

# Menopause & You

Virtual Wellbeing menopause webinar support resources

This leaflet provides supporting information on subjects covered in the Menopause webinar with Dr Jacqueline Boden & The Active Wellbeing Society.



## What is menopause?

Perimenopause is the stage before menopause when hormonal changes begin.

Perimenopause can last between 3-7 years so it is very normal for this to begin around aged 38.

Premature Menopause/Premature Ovarian Insufficiency (POI) defined as < 40 yrs

Menopause (meno-pause = end of periods) is a natural part of ageing for all people born with ovaries when they reach a stage when these are no longer producing reproductive hormones.

This happens on average between the ages of 45-55. It can also be caused by some surgeries or medications.

COULD IT BE...

# MENOPAUSE?

POOR MEMORY/ POOR CONCENTRATION

LOSS OF CONFIDENCE/ LOSS OF JOY

ANXIETY/ FEELING DEPRESSED

BRAIN FOG/ FATIGUE

LOSS OF LIBIDO

CHANGES TO PERIODS/ DIGESTIVE ISSUES

DRY EYES/ DRY MOUTH

MOOD SWINGS/ IRRITABILITY

VAGINAL OR URINARY SYMPTOMS

HOT FLUSHES/ NIGHT SWEATS

PAINFUL ACHING JOINTS/ DRY ITCHY SKIN

PALPITATIONS/ DIFFICULTY SLEEPING

[www.menopausesupport.co.uk](http://www.menopausesupport.co.uk)  
[#makemenopausematter](https://twitter.com/makemenopausematter)

In 1900 the average age of menopause was 57 and life expectancy was 59 meaning only 3.4% of a persons life was spent without oestrogen. In 2022 avg. menopause age is 51 and life expectancy was 82, meaning this is now **37.8%** of your life

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## Long-term health risks of a lack of

### Oestrogen:

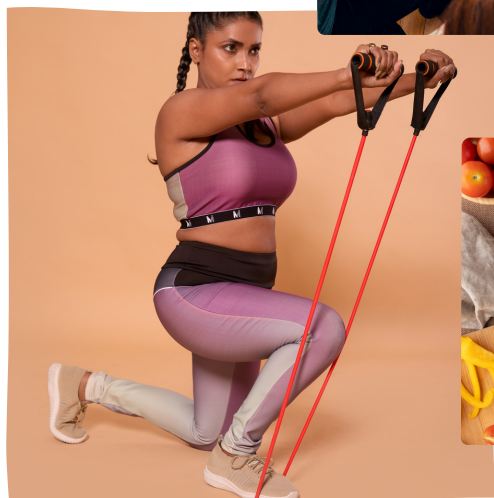
- Central Obesity/metabolic syndrome
- Loss of Bone Density (Osteoporosis)
- Increased risk of cardiovascular disease
- Cholesterol rises
- Arterial plaque instability
- Cognition (short- medium term)
- Brain fog
- Losing words
- Mood Disorder
- Anxiety
- Depression



## Managing Menopause:

An opportunity to assess and reset your...

- Physical Health
- Exercise / Movement
- Nutrition
- Lifestyle and other health conditions
- Mental Health
- Social and family issues
- Past life events



- Access appropriate help and support, learn new skills
- Hormone Health
- HRT
- Local Oestrogen therapy
- Non-Hormonal options for symptom control and long term health

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## HRT

### What are the options?

#### OESTROGEN

- Transdermal - Gel, Patch, Spray
- Tablet
- Implant

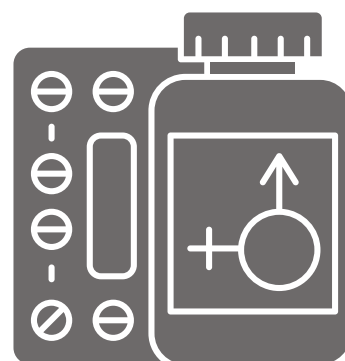


#### PROGESTERONE

- Body Identical - micronized progesterone (Utrogestan, Cyclogest, Lutigest)
- Mirena IUD
- Synthetic tablet
- Transdermal synthetic

