The Menopause Exchange

Issue 78 Autumn 2018

From the Editorial team

Welcome to issue 78 of The Menopause Exchange newsletter. We provide impartial and practical information to keep you healthy at this stage of life – with the right help and support, the menopause doesn't have to be a difficult or stressful time. Sign up for free emailed quarterly newsletters through our website (www.menopause-exchange.co.uk).

On page 3 of this newsletter, Dr Nuttan Tanna discusses what men should know about the menopause. On page 4, Dr Vikram Talaulikar explores some of the most common HRT myths. On page 5, dietitian and public health nutritionist Gaynor Bussell discusses minerals at the menopause. On page 6, Anita Ashcroft, chairman of The Institute of Trichologists, looks at hair and hair thinning. We also have our news page and Ask the Experts page.

The next issue of The Menopause Exchange newsletter will include articles on: 'The prescribing of HRT' by Dr Sarah Gray; 'Smoking and alcohol and the menopause' by nurse consultant on gynaecology, Debbie Holloway; 'Fatigue at the menopause' by Dr Gill Jenkins; and 'Blood pressure' by Blood Pressure UK.

Norma Goldman, our founder and director, presents talks and workshops on the menopause. The talks are interactive and informative, enabling women to make positive changes in their lives straight away. Norma has a pharmacy degree and is a qualified health promotion specialist and public speaker. For details, see page 8 of this newsletter. For information, call 020 8420 7245 or email norma@menopause-exchange.co.uk.

Back issues cost £2.75 (or four for £8.00). If you would like to order any back issues, please e-mail us your name and address, with details of the newsletters you would like, to obtain a PayPal Money Request Form. Alternatively, send in a cheque (payable to The Menopause Exchange) with a completed form to PO Box 205, Bushey, Herts WD23 1ZS, England.

Happy reading!

Norma Goldman and Victoria Goldman

About us

Founder and Director: **Norma Goldman BPharm. MRPharmS. MSc.** has a pharmacy degree and an MSc. in health promotion. She has a special interest in the menopause and founded The Menopause Exchange in 1999. Her book 'The Menopause-ask the experts' is published by Hammersmith Press.

Editor: **Victoria Goldman BSc. MSc.** is a health journalist/editor with over 25 years' experience of writing for, and editing, magazines, books and websites. She is also one of Bupa's freelance health editors and reviews fiction on her blog (Off-the-Shelf Books). Victoria's book 'Allergies: A Parent's Guide' is published by Need2Know Books.

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KEEP IN TOUCH!

Don't forget to 'Like' us on Facebook and follow us on Twitter: @MenopauseExch.

News flushes

Do you know CPR?

According to the British Heart Foundation not enough people know how to perform CPR, which is putting people's lives at risk. A survey by the charity reveals that nearly a third of UK adults wouldn't perform CPR if they saw someone having a cardiac arrest. Less than one in 10 people in Britain survive an out-of-hospital cardiac arrest, due to low bystander CPR rates. In countries where CPR is taught in schools, as many as one in four survive. Early CPR can more than double the chances of survival and can buy time needed before paramedics arrive.

Health priorities after 40

In a recent Superdrug LifePlus Report, 54% of women over 40 said they were happier at their current age compared to their younger years. Women were three times more likely to be worried about losing their memory than they were about their hair turning grey. Nearly half feared not being able to keep active in older age. The menopause is a concern of growing older, with 50% of women over 40 yet to experience it worried about its approach, rising to 69% in the under-50s. Hot flushes topped the list of biggest menopause worries, and this was also the symptom experienced most by those who were postmenopausal (68%). This autumn, Superdrug is launching Phytocalm, its latest Optimum skincare range, targeted at 50+ skin.

Boiling Betty and Freezing Freddie

A poem by Roger Bulgin, husband of a member of The Menopause Exchange

Boiling Betty is a woman of a certain age,
whose children have grown up and moved away.

Though still an object of desire,
her body now creates a different fire.

So when she goes out, her coat stays undone,
and she carries a fan in case of the sun.

While Freddie's collar is up and his cap pulled down.
he wears his scarf and gloves while he walks through the town.

For where once Betty's eggs were laid and hatched,
her hormones have left for the coast, their bags all packed.

At night she steams with her sleep often broken,
and even in winter the window is left wide open.

While Freddie freezes under blankets and pyjamas,
he thinks his wife has gone bananas.

