

LONG-TERM HEALTH IMPACTS OF MENOPAUSE

Planning for a healthy future.

The decline of your natural hormones can have a negative impact on your long-term health. With the increase in life expectancy, millions of women will spend a third of their lives in the menopausal state. The goal is to combat the changes that can occur after menopause, with the aim of improving not only the quantity, but also the quality of life for postmenopausal women.

OSTEOPOROSIS

Osteopenia is a condition that occurs when the body does not make new bone as fast as it breaks down existing bone. This is called remodelling of the bone and occurs all the time. Bones are weaker than normal but do not break easily, which is the hallmark of osteoporosis. Women are most at risk and causes include age-related hormone changes and cigarette smoking. Some people are genetically prone to it, with a positive family history. Typically, osteopenia is asymptomatic unless the condition progresses to osteoporosis. Symptoms of osteoporosis include back pain, loss of height and stooped posture. Treatments include medication to protect bone mass, dietary changes and exercise.

Osteoporosis is a common condition that increases with age and can lead to an increased risk of fractures, in particular in the hip, spine and wrists. Due to the drop in oestrogen after menopause, it is estimated that, on average, women lose up to 10% of their bone mass within the first five years, thus, posing an increased osteoporosis risk. MHT reduces the risk of osteoporosis.

CARDIOVASCULAR DISEASE

Due to the loss of the protective effect of oestrogen, menopausal women are at an increased risk of heart disease, high blood pressure and cardiovascular accidents (strokes) compared to premenopausal women. Cardiovascular disease is the leading cause of morbidity and mortality in postmenopausal women. Genetics and lifestyle can also impact cholesterol levels.

OBESITY AND DIABETES

Oestrogen and progesterone levels fluctuate during the perimenopause. Your blood sugar levels can also rise and fall. Body fat can redistribute around your abdomen as a result of hormonal changes. Insulin resistance can lead to an increased risk of developing type 2 diabetes. Menopausal hormone therapy (MHT) can ameliorate fat redistribution and provide some protection against type 2 diabetes, but it **should not be prescribed solely for this purpose**. (Lobo RA, 2014)

DEPRESSION AND DEMENTIA

When your hormone levels decline during perimenopause and menopause, every system that has hormone receptors changes, including your brain. This can have a detrimental effect on your emotions and lead to anxiety and depression.

MHT is not currently prescribed to prevent dementia. There is a body of evidence that supports the use of MHT early in the transition, which may convey some protection against the development and death of Alzheimer's Disease. Avoidance of smoking and moderate alcohol consumption are also important in reducing the risk of developing Alzheimer's Disease.

Healthy lifestyle habits such as healthy eating, control of body weight, attention to blood pressure control, regular mental and physical activity and consideration for MHT are important for preventing long-term health risks.

COLON CANCER

Colorectal cancer (CRC) is the second most commonly diagnosed cancer in women worldwide. Screening for CRC and adjusting modifiable risk factors such as diet, alcohol consumption, exercise and smoking can reduce both CRC incidence and mortality. Researchers have reported that the risk of colon cancer may be lower among recent postmenopausal MHT users, relative to non-MHT users. The use of MHT was associated with a 20–30% lower risk of CRC. MHT should **not** be prescribed purely for the purpose of reducing CRC risk.