

MENOPAUSE MYTHS AND FACTS

With so much information about menopause circulating, it can be hard to separate fact from fiction. Here, we address common myths about menopause and provide clear, evidence-based answers.

Menopausal hormone therapy (MHT) has been proven to be effective in treating menopausal symptoms and reducing the risk of long-term diseases, including osteoporosis and heart disease.

Myth: MHT causes breast cancer

Fact: The benefits of MHT often outweigh the risks, but an individual assessment is essential. There is an increased risk of breast cancer associated with factors such as being overweight, lack of exercise, and alcohol consumption. Oestrogen-only MHT has little or no effect on breast cancer risk, while combined MHT (oestrogen and progesterone) may slightly increase risk with long-term use. However, the risk decreases after stopping MHT.

Myth: Menopause begins at 50

Fact: The average age at menopause in Australian women is approximately 51 years, with a normal range of 45–55 years. Additionally, around 4% of women experience menopause before age 40 which is referred to as premature menopause and 12% experience menopause before age 45 which is referred to as early menopause.

Myth: You have to wait until periods stop before taking MHT

Fact: Taking MHT before your periods stop helps to relieve symptoms and reduce the risk of long-term conditions such as heart disease, osteoporosis, dementia and colon cancer. The main concern is the risk of abnormal uterine bleeding if the ovaries are still producing oestrogen as the endometrium thickens due to the oestrogen in the MHT and the ovarian contribution. Unlike the combined oral contraceptive pill (COCP), MHT does not "switch off" the ovaries.

Myth: You don't need contraception while on MHT

Fact: MHT is not a form of contraception. Women should continue using contraception for at least two years after their last period if menopause occurs before age 50, and for one year if after age 50. Blood tests can help determine when it's safe to stop contraception.

Myth: A blood test is necessary to diagnose menopause

Fact: The symptoms of menopause or perimenopause are typically sufficient to indicate that you have begun the menopausal transition.

If you experience menopausal symptoms along with a year without periods, this confirms menopause. Blood tests are not usually required, as levels of FSH and LH begin to rise several years before the last menstrual period. However, blood tests are important if early menopause or premature ovarian insufficiency (POI) is suspected.

Myth: Complementary therapies are safe

Fact: Unlike MHT, complementary or natural therapies are not thoroughly researched and are not proven to be safe. The main issue is that of the exact dose and hence the effect is not accurately known.

Myth: MHT causes weight gain

Fact: Weight gain during menopause is more likely due to ageing and changes in metabolism rather than MHT. Hormonal shifts can lead to fat redistribution, especially around the abdomen, but MHT itself is not the cause of significant weight gain.

Myth: You can only take MHT for five years

Fact: Research has shown that MHT is both a safe and effective way to treat symptoms of menopause in women within 10 years of natural menopause. The need for continuing MHT should be individualised and reassessed annually.

Myth: Menopause is a medical condition or illness

Fact: Menopause is not an illness. It is simply a phase of life for over half of the world's population. Not everyone requires MHT. Around 20% of women have minimal symptoms, 60% mild to moderate and 20% severe.

Myth: MHT causes an increased risk in heart attack and stroke

Fact: Studies show that healthy women younger than 60, or those within 10 years of starting menopause, can safely use MHT without significantly increasing their risk of heart attack or stroke. However, individual risk factors should always be considered.

Myth: There are no other options if you can't take MHT

Fact: While MHT is the most effective treatment, there are non-hormonal options available for managing menopausal symptoms for those who cannot or choose not to take MHT.

Myth: All midlife women need MHT, regardless of symptoms

Fact: Although the profile of MHT and its benefits has risen, there is insufficient evidence to recommend MHT for the primary prevention of chronic disease in women who do not have symptoms.

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Myth: Menopause is natural, so women should just 'put up with it'

Fact: While many women manage their symptoms well, about 25% experience moderate to severe symptoms that can benefit from medical intervention. All midlife women should undergo assessments for chronic diseases and receive lifestyle advice, regardless of the severity or frequency of menopausal symptoms.