"Freezing Freddie," she calls in her night sweats,
"if you're cold, just go put on another vest!"

So while Freddie shivers like ice beneath the duvet,
Betty sizzles like a pancake on Shrove Tuesday.

"I'm boiling," cries Betty. "I think I'm on fire!"
"I'm freezing," thinks Freddie. "Can we turn the heating higher?"

So like all good marriages built on give and take,
they moved to the middle of the bed to arbitrate.

Where Betty is embraced by Freddie's cooling arms,
and Freddie is warmed by Betty's enduring charms.

Probiotics for stress relief?

Scientists at PrecisionBiotics claim to have discovered the 1714-Serenitas bacterial culture, which can reduce levels of the stress hormone cortisol. Zenflore natural supplement contains this bacterial culture, which is clinically proven to reduce stress and anxiety and boost mood. This culture has also been shown to increase activity in areas of the brain associated with emotions, learning and memory. It does this by becoming part of the gut microbiota that plays a role in the communication between the brain and the gut. Zenflore (£29.99 for a month's supply) is available from pharmacies and health food stores. To find out more, visit www.precisionbiotics.com

Banish sleepless nights

Around one in three people in the UK struggle with restless or sleepless nights due to a host of health-related problems. DermaTherapy is a therapeutic range of bedding designed to bring relief to people with skin-related issues (including eczema and acne), as well as hot flushes and night sweats in menopausal women. This range of pillowcases, sheets, duvet covers and sleep bags is made from a special soft antimicrobial fibre that dissipates heat and moisture away from the skin, reducing the risk of irritation, allergies and overheating. Visit www.dermatherapybedding.co.uk for more information.

Members' comments

"Thank you for your newsletters. They are always very helpful and full of useful, interesting info, and there's always something in them that I immediately relate to. Keep up the good work, it makes a difference!"

LE, Wiltshire

Please email any comments or tips to norma@menopause-exchange.co.uk.

A man's guide to the menopause

By Dr Nuttan Tanna, pharmacist consultant

Research involving married couples found that women with a positive attitude towards the menopause struggled with fewer symptoms. Women also said that their menopausal symptoms were fewer if their partners had a positive attitude. Research on men's impressions, experiences and attitudes towards their wives going through a natural menopause found that if men had a better understanding of the changes women were experiencing, they were able to provide more emotional support. This, in turn, helped to improve marital relationships. So what do men need to know about the menopause so that they can help and support their partners?

What is the menopause?

The menopause is a natural event that heralds the end of the reproductive phase in women. This is when women can no longer have children. A woman is classified as post-menopausal once she has been naturally free of menstrual periods for a year. A natural menopause usually occurs at the age of 50 to 51; but it can happen at any time between 45 and 55.

Around one in four women sail through the menopause with no troublesome problems. But others struggle. Classic symptoms include, for example, hot flushes and night sweats, erratic period or bleeding patterns, low moods, problems with sleep, a loss of libido and urogenital (bladder and vaginal) symptoms. A sexually active woman under 50 who is naturally bleed/period free for two years can stop using contraception. Women over 50 should use contraception until they're period free for a year. Women using HRT should stop contraception after age 55.

Women going through the menopause may have to deal with other life stresses, as well as accepting the ageing process and the fact that they're no longer able to have children. They and their partners may have other medical conditions and be on medication with side effects. They may be part of the sandwich generation, looking after elderly parents as well as their children and grandchildren. This may impact on their own 'me-time', and their ability to take part in and enjoy lifestyle choices, such as exercise and a balanced diet, which are important for stress relief. Increased stress and worrying can increase menopausal symptoms or make them worse.

Common symptoms

In a study, the four most common menopausal symptoms reported by women were hot flushes (seven out of 10 women), sleeping problems that could be related to night sweats (seven out of 10), and low moods and irritability (five out of 10). The women struggled with more menopausal symptoms if their partners had health or sexual (e.g. premature ejaculation) problems. Support that helped to reduce menopausal symptoms included using HRT, religious practice with spiritual guidance and a partner who was faithful.

In November 2015, National Institute of Health Care and Excellence (NICE) published guidelines on the diagnosis and management of the menopause. NICE says that for women between 50 and 60, and particularly those with good lifestyle interventions in place, the benefits of using HRT may outweigh the risks. Each woman is entitled to a personalised risk-benefit assessment and discussion with her GP or menopause specialist. Women may appreciate and feel supported if their partners accompany them for these assessments and help them make this decision. Some women may prefer to try herbal or alternative medicines; these may help them if their menopausal symptoms aren't too troublesome.

