

Menopause Factsheet

Q What is the menopause?

A The word 'menopause' refers to a woman's last menstrual period.

This happens when your ovaries stop releasing eggs and, as a result, the levels of your hormones (oestrogen and progesterone) fall.

A woman's menopause is said to have occurred when her last menstrual period was one year ago. After this date, she is considered post-menopausal. Menopausal symptoms often occur in the months or years leading up to a woman's final period. This time is often referred to as the perimenopause.

As most of our female beneficiaries are aged between 53 and 60, it is likely most of you will be post-menopausal. However, symptoms can continue after your final period and, in some cases, indefinitely.

Q When does the menopause take place?

A The average age of menopause in the UK is 51, but getting it any time after you're 45 is considered normal. If the menopause occurred when you were aged between 40 and 45 it's known as an early menopause. One in a hundred women will experience menopause when they're under 40; this is known as premature menopause or premature ovarian insufficiency (POI).

Menopause is a natural process, but can also happen as a result of having surgery to remove your ovaries (called a bilateral salpingo-oophorectomy), medical treatment (say, following radio or chemotherapy), infection, auto-immune conditions (such as Type 1 diabetes) and genetic causes (e.g. Turner Syndrome).

We can't always trace the cause of an early or premature menopause, but it can sometimes run in families. Some women may experience an early menopause as a result of having a hysterectomy (removal of the womb), even if they don't have their ovaries removed at the same time.

Q How is the menopause diagnosed?

A If you were over 45 years of age when you began experiencing menopausal symptoms, together with a change in your menstrual cycle (your periods may have become irregular or more frequent, may have been lighter or heavier), then no tests would have been needed to diagnose the menopause. As a general rule, blood tests to diagnose the menopause are only necessary if doctors are concerned that a woman may be experiencing an early or premature menopause.

Q What are the symptoms of the menopause?

A Pre-menopause, the hormones oestrogen and progesterone work together to release eggs from the ovaries and regulate your menstrual cycle. During the perimenopause, the levels of oestrogen and progesterone fluctuate widely and the imbalance in these hormones can lead to menopausal symptoms.

Other symptoms are often a result of an overall low level of oestrogen in the body. Many

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different parts of the body can be affected, including the bones, joints, heart, brain, skin and vagina.

Most women will experience some menopausal symptoms, but the level of severity can vary hugely. Symptoms can start several years before a woman's final period and may continue for months, or years, after her menopause. However, the average length of time women experience symptoms is seven years.

Hot flushes are one of the most common menopausal symptoms and affect three out of four women. They often feel like a sudden sensation of warmth which spreads throughout the body. They may be accompanied by sweating, dizziness, anxiety and feeling sick or light-headed. Hot flushes can come on suddenly, but certain things can also trigger them, like drinking alcohol or coffee, or eating spicy food.

Quite aside from menopausal hot flushes and night sweats, we know that many of you already experience severe problems with excessive sweating, which you may have had since childhood. Unfortunately you may find that this unpleasant symptom worsens during the menopause. See our fact sheet on excessive sweating for more information.

Other symptoms include: irregular or heavy periods, night sweats, joint pains, poor sleep (insomnia), heart palpitations, low mood (depression), anxiety, mood swings, poor memory, tiredness, headaches, vaginal dryness, hair and skin changes, urinary symptoms (needing to pass urine more frequently), painful sex, and low sex drive (libido).

Q Are there any long-term health problems associated with the menopause?

A After menopause, women have an increased risk of osteoporosis (thinning of the bones), heart disease and dementia. This is believed to be as a result of the falling levels of oestrogen, as this hormone protects our bones, heart and brain. This problem may be compounded if you have trouble exercising and in particular, doing weight bearing exercise such as walking or jogging, which can help to build up bones.

There are also things you can do to help reduce your risk of long-term health problems after the menopause, such as eating a well-balanced diet, reducing stress and exercising regularly (we know this can be hard for many of you due to chronic pain and arthritis; see below for further details).

Q What can I do to help myself during menopause?

A Diet and lifestyle are very important in helping manage your menopausal symptoms and protecting long-term health.

Food and drink

There is some evidence to suggest that women who follow a plant-based diet have fewer menopausal symptoms. They also have lower rates of heart disease and cancer.

Even if you don't follow a fully plant-based diet, try to focus your meals around fruits, vegetables, whole-grains, beans/legumes and nuts/seeds. Pre-prepared vegetables, salad bowls and ready-made soups can be helpful if chopping is difficult.

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Include foods rich in phyto-oestrogens (plant-based oestrogens) in your daily diet, like soya beans, chickpeas, hummus, and lentils.

Minimise processed and refined foods, including sugar and junk food, animal products (such as red meat) and alcohol.

Some women find that spicy food, caffeinated drinks (coffee and tea) and alcohol worsen their symptoms (especially hot flushes and night sweats). Alcohol and caffeine can also exacerbate psychological symptoms, such as anxiety and low mood, and can be detrimental to bone health, so aim to keep these to a minimum (or eliminate them completely).

Sleep

Getting enough sleep (seven to nine hours a night) is paramount, but menopausal symptoms (especially night sweats) can make this difficult. Make sure your bedroom is well-ventilated, wear light natural clothing such as cotton pyjamas, and consider investing in a fan.

To minimise sleep disruption, switch off electronic devices (e.g. phones, tablets and computers) at least one hour before bed and/or wear blue, light blocking glasses in the evening. Aim to get up at approximately the same time each day and get outside in the morning daylight (whatever the weather) for at least 20 minutes. If this is not possible, try to have your breakfast or morning drink close to a window or in a naturally lit area. This will help to regulate your sleep cycle (and hormones).

Exercise

Exercise is very important for physical and mental well-being, symptom reduction and bone, brain and heart health. Aim to move your body daily, but be sure to work within your limitations. Walking, jogging or dancing is fantastic for improving bone density but might not be possible for many of you. In this case Pilates and yoga can provide similar benefits and are also important in developing strength and improving balance. If you're unsure where to begin, or find exercise painful or difficult, it may be worth working with a physical therapist, such a physio, who can create a programme tailored to your individual needs. Please contact the Trust if you would like help finding someone suitable.

Stress busting

Stress reduction can have a hugely positive impact on menopausal symptoms; between five and ten minutes of mindfulness meditation and/or breathing exercises, for example, can be incredibly beneficial. Overall, be kind to yourself and allow yourself at least 30 minutes a day to do something just for you, like reading a novel or listening to your favourite music or podcast.

Are there any supplements I should consider taking during menopause?

Everybody over the age of 50, regardless of dietary choices, should take a regular vitamin B12 supplement. Aim for 10 micrograms, daily; or at least 2000 micrograms once a week.

Vitamin D3 is important for everyone in the UK between the months of October and April. This is because we don't get enough sunlight in the northern hemisphere, at this point in the year, to make this vitamin (which is technically a hormone itself).

Aim for 10 micrograms/400 IU, daily. In spring/summer try and get at least 20 minutes'

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exposure to the sun on your arms, legs and back (don't use sunscreen) every day; if this isn't possible, continue to take a supplement. Vitamin D3 is particularly important for bone health.

Consider taking an algae-derived EPA/DHA omega-3 supplement (250mg daily) or add 1 tablespoon of ground flaxseed and 6 walnut halves to your daily diet. Omega-3 fatty acids are essential for good heart and brain health.

Q Need to know more about the menopause?

A Call the health and wellbeing team, or talk to one of our Medical Advisors on 01480 474074.

For medical and herbal treatments of the menopause, including HRT (hormone replacement therapy), please see our factsheet: Medical and Herbal Treatments of the Menopause.