



**Caring for women around the Menopause Part One**

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**Thank you for listening**

**Any Question?s**

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## My Background

28 years experience as a registered nurse working in women's health


- **Advanced practitioner**
- **Ultrasonographer**
- **Hysteroscopist**
- **Non Medical Prescriber**
- **Certified Coach & Trainer**





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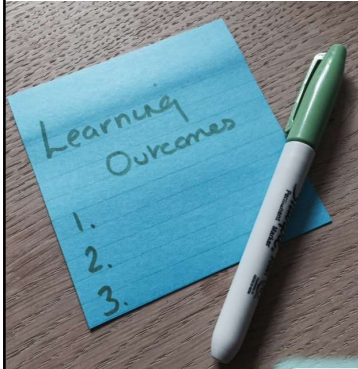
## Overall Aims



- Greater awareness around the impact of the menopause on the health and wellbeing of women
- Appreciate the potential barriers and hurdles for women in accessing advice and support around the menopause
- Increased knowledge of the signs and symptoms of the menopause
- Understand the risks and benefits of Hormone Replacement Therapy (HRT)
- Be aware of the other treatment options available for women
- Be more confident in counselling women regarding treatment choices around the menopause
- Know where to signpost women to up to date information to aid their decision making
- Be aware of the red flags and when to refer women for more specialist care and treatment.

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## Part One

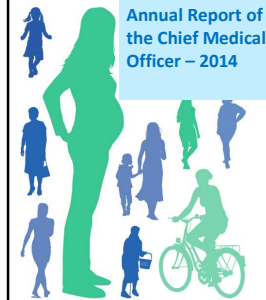


- Defining the menopause
- Menopause signs and symptoms
- Impact of the menopause on the health and wellbeing of women
- Diagnosis of the menopause

PRACTITIONER DEVELOPMENT

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## The Health of 51% : Women



Brings attention to 'embarrassment' as a needless barrier to health

The main themes include:

- obesity and its impact on women's health, including reproductive health
- **women's health in later life (menopause)**
- women's health in later life (pelvic floor dysfunction and incontinence)

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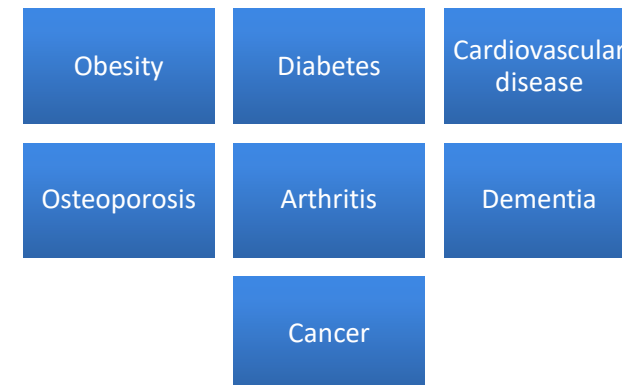
## Why the big focus on Women?

Women make up 51% of the Global Population

- At all ages they take more medication
- Women actually determine the health of others
- It's a key component in movements for gender equality

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## Health of Women - Post menopause



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## Definition of the Menopause

**"Menopause is when a woman stops having periods as she reaches the end of her natural reproductive life"**  
**NICE, 2015**

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## Health Check at 50

What if every women was entitled to a health check when they reach 50

Educating women about the menopause

Discuss the signs and symptoms

Discuss the risks and benefits of treatment

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## Normal life course

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The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age

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Third of life is spent post menopause

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Life expectancy is 82 years

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## Health Promotion

Menopause is an ideal opportunity for health promotion

Identify individual risks

Initiating prevention strategies

Encouraging women to make healthy lifestyle choices in midlife

Advocating the importance of screening

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## What causes the menopause ?

The menopause is caused by a change in the balance of the body's sex hormones, which occurs as you get older.

It happens when your ovaries stop producing as much of the hormone oestrogen and no longer release an egg each month.