Long term effects

As women approach the menopause, their female hormone levels fall. Oestrogen helps to maintain bone density in women. After age 50, one in two women is at increased risk of osteoporosis. For men, the osteoporosis risk after age 50 is one in 10. Women may have other risk factors as well, such as genetic or medical factors, that increase their risk for osteoporotic fragility fractures (broken bones). This is on top of their age and the menopause. Fragility fractures are painful and can cause disability and a poor quality of life. For bone protection, it's important to eat a balanced diet with calcium-rich foods and vitamin D, take weight-bearing exercise, and not smoke or have too much alcohol. HRT can protect bones from osteoporosis and is a useful treatment option for women aged 50 to 60. Once the decision is made not to use HRT, women and their healthcare professionals can discuss non-hormonal options.

After the menopause, a woman's heart risk increases, and becomes the same as for men. Lifestyle measures can help to reduce her overall heart risk. There's a decline in sexual functioning with age, and this is further affected by the menopause. In an Australian study, it was seen that the number of women going through the menopause and suffering from sexual problems rose from 42% (this was for women just starting to go through the menopause) to 88% (in women who had been going through the menopause for some years). Postmenopausal women said that they had low sexual arousal and interest and a lower number of sexual activities. Women complained of vaginal atrophy (vaginal dryness), dyspareunia (pain with sex) and of partners' problems in sexual performance. For vaginal dryness and dyspareunia, women can try vaginal oestrogen hormone treatments or vaginal lubricants and moisturisers. For partners' problems, psychosexual counselling can be helpful.

How a man can help:

There are many ways that men can help women going through the menopause. Having a positive attitude to the menopause and having good lifestyle interventions are important. By understanding the changes that occur during the menopause, and being emotionally supportive, men should also benefit from the good marital relationship that will result from this support.

About the author

Dr Nuttan Tanna is a pharmacist consultant at The Northwick Park Menopause Clinical & Research Unit at London North West Healthcare NHS Trust, Harrow, Middlesex.

HRT myths

By Mr Vikram Talaulikar, Associate Specialist at University College London Hospital

HRT is the most effective treatment for menopausal symptoms such as hot flushes, night sweats and vaginal dryness. Its use plummeted towards the beginning of this century, following some large clinical trials that suggested using HRT increased the risk of stroke, cardiovascular disease and breast cancer. But over the past decade, further research and reanalysis of the data have revealed that for most women under 60, the benefits of HRT outweigh any risks. However, myths prevail regarding HRT use. This article looks at the research behind HRT to dispel some of these common myths.

HRT causes weight gain

There's no evidence to support a direct link between HRT and weight gain. Women may gain weight in the middle years due to changes in their diet, physical activity and lifestyle. A slowing metabolic rate and redistribution of women's body fat may also contribute to this. A healthy diet and regular exercise are important to prevent weight gain. Some women experience side effects of bloating and fluid retention on HRT, which can lead them to believe that they're putting on weight.

If you're using HRT, you can't get pregnant

HRT isn't a contraceptive and women can get pregnant while using it. Most national guidelines recommend that women taking HRT who wish to avoid unwanted pregnancy continue to use some form of contraception until age 55, when a loss of natural fertility can be assumed.

HRT delays the menopause

HRT replaces the hormone/hormones that are no longer produced in your body. But it does nothing to delay the decline in ovarian function. If women experience menopausal symptoms after stopping HRT, these are symptoms they would have experienced anyway if they had never had HRT. In fact, when coming off HRT, it's advisable to reduce the dose gradually to avoid oestrogen 'withdrawal' symptoms. Any symptoms, if these occur, are usually temporary and decrease quickly.

HRT carries the same risks as the contraceptive pill

Although the contraceptive pill and HRT both contain oestrogen and progesterone, the hormones in HRT are less potent and in lower doses, resulting in differences in side effects and risk profiles. Most contraceptive pills contain a synthetic oestrogen compound – ethinyl oestradiol combined with synthetic progesterone, (usually a derivative of testosterone). Most HRT products combine natural oestrogen (17 beta oestradiol) with either a synthetic or natural progesterone. HRT isn't contraindicated in women who suffer from migraines (patches or gels are preferred) and transdermal (across the skin). HRT has a much lower risk of blood clots than oral pill products.

