

PERIMENOPAUSE

The transition phase leading up to your final period or 'menopause' is known as perimenopause.

Generally, this is a time when the ovaries begin to produce less oestrogen due to declining egg numbers. The gap between periods initially shortens before periods 'space out' and eventually stop altogether. Perimenopause usually starts in your forties but can occasionally begin earlier. Symptoms vary between women and can last for a few months or even years before periods finally stop. The average length of perimenopause is five years (ranging from one to ten years). Once you have not had a period for one year, you are considered menopausal.

Tests such as blood tests or ultrasound scans are generally not indicated, as perimenopause can be diagnosed from your history alone. Furthermore, it is impossible to predict when your last period is going to be.

In perimenopause, ovarian function is intermittent and unpredictable. Normally, regular ovulation produces a hormone called Progesterone in the second half of the cycle. Progesterone stabilises the lining of the womb and stops it from building up. When ovulation becomes less frequent, the lining can build up in the absence of progesterone, leading to erratic, unpredictable and occasional heavy bleeding.

If you are experiencing symptoms of perimenopause that are interfering with your work or well-being, then you should see your GP, who can discuss this further with you. Perimenopause symptoms include abnormal uterine bleeding, hot flushes and night sweats, sleep disruption, mood disturbance, vaginal dryness, reduced sex drive (low libido), or sexual dysfunction. It is worth mentioning that sometimes these symptoms may be caused by other conditions, such as thyroid disease. Some women may not realise their symptoms are connected to the menopause transition and tolerate the changes. It is important to see your GP if the pattern of your bleeding deviates from the normal perimenopausal change.

Although some women opt not to have hormonal support during perimenopause, this is a very useful treatment to consider, especially if your symptoms are interfering with your quality of life.

In perimenopause, as the ovaries still have some function, unpredictable bleeding can occur.

Your GP, however, can discuss options that can help manage the bleeding, such as a levonorgestrel-releasing intrauterine system.

In women where unpredictable bleeding is a troublesome symptom of perimenopause and menopausal hormone therapy (MHT) is not required, a range of hormonal, non-hormonal, and surgical options (such as endometrial ablation, a minimally invasive surgical procedure designed to remove the endometrial lining) may be considered.

THROUGHOUT THE PERIMENOPAUSE YOU MIGHT EXPERIENCE:

Irregular periods:

The first symptom of perimenopause. As ovulation becomes more unpredictable, you may skip some periods and experience a heavier period as the lining of the uterus (endometrium) has had more time to build up.

Vasomotor symptoms and sleep disruption:

A 'hot flush' is a common symptom of a feeling of warmth, usually most intense over the face, neck, and chest. Some women experience profuse sweating. The intensity, length, and frequency of hot flushes can vary and disrupt sleep. Sleep disruption can also be caused by low levels of progesterone, which begin to drop during perimenopause.

Mood disturbance:

You may feel irritable, anxious, angry, or frustrated. The causes of these symptoms are frequently multifactorial and include hormone changes, disturbed sleep, and hot flushes. Earlier experiences of mood changes may predispose to mood changes around perimenopause.

Genital symptoms:

When oestrogen levels decline, vaginal tissues become thinner and more easily irritated, making intercourse painful. Low oestrogen may also leave you more vulnerable to urinary or vaginal infections. The thinner vaginal tissues contribute to passing urine more frequently and an urgent need to pass urine.



Decline in fertility:

During perimenopause, ovarian function declines. As ovulation becomes less regular, your ability to conceive decreases. However, as long as you are having periods, pregnancy is still possible. Therefore, if you wish to avoid pregnancy, contraception should be considered.

Reduced sex drive (low libido):

During perimenopause, sexual arousal and desire may change due to a change in hormones. Stress can also impact a woman's libido.

Loss of bone mineral density:

The risk of significantly decreased bone mineral density occurs close to the last period and the early postmenopausal years. Oestrogen levels decline, and you begin to lose bone more quickly as bone breakdown occurs at a faster rate than bone production. This increases your risk of osteoporosis, a disease that causes bones to become weak and brittle.

Change in cholesterol levels:

A decline in oestrogen is associated with a rise in total cholesterol levels due to higher amounts of low-density lipoprotein (LDL), the 'bad' cholesterol, and another blood lipid (fat) known as triglyceride. Over time, this can increase the risk of heart disease in women.

Some women do not realise they are experiencing perimenopause and may not understand what is causing their symptoms. They could also be having regular periods and experiencing perimenopause. Talk to your doctor if you feel you are experiencing any of the perimenopausal symptoms listed.