Premature or early menopause can occur at any age, and in many cases there's no clear cause.

Sometimes it's caused by a treatment such as surgery to remove the ovaries (oophorectomy),

Cancer treatments, chemotherapy or radiotherapy ,

it can be brought on by an underlying condition, such as Down's Syndrome or Addison's Disease

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## Statistics

The average age of the menopause is 51 years old

11 million women over 45 years old

That's 1 in 3 women



1 in 4 women state that symptoms affect their quality of life



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## Terminology

Pre Menopausal -  
from menarche to  
menopause

Peri menopause –  
gradual process with  
irregular periods and  
fluctuating hormones

Post menopause is  
not periods for 12  
months

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## Terminology

Premature Ovarian  
Insufficiency –  
under 40

Surgical – removal  
of ovaries

Induced /  
chemical –  
hormones blocked

Severe and instant impact can be overwhelming if the symptoms are unexpected

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## Impact of Hormone Deficiency

Vasomotor symptoms

Loss of bone density

Increased risk of heart disease

Changes to the brain

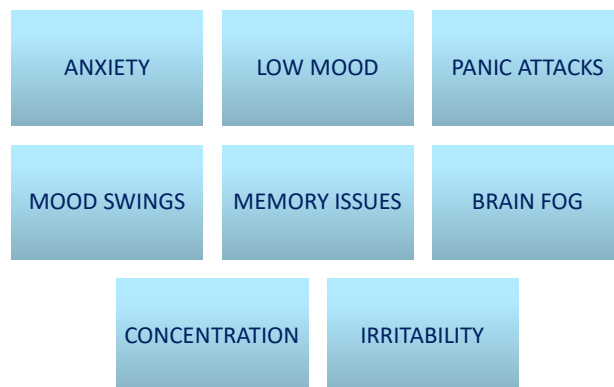
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## Physical Symptoms



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## Psychological Symptoms



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## Intimate Symptoms



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## Impact on Quality of Life

- **25% of women will 'sail through the menopause'**
- **What about the 75% women where it has a significant impact on their home, work and health?**
- **1 in 4 state the impact is severe**

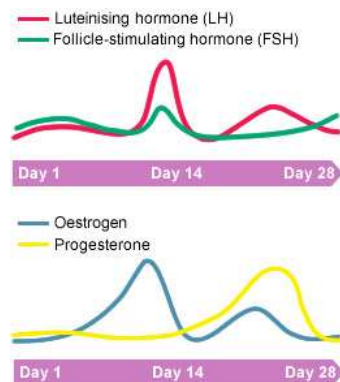
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## Assessment

- **Identifying symptoms and impact on life**
- **Discuss Last Menstrual Period, regularity and flow**
  - Could this be the peri menopause
  - Is there anything else it could be?
  - Would she consider treatment?

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## Female Hormones



- **In the peri menopause the FSH and LH levels increase to encourage ovulation**
- **Oestrogen and progesterone decline**
- **Testosterone levels decline**

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## Follicle stimulating hormone

- **In women aged 40 to 45 with a change in the menstrual cycle and symptoms**
- **In women under 40 in whom you suspect the menopause**
- **FSH on day 2-5 of cycle**
- **Two FSH above 30mIU/ml taken 6 weeks apart**
- **Normal levels of FSH do not exclude the menopause**

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## Assessing symptoms

- One tool is the Greene Climacteric Scale provides a brief measure of **menopause** symptoms. It can be used to assess changes in different symptoms, before and after **menopause** treatment. Three main areas are measured: Psychological. Physical. Vasomotor.
- Others include the Menopause rating scale or Symptoms assessment score

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## Diagnosis in women over 45

Diagnosis can be made without blood tests in healthy women

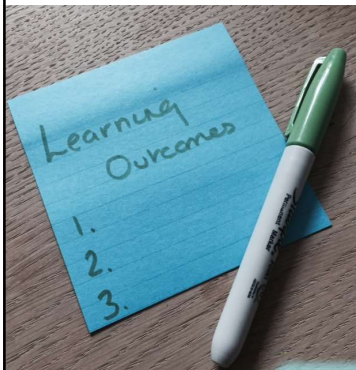
Perimenopause is diagnosed on symptoms and irregular periods