Natural products taken to ease menopausal symptoms are safer than HRT

Many women choose to take 'natural' or 'bio-identical' products to treat their menopausal symptoms. But these terms can be misleading or confusing. Many HRT compound products sold under these categories have often been custom-made by the individuals or clinics prescribing them and therefore they haven't been subjected to the same level of rigorous scientific testing as conventional HRT products.

HRT can't be prescribed until a woman stops her periods and her symptoms are unbearable

Many women have bad menopausal symptoms long before their last period (during the perimenopause) and HRT can be safely prescribed to ease their symptoms. HRT can also help if women have mild menopausal symptoms. In addition, there's increasing evidence that the earlier women start using HRT, the more the HRT protects them against osteoporosis and heart disease.

Women need to have multiple tests and examinations to make sure they can take or need HRT

Most women don't need any specific tests before HRT is prescribed. For some women, tests such as blood hormone profile, thrombophilia (abnormal blood clotting) screen or pelvic ultrasound may be needed but this will depend on their medical history. It's recommended that a woman's blood pressure is monitored regularly while she's taking HRT.

Vaginal oestrogen has the same risks as oral or patch HRT

Topical oestrogen as a vaginal tablet, cream or ring is very effective at treating vaginal dryness and painful sex during the menopause. Vaginal oestrogens don't have the same risks associated with them as systemic (oral or patch) HRT. This is because these products restore oestrogen only in the vagina and surrounding tissues, such as the bladder, without giving oestrogen to the rest of the body. These vaginal products can be safely used by most women and can also be used on a regular basis over a long period of time (usually indefinitely) as the vaginal symptoms may return if they stop using the treatment.

You can only take HRT for five years

HRT may be taken for as long as necessary at the lowest effective dose if the benefits of treatment outweigh the risks for that particular woman. For younger women, HRT is recommended until the age of the natural menopause (usually 51) for symptom relief as well as bone and cardiovascular protection. For women over 50, most will need HRT for about four to five years when their menopausal symptoms are most severe. Most women will be able to come off HRT by the time they reach 60. Few women with persistent menopausal symptoms may need to keep using HRT beyond this age. Each woman should be assessed individually for how long they need to take HRT and an annual clinical review of risks versus benefits should take place as long as they continue to use HRT.

About the author

Mr Vikram Talaulikar is Associate Specialist at the Reproductive Medicine Unit at University College London Hospital.

Minerals at the menopause

By Gaynor Bussell, dietitian specialising in women's health

Minerals are as essential in the diet as vitamins, but often not given as much attention. Surveys show that many women are deficient in several important minerals, and menopausal women are no exception. However, we get too much of certain minerals in our diet and that too can be harmful to our health. Let's look at some essential minerals and their function in the body:

Calcium

Calcium helps to maintain strong bones and teeth as well as supporting the normal functioning of nerves and muscles. The rate of bone calcium loss increases during the menopause, putting women at risk of osteoporosis, yet it's believed that one in 10 adult women don't get enough calcium. The National Osteoporosis Society recommends a daily intake of 700 mg of calcium in postmenopausal women, which should be increased to 1000 to 1200 mg in women with osteoporosis. Calcium is found in milk, cheese, yogurt, fromage frais, most green leafy vegetables, calcium -fortified dairy-alternatives such as soy drinks and yogurts (check the label) and canned fish (containing soft bones).

A recent study assessed the effects of a product containing isoflavones (plant oestrogens), calcium 500mg, vitamin D and inulin (a form of fibre) for 12 months in menopausal women. The results showed favourable effects on menopausal signs and symptoms, including hot flushes, physical and sexual health, and a rise in good cholesterol levels.

Magnesium

Magnesium plays a role in the production and regulation of hormones, preventing excess cortisol, increasing insulin sensitivity, and allowing the production of thyroid hormone. It can help to slow aging by reducing oxidative stress, supporting production of the protective antioxidant glutathione, and keeping telomeres (the ends of chromosomes) long, tight, and together, which also reduces the risk of cancer.

Magnesium is deficient in the diet of around 35% of women. There's evidence that having enough magnesium can offset weight gain that can occur during the menopause, help alleviate menopausal symptoms (especially low mood) and also help with bone strength. Food sources of magnesium include wholegrains, dark, leafy greens, nuts and edamame beans.