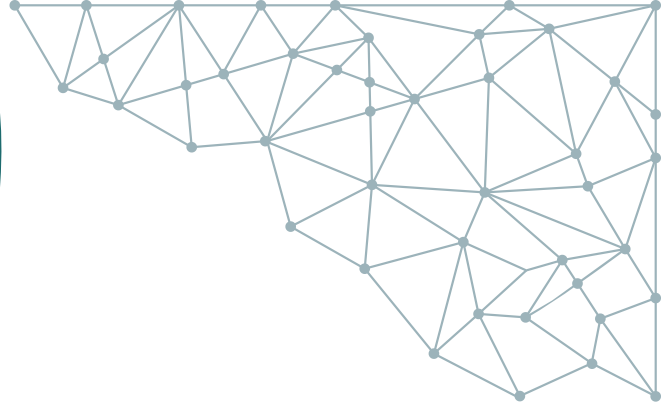
#### TESTOSTERONE

- No licensed product available for women or most female presenting people in UK. Gel or cream
- Available via NHS. (Testim or Testogel sachets, Testogel or Tostran Pump)
- Not available via NHS (Androfeme- licensed in Australia for women)



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## What is GUSM?

### Genito Urinary Syndrome Of Menopause

A chronic, progressive, vulvovaginal, sexual, and lower urinary tract condition characterized by a broad spectrum of signs and symptoms. Most of these symptoms can be attributed to the lack of oestrogen that characterises menopause.



#### Symptoms:

- 70% of people born with ovaries have symptoms
- Genital dryness
- Decreased lubrication during sexual activity
- Discomfort or pain during sexual activity
- Post-coital bleeding
- Decreased arousal, orgasm and/or desire
- Irritation, burning or itching of vulval, vagina or both
- Urinary frequency and urgency
- Recurrent urinary tract infections
- Decreased elasticity
- Labia minora resorption (shrinkage)
- Tissue fragility causing fissures (breaks in tissue) tiny bruises

#### Treatment:

- Wash area only with water or eczema type wash
- Vaginal moisturizer/ lubricant eg Yes, Regelle Sylk - come as oil based (which can damage condoms) or water based in a variety of formulations. Used for general comfort and during vaginal sex. Vaginal and rectal preparations available.
- Hyaluronic acid gels. Proven to improve dryness and elasticity (stretchiness), more effective than HRT, less effective than vaginal oestrogen or oestrogen precursors. Eg Hyalofeme, Bionourish
- Vaginal Oestrogens- next slide for options!
- Vaginal oestrogen precursor DHEA (dehydroepiandrosterone)- Intrarosa vaginal tablets.

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## Oestrogen

### Is vaginal oestrogen for everyone?



- Vaginal Oestrogen is NOT HRT, There is NO age cut off for using vaginal oestrogen
- There are very few instances where people should not use vaginal oestrogen.
- Dr Jacqueline says that there is an argument to say that anyone with a vagina should be using it when their own oestrogen levels fall.
- This includes older people, non-binary and gender fluid people & trans men. All of whom may be otherwise missed in this important treatment.



note: For those taking some breast cancer medications, DHEA (Intrarosa) is safer. Consult your doctor.

## Local oestrogen treatments for GUSM

### Vaginal Tablet

Vagirux  
Vagifem

### Vaginal Cream

Ovestin

### Vaginal Ring

Estring

### Vaginal Pessary

Emvaggis  
Blissel

### Non-Oestrogen Treatments:

Wash with water or eczema wash  
Local emollient  
Vaginal moisturiser/lubricant

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## HRT vs Breast Cancer risks Facts & Myth Busting

### Understanding the risks of breast cancer

Women's  
Health  
Concern

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

**Difference in breast cancer incidence per 1,000 women aged 50-59.**

Approximate number of women developing breast cancer over the next five years.

NICE Guideline, Menopause:  
Diagnosis and management  
November 2015

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



Women's  
Health  
Concern

www.womens-health-concern.org  
Reg Charity No: 279651  
Company Reg No: 1432023

Women's Health Concern is the patient arm of the BMS.  
We provide an independent service to advise, reassure and educate women  
of all ages about their health, wellbeing and lifestyle concerns.