Menopause is diagnosed in women who have had no period in 12 months and not using contraception

Post hysterectomy diagnosis is made on symptoms

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## Part Two Aim



- Hormone replacement therapy
- Risks and Benefits of HRT

PRACTITIONER DEVELOPMENT

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## Women's representation in Research

- Women were historically less likely to be recruited into research
  - Life events: menstruation, pregnancy and menopause
- Women are still underrepresented in research 5:8
- Likely to have altered response and difference side effects

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## HRT Headlines

The Women's Health Initiative & Million Women Study changed the face of Hormone Replacement Therapy for an entire generation of women



The safety of HRT largely depends on age.

Healthy women younger than 60 years should not be concerned about the safety of HRT.

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## Pharmacodynamics

When comparing Women to Men:

There are known sex differences in all three major renal functions:

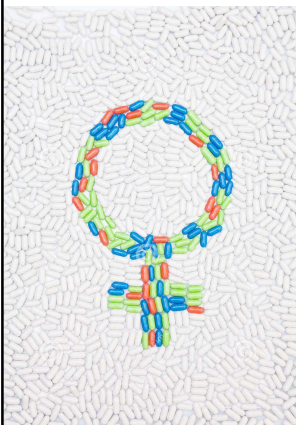
- glomerular filtration,
- tubular secretion and
- tubular reabsorption.

Renal clearance is generally higher in men than in women.



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## Pharmacokinetics



When comparing Women to Men:

- Lower total body weight
- Higher proportion of body fat
- Lower body surface area
- Lower muscle mass
- Smaller organ size
- Lower glomerular filtration rate
- Lower gastric acid secretions
- Longer bowel transit times

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## Consultation with Women

- Women need to be central to the discussion - I.C.E
  - **Issues** – what symptoms need treating
  - **Concerns** – through careful history taking
  - **Expectation** – what she requires
- Don't be afraid to ask for advice – sharing knowledge is good practice
- Honesty and integrity is essential to ensure trust
- Communication is key to preventing information overload

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## Consultation with Women

- The woman's idea of a safe medicine may differ to your own
- Acknowledge the historical issues with HRT in the 90's
- You may need to verify information in regards to newer medications
- Adherence is important because if a woman doesn't take her medication it cannot be effective – contraceptive pill
- Talk about the likely side effects as well as the adverse reactions and life threatening
- Sometimes acknowledging and providing reassurance is enough

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## What surprises women

- They feel unprepared
- The vast number of symptoms
- The impact of the symptoms especially the psychological
- The stigma at work and impact on confident and self esteem
- The impact on relationships
- The feeling of helpless and hopelessness

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## Negative Impact on Women's Lives

- 50% say it's had a negative effect on their life
- 45% struggle at work
- 33% socialise less
- % say its affected their sex life
- 38% of partners feel helpless
- 28% say it caused arguments
- A million women are considering living their job

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## What Women Want

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Understand how their bodies work

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Signs and symptoms to look out for

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Understand the options available

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Information to read and consider

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Their choice respected

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## Consultation structure – Pause



PREVENTION



ANXIETY



UROGENITAL  
SYMTPOMS



SYMPTOMS –  
VASOMOTOR



EDUCATION

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- For most women the benefits of HRT for symptoms control outweigh the risks

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## Myth Busting

HRT is bad for you

HRT causes Breast Cancer

HRT causes Blood Clots

Herbal remedies are safer

HRT will cause weight gain

If on HRT you don't need contraception

You can only take HRT for 5 years

HRT just delays the symptoms

HRT stops your periods

HRT always gives you a period every month

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## Benefits of HRT

### Proven benefits:

- Control of menopausal symptoms.
- Maintenance of bone mineral density and reduced risk osteoporotic fractures.

