these symptoms.

Low dose vaginal oestrogen can be used when systemic oestrogen is inappropriate, and can be continued in the long term without any known adverse effects. Non hormonal vaginal moisturisers can also be used.