Dietary reference values for women

Calcium: 700 mg per day
Phosphorus: 550 mg per day
Magnesium: 270 mg per day
Potassium: 3500 per day
Iron: 14.8 mg per day (19 to 50 years) / 8.7 mg per day (50+)
Zinc: 7.0 mg per day
Copper: 1.2 mg per day
Selenium: 60 mcg per day
Iodine: 140 mcg per day

Iron

Iron forms part of the blood's haemoglobin, where it carries oxygen throughout the body. Iron-deficiency anaemia is associated with feeling tired and cold and is often the result of heavy blood loss during menstruation (less of a risk at the menopause). Less iron is required in the diet after the menopause, and some studies have shown that having a high iron status during the menopause is associated with an increased risk of metabolic diseases, such as diabetes and heart disease. It's not recommended to take iron supplements routinely unless prescribed by a healthcare professional. Food sources include shellfish, spinach, liver and other organ meats, legumes, red meat and some fortified breakfast cereals.

Zinc

Zinc is important to perimenopausal women for bone formation. This mineral helps the absorption of vitamin D and may help slow bone loss as well as boost the immune system. Food sources include lamb, chickpeas, mushrooms, cashews and pumpkin seeds.

Sodium

As a population, we consume too much sodium. Sodium mainly comes from the salt in our diet (sodium chloride). A high salt intake is associated with an increased risk of blood pressure, stroke and osteoporosis (three conditions that already have an increased risk at the menopause). It's therefore important to try to keep salt intake to 6g/day.

Potassium

Potassium can counter-balance the effect of excess salt on stroke risk and is believed to help preserve bone mineral density in post-menopausal women. People are often deficient due to a low intake of fruit and vegetables. Food sources include avocado, spinach, sweet potato, wild-caught salmon, dried apricots and bananas.

Phosphorus

Phosphorus is involved in nearly all biochemical reactions taking place in the body. It combines with calcium to form a mineral crystal that gives strength and structure to our bones and teeth. But while phosphorus is essential for bone health, too much of it isn't a good thing as it must work in delicate balance with calcium in our bones and blood. The average Western diet tends to have more phosphorus than calcium and this can be detrimental to bone health. Large amounts of phosphorous are found in meat, soft drinks and processed foods.

Other minerals

Surveys show that selenium and iodine can be low in women's diets. They're important for thyroid function, which can decline with the menopause. Selenium may play a protective role in vascular disease, possibly because it's an important element in protecting against free radical damage in the body. Food sources of selenium include seafood, lean meats and poultry, eggs, legumes (beans and peas), nuts, seeds, and soy products. Iodine is found in milk or other dairy products (including ice cream, cheese, yogurt and butter), seafood (including fish, sushi and shellfish) and kelp or seaweed. As well as calcium and magnesium, a deficiency in the minerals zinc, copper, fluorine, manganese, iron and boron can speed up bone loss at the menopause.

About the author

Gaynor Bussell is a dietitian specialising in women's health. She offers Life Coaching (GBLifeCoach) to patients, helping them with a whole life approach to their issues.

Hair loss and hair thinning

By Anita Ashcroft, Chairman of the Institute of Trichologists (London)

Ageing is a biological process and should be celebrated. In fact, in many cultures it's honoured as well, and the knowledge of the elders in the family is highly respected.

However, not all aspects of ageing can be celebrated. If you suffer from hair loss and/or hair thinning, you will understand the distress, isolation and negative impact that this can have on your self-esteem. Trichologists (hair and scalp specialists) never underestimate the psychological impact of hair loss or hair thinning.

There's no way to halt your hair's aging process and you can't choose which genes you inherit. But you can look after your hair by eating a healthy, balanced diet containing all of the essential food groups, particularly fruits and vegetables and good -quality protein. If you think there's a problem with your hair, visit a specialist as soon as possible. Three types of hair loss most commonly seen in post-menopausal women by trichologists are female pattern hair loss, acute/chronic telogen effluvium and frontal fibrosing alopecia.

Female pattern hair loss

Female pattern hair loss is one of the most common hair thinning conditions after the menopause. It's also called androgenetic alopecia (alopecia being the blanket term for any hair loss or hair thinning). Female pattern hair loss has three causative factors:

Genetic predisposition – we inherit the gene for female pattern hair loss most commonly from our maternal grandmother (although the lack of a family history of hair loss doesn't rule out the diagnosis).