### Additional Potential Benefits:

- Reduced risk coronary heart disease and reduced risk Alzheimer's disease
- Reduced risk colorectal cancer.
- Reduced risk Type 2 diabetes mellitus.

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## Known Risks of HRT

- Endometrial cancer:(if oestrogen only given when uterus present). Reduced by addition of progestogen
- DVT/PE: 2-3 background risk, which is 1.7 per 1,000 women aged over 50.
- CHD: Increased when combined HRT started in women over 60, or with pre-existing CHD.
- Stroke: Increased when HRT started in women over 60
- Breast cancer: Probably increased slightly after a minimum of 5 years' use of combined HRT, over the age of 50— additional 3-4 cases per 1,000 women.

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## Breast Cancer

- The baseline risk of breast cancer for women around menopausal age varies according to the presence of familial and environment risk factors
- There is still no evidence of any increase in mortality from breast cancer in women taking HRT

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## Understanding the Risks

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

- A comparison of lifestyle risk factors versus HRT
- Difference in breast cancer incidence per 1000 women aged 50 – 59

*Womens Health Concern (2017)*

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## Breast Cancer Risk



Comparison of lifestyle factors compared to HRT

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25 per 1,000 will get breast cancer

There will be four extra cases in women on combined HRT

**BUT**

Four fewer cases in women on oestrogen only HRT

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## Comparison of lifestyle factors compared to HRT

25 per 1,000 will get breast cancer

There will be five extra cases in women who drink 2 or more units of alcohol per day

Three extra cases amongst smokers

twenty four extra cases in women with a BMI greater than 30



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## Summary of breast cancer risk with HRT

- HRT with oestrogen alone is associated with little or no increase in the risk of breast cancer
- HRT with oestrogen and progesterone can be associated with an increase in the risk of breast cancer however....
- Any increase in the risk of breast cancer is related to the time when HRT is taken and reduces after stopping HRT

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## Ovarian cancer

- With every five years of HRT there could be one extra cases of ovarian cancer per 1,000 users and one additional death per 1700 users amongst women of all ages

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## Venous Thromboembolism


The risk of VTE is increased by oral HRT compared to the baseline population


The risk associated with transdermal oestrogen is no greater compared to the baseline population


Consider referral women with high risk to haematologist

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## Cardiovascular Disease

 After menopause increased risk of CVD and is leading cause of death in women

 HRT does not increase CHD when started in women under 60 and doesn't affect the risk of dying from CVD

 Consider personal cardiovascular risk factors Obesity, high blood pressure and high cholesterol

 The presence of risks for CHD is not a contraindication for HRT ( but needs optimally managing)

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## HRT and CVD

No risk of CVD with  
Oestrogen only HRT

Little or no risk of CVD  
with combined HRT –  
oestrogen and  
progesterone

Oral HRT is associated  
with a small increase  
in stroke but its non  
significant

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## Osteoporosis

All midlife women need  
advice on bone health  
and discuss any risk  
factors for osteoporosis

Baseline fracture rate  
in UK is low but varies  
according to personal  
risk

Risk of fragility fracture  
decreases with HRT but  
increases again on  
stopping

Women who undergo  
an early menopause  
should be prescribed  
HRT until 51

Women with  
established  
osteoporosis should be  
given HRT to improve  
their bone density

HRT is the only  
treatment that gives  
protection against all  
fractures

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## Loss of muscle mass and strength

- There is limited evidence that HRT maintains muscle mass and strength which naturally decreases after the menopause

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### Diabetes

- Neither oral or topical is not associated with increased risk of developing type two diabetes or an adverse effect on blood glucose control

