WHAT IS MENOPAUSE?

Menopause is a natural transition marking the end of reproductive life.

Menopause refers to the last normal period a woman experiences. **Perimenopause** is the time leading up to menopause when hormone levels begin to fluctuate and symptoms may start. **Postmenopause** is the time after your final period. Once you have not had a period for 12 months, you are considered postmenopausal.

As we age, the number of eggs in the ovaries diminishes, and their quality decreases, leading to changes in hormone levels, including a reduction in oestrogen levels. These changes in hormones cause the symptoms that are experienced in menopause. **For most women, menopausal symptoms are mild and transient, but for some, they can be severe.**

Menopause usually occurs between the ages of 45 and 55, with the average age being 51. It can occur earlier due to surgery, illness, cancer treatment, or other reasons. Most women (95%) experience menopause after the age of 45. Historically, women did not live far beyond 50, but, nowadays, due to longer life expectancy, women spend approximately 30% of their lives in an oestrogen-depleted state.

It is important to recognise that menopause affects all biological women, regardless of race, sexual identity, or social background.

DIAGNOSIS

The transition to menopause is usually accompanied by menopausal symptoms. Generally, periods start to become closer together and the flow is heavier. Eventually, periods space out, until there has not been a period for one year. Bleeding after that time is referred to as 'postmenopausal bleeding' and should be discussed with your doctor.

The timing of menopause can be difficult to determine following a hysterectomy, an endometrial ablation, or when using certain forms of contraception.

Blood tests are not necessarily required to diagnose menopause. The combination of menopausal symptoms and the cessation of periods is usually adequate to confirm menopause.

If you are experiencing symptoms that interfere with your quality of life or wellbeing, such as heavy bleeding, hot flushes, and/or disturbed sleep, speak to your doctor.

Your doctor may recommend blood tests to check the following:

Follicle-stimulating hormone (FSH) and oestrogen (estradiol)

FSH and LH are produced by the pituitary, a small endocrine gland located at the base of the brain. Each month, FSH and LH are involved with the production of an egg from our ovaries.

As the number of eggs decrease with ageing, the brain produces increasing levels of FSH and LH to encourage the ovaries to keep ovulating. Therefore, these levels can be raised before the last period occurs, which means they are not a reliable test for the diagnosis of menopause.

Raised levels of FSH and LH are in keeping with perimenopause. During the menstrual cycle, FSH levels rise and then fall, so the test needs to be done at a certain stage of the cycle, usually at the start of your period (days 2-4).

Thyroid-stimulating hormone (TSH)

The thyroid is an endocrine gland located at the front of your neck, below the voice box. The thyroid produces hormones that regulate metabolism and other biological functions. It also influences nearly every organ in the body, including the reproductive system. At times, the thyroid can produce too many or too few hormones. An underactive thyroid (hypothyroidism) can cause symptoms similar to those of perimenopause, such as abnormal uterine bleeding and irritability. It is common and affects nearly 5% of women.

Low oestrogen affects the thyroid gland's ability to produce enough triiodothyronine (T3) and thyroxine (T4) to meet the body's needs to regulate things such as your body's temperature, metabolism, and heart rate. As well as the effect of declining oestrogen levels on the thyroid, the function of the thyroid itself declines as we age, albeit slowly. High TSH is indicative of an 'underactive' thyroid. Moodiness, forgetfulness, depression, abnormal uterine bleeding, and weight gain are all associated with both hypothyroidism and perimenopause.

Hyperthyroidism (i.e., an overactive thyroid gland) also produces similar symptoms such as disturbed sleep, palpitations, sleep intolerance and hot flushes.

Given the overlap of symptoms of thyroid disorders and perimenopause, blood tests to assess thyroid function may be necessary.

WHY TREAT MENOPAUSE?

Menopausal symptoms can negatively impact a woman's ability to carry out daily activities and quality of life.

Women most commonly seek treatment for vasomotor symptoms (VMS) such as night sweats and hot flushes. **This presents an ideal opportunity for your health practitioner to identify risks for the development of osteoporosis and heart disease and initiate prevention strategies.**

Menopausal hormone therapy (MHT) is the most effective way to counteract these symptoms. However, there are non-hormonal therapies that can replace or be used alongside MHT. Recent evidence reports that the risks of MHT are small and are usually outweighed by the benefits. MHT also reduces the risk of developing osteoporosis.

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Surgical menopause

Surgical menopause occurs when both ovaries are surgically removed. This may be part of treatment for severe endometriosis, chronic pelvic inflammatory disease, or cancer. Women who carry particular gene faults that put them at an increased risk of ovarian cancer will also be advised to undergo surgical menopause between the ages of 35 and 45.

Removal of the ovaries causes an abrupt menopause, with women often experiencing more severe menopausal symptoms than if they were to experience menopause naturally. It is advisable to discuss treatment options pre-surgery if possible. In the absence of contraindications, Menopause hormone therapy (MHT) should be considered, particularly if under 45 years of age.

Chemotherapy and radiation

Certain chemotherapy drugs can result in early or premature menopause in many women. The likelihood of spontaneous ovarian recovery depends on the type of chemotherapy used, the woman's age, and the number of eggs remaining in the ovary prior to chemotherapy.

Premature ovarian insufficiency:

Premature ovarian insufficiency (POI) occurs when the ovaries stop functioning as they should before age 40. When this happens, your ovaries don't release eggs regularly, resulting in a decline in oestrogen.

It can negatively impact a woman's ability to fall pregnant. If you want to have children, ask your doctor to refer you to a fertility specialist. There may be ways to preserve or enhance your fertility.

Menopause hormone therapy (MHT) should be offered to all women with POI (unless contraindicated), as there are significant long-term health benefits (bone and heart health).

Early menopause

Early menopause occurs when a woman under 45 goes through menopause. Like POI, it impacts a woman's ability to fall pregnant. MHT should be offered to women who experience early menopause (unless contraindicated) for both symptom relief and long-term health benefits.

ADDITIONAL INFORMATION

- Perimenopause
- Primary Ovarian Insufficiency
- Early Menopause
- Surgical Menopause
- Menopause Symptoms
- Symptoms Checklist
- Hormones what happens to them
- Long-term health impacts of men