Age – female pattern hair loss can occur at any time of life when there's hormonal change, such as during puberty, pregnancy or after the menopause. Female pattern hair loss affects more than 50% of women over 50.

Testosterone – increased sensitivity to the normal amount of testosterone present in a woman. After the menopause, decreasing oestrogen levels affect testosterone and the effect this hormone has in your body.

The factors above can lead to mild bi-temporal recession (a receding hairline), with finer, shorter hairs and widespread thinning over the vertex area of your scalp (the top area behind your fringe and before your crown). Diffuse thinning is caused by shrinking of your hair follicles, but doesn't progress to the baldness seen in men. This shrinking is the effect of a shorter growing stage of your hair growth cycle and an increased resting/fallout stage. Early on, you may notice increased shedding of your hair, although this can be caused by many factors so it's important to seek a specialist diagnosis before committing to any treatments.

If you have been given a diagnosis of female pattern hair loss, topical minoxidil is the only licensed treatment for this in the UK. Topical minoxidil stimulates a surge of growth but (a word of warning) there's often increased shedding of 'resting phase' hairs over the first month. This will settle down, and often the benefits of using topical minoxidil outweigh any initial shedding. Minoxidil needs to be used continuously and can be used for many years, so you need to consider the cost before committing.

Certain HRT products can help to treat female pattern hair loss. The hair-friendly ones are Premique and Indivina (both of these products contain the anti-androgen medroxyprogesterone acetate) and Angeliq (containing drospirenone). Some women prefer not to commit to a long-term treatment plan and opt for camouflage products instead, such as hair fibres, thickening sprays or scalp creams. These can give the impression of thicker hair without any commitment (the products wash out easily).

Telogen effluvium

Telogen effluvium is a hair shedding condition. During our lifetime, hair grows in cycles. This consist of many stages but trichologists are most interested in the growing stage (anagen) and the resting stage (telogen). After your natural hair growth period, your hair rests for two to four months before falling out.

Sometimes an interruption to your hair cycle can occur, which then causes your hair to enter telogen prematurely. Your hair stays in the resting stage for two to four months as normal. But after this, instead of shedding the normal 40 to 100 hairs per day, the shedding can be four or five times more than normal. This leads to a dramatic amount of hair in the bathroom basin, on your pillow or falling on your clothes. This particular type of hair shedding is called acute telogen effluvium (effluvium means heavy shedding) and should usually only last for a short time. Common triggers for acute telogen effluvium include illnesses, operations, accidents, stressful events or crash dieting. Hair shedding that occurs for longer than nine to 12 months is called chronic telogen effluvium. The hair shedding isn't normally as dramatic but often needs some form of treatment.

One of the most common causes of chronic telogen effluvium is a low storage iron level (serum ferritin). Although low iron isn't so commonly seen in women after the menopause, it may be worth speaking to your doctor about this. Stress, long-term illnesses and medications (including some types of HRT) can affect your hair cycle and cause excess shedding, so visit a trained professional to ensure you receive the correct diagnosis for your hair thinning/shedding problem.

Frontal fibrosing alopecia (FFA)

Frontal fibrosing alopecia involves a systematic band of frontal hair loss (affecting the hair margin at the front of your scalp). It's a relatively newly-identified type of hair loss. It was first described and identified by Associate Professor Steven Kossard, a dermatologist in Australia, in 1994.

This hair loss condition occurs most often in post-menopausal Caucasian women. Dr Alison MacDonald and other dermatology researchers in Glasgow have reported a ten-fold increase in the prevalence of FFA in the last decade. Associated signs include full or partial eyebrow loss, orphaned (lone) hairs in the frontal hairline and paler skin where the hair line has receded. Treatments for FFA are limited due to the nature of the condition. But, as with all forms of hair loss/thinning, early intervention is key.

For more information

For information and to find local clinics, visit the website of the Institute of Trichologists (www.trichologists.org.uk)

Ask the Experts

I'm a practice nurse in a GP practice. I'm finding that more and more women are experiencing menopause symptoms in their 60s. What's the best advice to give them?