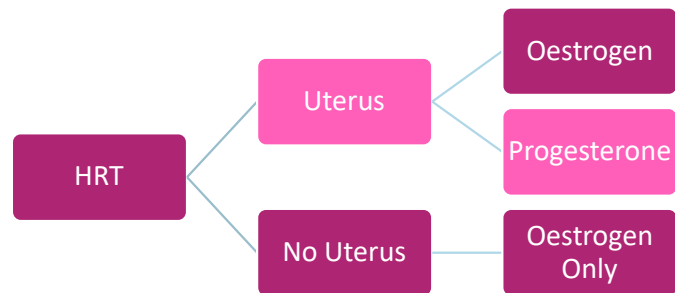
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### Vasomotor symptoms

- Offer women HRT after discussing with them the short term (up to 5 years) and the long terms benefits and risks
- Do not offer selective serotonin reuptake inhibitors or serotonin and norepinephrine reuptake inhibitors or clonidine as first line treatment
- Consider testosterone supplementation for menopausal women with low sexual desire if HRT not enough

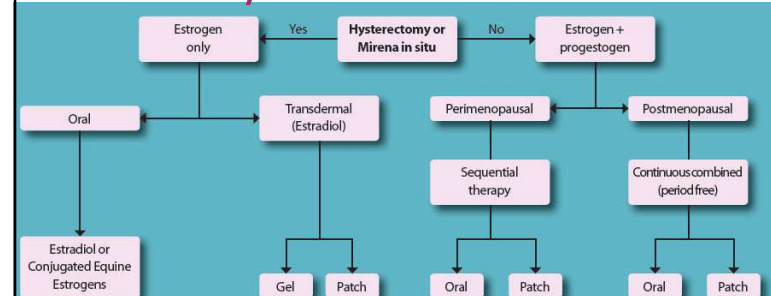
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### Which HRT ?



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### Systemic HRT



For symptom control, start with low dose preparation. Changing progestogen component may be required if progestogenic side effects occur.

Exceptional healthcare, personally delivered

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## Oral HRT

HRT in tablet form is the most popular form of treatment

Taken daily

cheap and convenient

Lowers cholesterol levels

First past liver effect

Has an increased risk of clots and strokes

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## Transdermal HRT

Patch Gel or Spray

Avoids the liver

Lower doses effective

Reduced risk of clots and strokes

More expensive

Doesn't lower cholesterol

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## Genitourinary syndrome of menopause

- Vaginal oestrogen can be given for urogenital atrophy (even if on systemic HRT) and continued as long as needed to relieve symptoms
- Treatment should be started early before irreversible changes have occurred
- Comes in cream and pessaries
- Every night for two weeks then twice weekly

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## Oestrogen Replacement

- Estradiol is body identical
- Post Hysterectomy or in combination with Mirena IUS or with oral progesterone
- Side effects can be breast tenderness and vaginal bleeding
- Start with the lowest dose to lessen the side effects
  - Estradiol 25ug patch
  - One pump of Oestrogel
- If symptoms still persist then increase to
  - Estrodiol 37.5ug patch then 50ug
  - Two to four pump of Oestrogel

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## Window of opportunity

- Symptomatic women between 45 and 60 will benefit from HRT
- Benefits:
  - Cardio vascular
  - Neurological

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## Younger women and HRT

- Younger women wither after oophorectomy or premature ovarian insufficiency may require higher doses of estradiol

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## Older women and HRT

- The risks may outweigh the benefits in women starting over 60 on HRT
- The risks increase before the benefits are seen

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## Cyclical Progesterone

- In perimenopausal women taking oestrogen HRT a cyclical is required to regulate the cycles, encourage a bleed each month and protect the endometrium from thickening

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## Cyclical progesterone regimes

- Cyclical - 12 to 14 days a month
- Tri monthly - 14 days progesterone every 3 months
  - 200mg Micronised progesterone can be used for 14 UTROGESTAN – body identical
  - Note not all women will have a bleed

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## Continuous Progesterone

For women who are post menopausal or used a cyclical HRT preparation for 2 – 3 years can be transferred to a continuous regime

100mg Micronised progesterone daily should keep women no bleed / amenohoeic

Micronised progesterone or dydrogesterone are first choice as safer for the cardiovascular system