Go to [www.womens-health-concern.org](http://www.womens-health-concern.org)

BMS  
British  
Menopause  
Society

www.thebms.org.uk  
Reg Charity No: 1015144  
Company Reg No: 02759439

March 2017

- Breast Cancer is common, even before you consider other risk factors (23 per 1000 women aged 50-60 in a 5 year a period)- and the incidence is rising.
- There is an **increased risk of Breast Cancer with habits, health and lifestyle choices** such as alcohol intake, smoking or body size and fitness or activity level.
- **Increased risk** when both Oestrogen and Progesterone used. Early research shows so far micronised progesterone seems to be associated with a lower increased risk than older synthetic progesterones
- **Decreased risk** of Breast Cancer for Hysterectomised people (those having had a hysterectomy) using Oestrogen only HRT and/or those who exercise > 2.5 hours per week

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## HRT vs Breast Cancer risks Facts & Myth Busting cont...

- Oestrogen alone **does not** cause breast cancer.
- Oestrogen and some progesterones used together can **increase the risk** of developing breast cancer (Early research shows a lesser increased risk with body identical progesterone than older products)
- **Increased mortality risk** from breast cancer has never been shown with HRT use.



Basically, it is complicated, and is **more about you as a whole person than about one choice regarding HRT or Oestrogen.**

## Risk vs benefits of starting HRT when over the age of 60 or >10 years after last period

- No guarantee of cardiovascular benefit
- As long as any risk factors are identified and dealt with, there is no strong evidence of any cardiovascular risk.

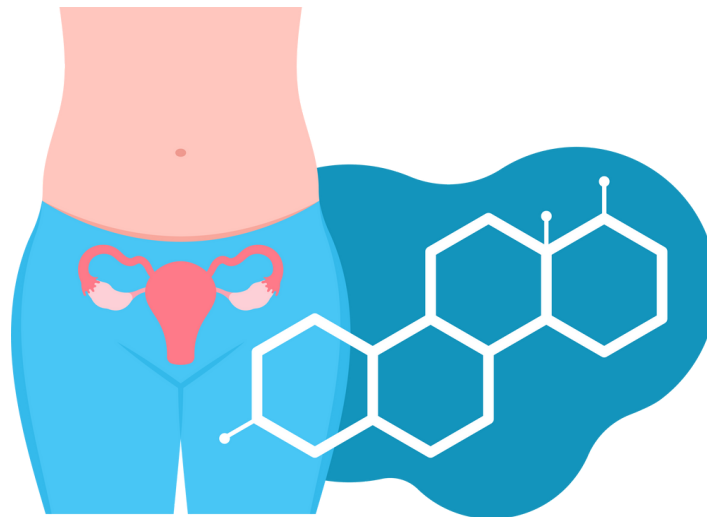


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## Utrogestan



- Utrogestan is a form of progesterone HRT therapy.
- Licensed use of Utrogestan 100mg capsules is orally in UK
- In some European Countries the 100mg oral Utrogestan capsules are also licensed for vaginal use
- The British Menopause Society consider the vaginal use of Utrogestan 100mg capsules to be safe and effective, and should be used in the same dose as orally (previously we were advised that the vaginal dose was half of the oral dose)
- One or two capsules by mouth or inserted vaginally dependent on your response and other risk factors for problems with the lining of the womb.
- The British Menopause Society recommends an increase to 200mg Utrogestan if btb continues after 3 months , or if there are risk factors for endometrial problems



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## How to decide between HRT Patch Gel or Spray ?



As with everything to do with your menopause journey this is largely individual choice, and no decision is final - you can always change your mind... BUT

- Patches often best for Migraine sufferers because results in most stable Oestrogen levels
- Those with lots of skin sensitivities may fare better with a gel or spray
- Spray does not give very high blood levels at licensed doses, so not good for young people, or those with significant mood related problems who need higher Oestrogen levels for symptom control