Kathy Abernethy, senior nurse specialist, replies:

Women are certainly coming forward for help in their 60s, and it does seem that the symptoms can last that long. There's a cohort of women who were aged 45 to 50 when the WHI studies came out in 2002 and 2004 and who avoided using HRT for 10 years or more, rightly or wrongly. Some of these women now wonder if they may be able to use HRT after all. If a woman is over 60 and her symptoms are still troublesome, she should ask a healthcare professional for advice. Starting HRT in your 60s isn't out of the question, especially within 10 years of actual menopause, but a careful risk-benefit assessment is necessary to ensure it's appropriate. Lower doses, along with transdermal routes (such as patches) are recommended if HRT is used. For some women, existing medical conditions may suggest caution. If necessary, refer to a specialist if you have one nearby.

I'm taking thyroxine tablets for hypothyroidism and I'm thinking of going on HRT to help my night sweats. Will HRT have any effect on the thyroxine I'm taking?

Dr Kathryn Clement, consultant in sexual and reproductive healthcare, replies:

HRT can increase a protein in your blood that binds to thyroxine hormone. This means that you have less free thyroid hormone in your blood, so thyroxine tablets don't work so well. You should have your thyroid levels checked four to six weeks after starting HRT to see if these have dropped and whether you should be taking a higher dose of thyroxine. This varies from person and person and also depends on which preparation you're taking. It's always wise to get your thyroxine levels checked after you've started a new HRT product or changed the dose or type of preparation. There are plenty of women who take both HRT and thyroxine so it shouldn't put you off trying HRT.

I get lots of cysts in my breasts. About three years ago, when I had a large cyst, I had a mammogram. I've been told it's quite normal to get more and more cysts as you get older, and mine are syringed to relieve the pain. The trouble is that I'm getting more and more cysts, they're rather large, at least an inch in circumference, and can get quite painful. Is there anything I can do to stop them or to relieve the symptoms?

Dr Jenifer Worden, GP, replies:

Breast cysts are the most common cause of breast lumps in women aged 30 to 50 and can be most troublesome around the peri-menopause. Caused by hormonal changes, they used to be considered part of a condition called 'fibrocystic disease' or 'fibroadenosis'. These days, doctors use the medical term 'Aberrations in the Normal Development and Involution of the Breast' or ANDI, as the cysts aren't a disease but are part of the normal ageing process all women go through. Breast cysts settle down after the menopause, when the hormonal fluctuations causing them reduce. There's nothing you can specifically do to stop cysts, although some women find an evening primrose oil supplement (daily dose of 240mg gamma linolenic acid) is helpful. All breast lumps lasting for longer than a couple of weeks should be checked by a doctor or suitably qualified healthcare professional.

I've had breast cancer and I'm taking tamoxifen tablets. They're giving me hot flushes. I've read about the use of phytoestrogens, both in foods and as supplements, to help hot flushes. Because of my breast cancer, are they safe for me?

Kathy Abernethy, senior nurse specialist, replies:

Although there's no evidence that phytoestrogens may be harmful if you take them, there also isn't sufficient evidence to reassure women that they're safe to use after breast cancer. Most cancer doctors and menopause clinicians suggest you avoid taking phytoestrogen supplements, although normal dietary intake is fine. Other prescribed treatments may help, so ask your doctor for support and advice.

I'm a line manager working in a large company. One of the employees is having bad mood swings, which are affecting her work. How can I discuss this with her and what can I suggest?

Dani Singer, specialist menopause counsellor and psychotherapist, replies:

As women are working longer, how to better support them during the menopause is becoming a popular topic of discussion. Hormonal changes can affect a woman's ability to sleep, which may then impact on her levels of anxiety, irritability, memory and concentration, undermining her confidence and possibly reducing interaction with colleagues. Initiating an informal conversation may be all you need to do. This may provide a sense of being understood and somewhere non-judgemental for her to turn to, as well as giving her time to go to her GP if this seems appropriate. You may need to look at practical adjustments, such as workplace temperature and/or ventilation, flexible working hours, access to cold drinking water, flexibility over uniforms, provision of changing facilities and electric fans. In a large company, it may be helpful to initiate 'menopause cafe'-type sessions where the topic can be more generally discussed with all employees, regardless of gender or age. If problems persist, both Occupational Health and Human Resources are there to assist, including with menopause topics.

If you have questions on the menopause or related topics, send them to The Menopause Exchange, PO Box 205, Bushey, Herts WD23 1ZS, e-mail norma@menopause-exchange.co.uk or call 020 8420 7245. Your name will not be printed. These questions have been answered by:

Kathy Abernethy, senior nurse specialist, The Northwick Park Menopause Clinical & Research Unit, London North West University Healthcare NHS Trust, Harrow, Middlesex.