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## Natural Progesterone

### UTROGESTAN

- Fewer progestogenic side effects
- No androgenic or glucocorticoid activity
- No impact on lipids
- Less effective on cycle control
- Take at night may cause sedation

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## Dydrogesterone

- Synthetic progesterone derivative
- Only available with oral oestrogen
- Non androgenic so good with PMS type side effects
- Oral fixed dose for both sequential or combined HRT

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## Medroxyprogesterone Acetate

- Synthetic progesterone derivative
- Good cycle control
- Caution if VTE risk
- No glucocorticoid activity

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## Norethisterone

- Synthetic C19 testosterone derivatives
- Good cyclical control
- Androgenic so good for libido
- Caution if VTE risk
- Comes in combined patch or combined tablet or on its own

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## Levonorgestrel

- Synthetic C19 Testosterone derivative
- Good cycle control androgenic effects: acne effect on mood, PMS
- Combined patch or IUS coil
- IUS Licensed for endometrial protection and progesterone aspect of HRT
- IUS Over 47 – licensed for 7 years if not using HRT but only 5 years if on HRT
- No bleed

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## IUS - Mirena Coil

- IUS Licensed for endometrial protection and progesterone aspect of HRT
- IUS Over 47 – licensed for 7 years if not using HRT but only 5 years if on HRT
- No bleed regime for perimenopausal women
- Less systemic side effects than oral progesterone
- Contraception
- NOTE: no other IUS systems are not licensed for HRT

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## Contraception Requirements

Despite the drop in fertility contraception should be used

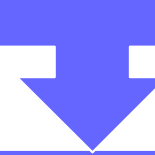
Under 50 used for two years from last menstrual period

Over 50 use for one year from last menstrual period

Additional endometrial protection is required if on oestrogen HRT when using POP, Implant or depo provera

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At three months to assess efficacy and tolerability



Annually review thereafter

Treatment ineffectiveness

Side effects

Adverse events

New diagnoses which contraindicate its use

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## Follow up Consultation

Identify any issues

Recheck expectations

Discuss any concerns

Check regime compliance

If no symptoms relief could it be something else ?

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## Common Oestrogen Side Effects

Breast tenderness

Nipple sensitivity

Bleeding problems

Dyspepsia

Nausea

Bloating

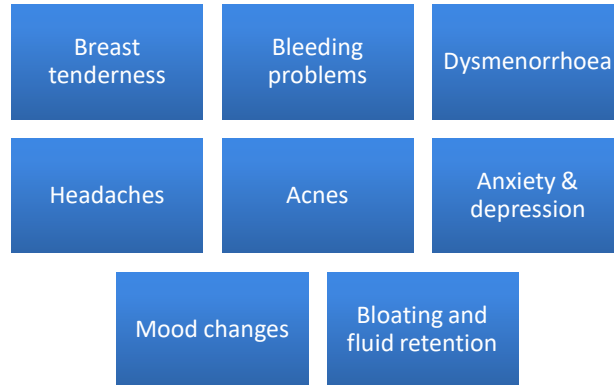
Headaches

Bleeding problems

Leg cramps

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## Progesterone Side Effects



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## Issues with Patches

- Warm up the patch
- Dry skin
- No moisturizer or oil
- Position so its not irritated by clothing
- Press and spread out the patch
- Use tape if peeling

Not sticking

Peeling

Skin irritation

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## Testosterone

Women produce 3 x 4 times the amount of oestrogen produced by the ovaries

Role in supporting

- Libido
- Sexual arousal
- Mood
- Cognitive function
- Muscle and bone strength
- Urogenital health

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## Challenges with Testosterone

Not all women will see a benefits

Post code lottery whether it can be prescribed

No testosterone products for females use licensed in the UK

Systematic oestrogen should be prescribed first to optimize levels

Consider vaginal oestrogen & moisturisers

Tibolone HRT has a weakly androgenic and progesteronic and oestrogenic effect but may not be high enough

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