**Breast tenderness is common and usually settles with time.  
Speak to your GP about any changes in your breasts.**

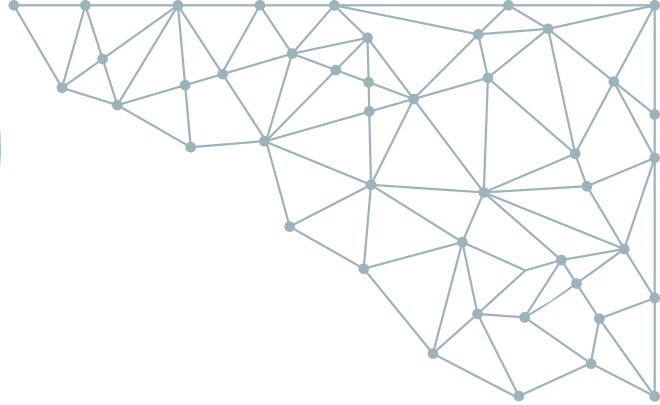
## Splitting Oestrogen dose with Gel or Spray

- Absolutely no reason why you shouldn't
  - Can be helpful for migraine or breast tenderness sufferers as this smooths out levels over 24 hour period
  - Most important think is do not get dressed or snuggle under that duvet before it is completely dry
- ONLY ONE PUMP/SPRAY/SACHET PER AREA !!!!!**



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## Can you have too much Oestrogen?

- What is important is not how much you put on your skin, but how much makes it through to your bloodstream
- Some people adsorb very differently from different products
- Black & brown skin (naturally, not via a fake tan or tattoo) adsorbs transdermal oestrogen less well than white skin
- Some people need to apply above the licensed doses to achieve symptom control and LTHB doses – discuss this with your clinician

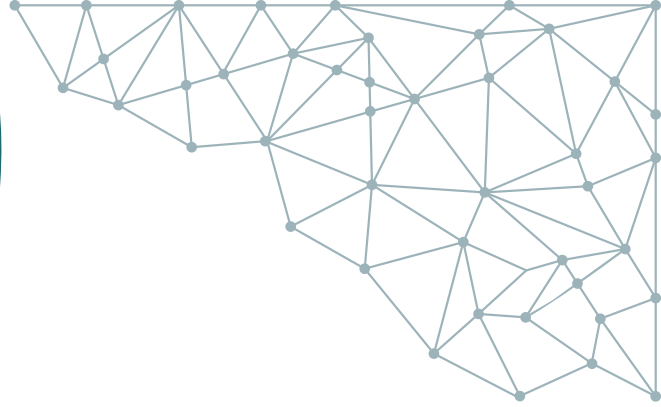
What level do I need ?

- The level at which you feel well. Different between individuals and at different ages
- Bone protection thought to need around 300 pm/l
- Prof John Studd published a paper in the 1990s stating that levels of up to 1000 pmol/l was necessary for some people with hormone related mood disturbance to feel well.



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## Periods & HRT

- When taking sequential HRT, the bleeds are withdrawal bleeds not natural periods, and are NOT an indication of ovarian function
- If taking sequential HRT you will not know when your natural periods stop.



- When taking sequential HRT your clinician will make a judgement as to when best to change you to a continuous bleed free HRT regime
- Long term, it is safer for the lining of your womb, to have a continuous regime. We try to avoid more than 5 years of sequential HRT

- Mirena coil is very effective and often preferred if it's too early for continuous HRT but no bleeds are your preferred choice.



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## Talking about the menopause with your GP:



- Track your symptoms, acknowledging how they interact with your other conditions, and take this to your GP. Follow up with an email and request this to be added to your clinical notes.
- Have current guidelines and recommendations with you - <https://tinyurl.com/BMSMenoPracticeStandards>
- Several resources that can help, including [Menopausesupport.co.uk](https://www.menopausesupport.co.uk) Offering advice and support for discussing with GP's
- If your GP would be prepared to prescribe the Combined Oral Contraceptive Pill for you, there is no reason why they should not prescribe Transdermal Oestrogen with either micronized progesterone or a Mirena coil

If symptoms improve after a 3-6 month trial of the appropriate and adequately dosed HRT, then you can be considered to have a confirmed diagnosis of menopause.

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See our 'Further Reading' resources for articles, blogs, apps, workouts, community support and shared lived experiences for different walks of life. Also available on our Menopause landing page

**Dr Jacqueline Boden** is a Menopause specialist GP running a private practise. She supports a number of charities and non-profits with her knowledge and expertise. The advice given during the webinar and in this document is based on her clinical expertise.

You can find out more about her work here:

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You can find out more about the wellbeing activities **The Active Wellbeing Society** offer online, including physical, emotional, social, creative and cultural connection and activity, by contacting us at:



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