

# MENOPAUSE MISDIAGNOSIS

Be mindful.

There are a variety of other medical conditions that may mimic menopausal symptoms.

**Thyroid:** Symptoms of hyperthyroidism or hypothyroidism can mimic menopausal symptoms and might be overlooked by a doctor when prescribing treatments. Symptoms such as fatigue, depression, mood swings and sleep disturbances are all symptoms of menopause, but they are also symptoms of thyroid problems.

**Diabetes:** Poorly controlled diabetes can result in flushing and sweating.

**Depression:** Similarly, you might experience mood changes as a result of menopause, but this should not be confused with depression. Depression is a more serious condition where a very low mood is more constant for longer periods of time. Menopause can increase the risk of depression.

**Medications:** Many medications may result in flushing or sweating. Endocrine treatments for breast cancer (Tamoxifen or Aromatase inhibitors) are commonly associated with menopausal symptoms. Other medications include certain heart drugs (Calcium channel blockers), Opiates (Morphine, Tramadol), oral steroids, antidepressants (SSRI, SNRI), and migraine medications (Triptans).

**Cystitis and Thrush:** These two conditions are common female complaints. Thrush is a fungal infection of the vagina. The thrush organism (Candida) generally causes a thick white discharge and vulval itch. It generally requires good levels of oestrogen, so the incidence decreases in menopause unless patients are taking MHT.

Vulval irritation always requires a physical examination to determine the cause of the symptoms. It is important not to miss potentially serious underlying causes.

Cystitis is inflammation of the bladder and causes stinging or burning when passing urine, urinary frequency and urgency, abdominal and back pain. It is best diagnosed by checking a sample of urine from your GP.



# MENOPAUSE ALLIANCE AUSTRALIA

Low levels of oestrogen in the vagina may also result in the need to urinate frequently and urgently. This may result in having to empty the bladder more than usual at night. Local use of vaginal oestrogen can improve this.

**Cancer:** Hot flushes and especially night sweats may occur in certain types of cancer, in particular Lymphomas (Blood cancers). There may be other associated symptoms, such as weight loss or enlarged lymph glands.

Rare causes of severe flushing and sweating occur in tumours affecting the adrenal gland (Phaeochromocytoma) or GIT / lungs (carcinoid tumour). There may be other associated symptoms. These tumours do not respond to MHT and should be considered if a woman fails to respond to MHT use at appropriate doses.

Irregular periods and vaginal bleeding are common in perimenopause. A significant change in the pattern or heaviness in bleeding should prompt the need for further examination and investigation. Bleeding after intercourse should always be investigated, as it may indicate cervical problems. Bleeding that occurs after 12 months of no bleeding requires further evaluation as it may indicate a gynaecological cancer.

**Hyperhidrosis:** Is excessive sweating. It may be generalised or localised to specific parts of the body. It may affect the underarms, face, neck, groyne, feet and hands. The underlying cause is unknown, but factors such as anxiety, and certain foods or drinks may exacerbate it.

**Tuberculosis (TB):** The infection TB can produce night sweats. There may also be weight loss and coughing. Diagnosis requires X-ray and blood tests.

**Chronic Fatigue Syndrome:** It has been reported that chronic fatigue syndrome (CFS) is associated with early menopause. The association between CFS and menopause may help explain why CFS is significantly more common among women than men.

**Irritable Bowel Syndrome:** While menopause itself doesn't cause IBS, fluctuations in ovarian hormones can cause gastrointestinal symptoms in women. Multiple studies have shown that hormones may influence the occurrence or worsening of abdominal bloating, pain, and discomfort during menopause, even if you haven't been diagnosed with IBS before.

It is important that new gut symptoms or worsening pre-existing gut symptoms are thoroughly investigated to rule out other causes.