Dr Kathryn Clement, consultant in sexual and reproductive healthcare, New Croft Centre, Newcastle upon Tyne.

Dani Singer, specialist menopause counsellor and psychotherapist, The Northwick Park Menopause Clinical & Research Unit, NW London Hospitals, Harrow, Middlesex.

Dr Jenifer Worden, a GP in Christchurch, Dorset. She has a particular interest in women's health and also practises complementary medicine.

Understanding the Menopause

Want to know more about the menopause? Norma Goldman (B.Pharm MRPharmS. MSc.), founder and director of The Menopause Exchange, gives talks on the menopause to women, healthcare professionals and anyone with an interest in midlife issues. Norma also presents workshops to line managers, health and safety officers and anyone else who is responsible in the workplace for the wellbeing of employees.

About Norma Goldman

Norma has a pharmacy degree and is a qualified health promotion specialist. Her in-depth knowledge has helped thousands of women enjoy a more comfortable menopause. For over 19 years, Norma has given talks and workshops about the menopause to employees in the workplace (including hospitals), groups of women, healthcare professionals, GP practices, charities, companies and organisations.

The Menopause Exchange is an independent organisation, not sponsored by any companies, and supplies impartial, up-to-date and practical information.

The programme

Norma's presentations are designed to suit each audience's specific requirements. The programme, tailored for each talk, includes information on:

- the menopause and its symptoms
- self-help tips for symptom relief
- HRT options, types and forms
- prescribed medicine alternatives to HRT
- complementary therapies and medicines
- health promotion advice, including nutrition and exercise
- the menopause at work.

Norma also talks about issues surrounding midlife and post-menopausal health. For workplaces, she discusses preparing work-based menopause guidelines and policies, if required. You can ask questions and take a fact sheet home.

Reap the benefits

Healthcare professionals increase their knowledge on a range of menopause-related topics.

Women come away with:

- the ability to make informed decisions about coping with the menopause
- the latest information on the pros and cons of going on HRT
- more knowledge about their own health and well-being and about which over-the counter products may help their menopausal symptoms
- relief at being able to hear other women discuss their experiences and to be able to share their own experiences if they choose to do so.

Don't let the menopause get you all hot and bothered – make sure you book a presentation now!

For more information and testimonials, call Norma on 020 8420 7245 or email norma@menopause-exchange.co.uk.

The Menopause Exchange
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We are e-mailing The Menopause Exchange newsletter for FREE!

The Menopause Exchange newsletter is ideal for anyone with an interest in the menopause, midlife and post-menopausal health. We provide impartial, practical information on various topics, including menopausal symptoms, osteoporosis, self-help and lifestyle tips, HRT, prescribed medicine alternatives to HRT, complementary therapies and medicines, nutrition, exercise and health topics such as the meno-pause at work, digestive problems, headaches and migraine and osteoarthritis.

The Menopause Exchange was established in 1999 and is completely independent. It isn't sponsored by any companies or organisations.

If any of your friends, family or colleagues would like to receive FREE quarterly e-mailed newsletters, they should visit The Menopause Exchange website at www.menopause-exchange.co.uk for information on how to receive them.

The Menopause Exchange

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ISSUE 72/SPRING 2017 Health & lifestyle tips HRT questions you forgot to ask your GP Cystitis and thrush at the menopause All about your oral health	**ISSUE 73/SUMMER 2017** HRT & medical conditions Chocolate or sex? Healthy relationships Vegetarian and vegan diets NHS screening for women over 40	**ISSUE 74/AUTUMN 2017** All about the perimenopause Continuous combined HRT Exercise at the menopause Digestive problems
ISSUE 75/WINTER 2017/2018 Non-hormonal help for flushes and sweats Oestrogen-only and monthly-bleed HRT Menopause, skin & memory 10 tips on foot health	**ISSUE 76/SPRING 2018** Menopause anxiety Side effects of HRT Weight management at the menopause All about osteoarthritis	**ISSUE 77/SUMMER 2018** HRT: making a decision Headaches & migraine at the menopause Contraception for the over-40s Pilates & yoga for beginners

Also, news items,
'Ask the Experts' page and information about menopause talks.

The newsletter provides impartial information and is not funded by any companies or organisations

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