

Perimenopause and HRT

Written by Dr Louise Newson

balance
the menopause support app

This booklet has been written by Dr Louise Newson, GP, menopause specialist and director of the balance app. She is also director of the not-for-profit company, Newson Health Research and Education, and is the founder of The Menopause Charity.

Stages of a woman's reproduction during adulthood

Pre-menopause: the time in your life before any menopausal symptoms occur.

Perimenopause: when you experience menopausal symptoms due to hormone changes, but still have your period.

Menopause: the point in time when you haven't had a period for 12 consecutive months.

Postmenopause: the rest of the time in your life after your menopause.

What is perimenopause?

Perimenopause is the period of time leading up to the 'menopause'. Medically, the menopause actually refers to the point in time when you haven't had a period for 12 months but the term is used much more widely to describe the process of transition in women when they change from being able to reproduce to not being able to - this is when the ovaries stop producing eggs

and stop making estrogen.

The perimenopause is the whole duration of time from when you first start having menopausal symptoms and – for most women - periods start to change, right up to the 'menopause' point in time. It might just be months but for most women, perimenopause lasts for many years.

Symptoms of perimenopause

The majority of women will experience symptoms at some point during their menopause; the severity of symptoms varies tremendously between women. Some will only experience them for a few months, others can continue to suffer for years – even decades.

Common symptoms of the perimenopause can include:

Period changes - this is often the first sign.

You might experience a change in flow (periods may be heavier or lighter) and your periods can become closer together or more irregular, before stopping completely.

Hot flushes - this is the most common symptom of all, affecting three out of four women. Hot flushes can come on suddenly at any time of day, spreading throughout your face, chest and body.

Night sweats - many women find they wake up drenched in sweat and have to change their pyjamas or bed clothes. This can also be a disruptive symptom for partners too.

Mood changes – mood changes can be very disruptive to work and home life. You may find mood changes more common if you have had premenstrual syndrome or postnatal depression in the past.

Fatigue and poor sleep - poor sleep can be related to night sweats, or bouts of insomnia; you may find you are more tired during the day even if your sleep is not affected.

Brain fog - this is a collective term for symptoms such as memory slips, poor concentration, difficulty absorbing information and a feeling like your brain is 'cotton wool'.

Loss of sexual desire - it is common to lose interest in, and pleasure from, sex around the time of the perimenopause. It is thought this is due to declining levels of the hormone testosterone.

Joint pains and muscle aches - estrogen is very important in providing lubrication for your joints and preventing inflammation, so low levels of this

hormone can leave your joints sore and aching.

Hair and skin changes – lower levels of estrogen can affect collagen production, resulting in skin changes, including fine lines, dryness, itching and tingling. Fluctuating and falling levels of hormones can make your hair thinner and less glossy, and you may notice some increased facial hair growth.

Worsening migraines - if you suffer from migraines, you may find they become more severe and/or closer together.

Vaginal and urinary symptoms - low estrogen can cause the tissues around the vagina to become thinner, dry, itchy and inflamed - known as vaginal atrophy. Your vagina also expands less easily which can make using tampons, sexual intercourse and having smear tests more uncomfortable. Low estrogen also thins the lining of the bladder, leading to the urge to urinate more frequently and desperately at times. Some women also find they have recurrent urinary tract infections.

You may experience other symptoms such as breathlessness, palpitations, dry eyes, and mouth problems, for example.

Diagnosing the perimenopause

If you are over 45, and have noticed changes to your periods (such as being closer together; missing one, or becoming heavier or lighter in flow) and have started having any of these symptoms, then a health professional should be able to diagnose your perimenopause without the need for any tests.

If you do not have periods because of your contraception method or an underlying medical condition, but you start to experience any of the

perimenopausal symptoms listed, you may be offered a blood test to check your follicle stimulating hormone (FSH). However, hormone blood tests vary so much during the perimenopause that they are not always beneficial, and the diagnosis is usually made on symptoms without the need for a blood test.

It is very useful to keep a detailed account of all the symptoms you are experiencing so you can see how things are changing over time, look at what

patterns there might be and consider what impact they are having on you. If you decide to seek treatment for your symptoms, being able to provide a detailed account to your health professional will be very helpful. A useful tool to do this is the Greene

Climacteric Scale - which can be found menopausedoctor.co.uk or you could use the 'balance' menopause app which can track your symptoms, show patterns over time and provide reports for your doctor or nurse.

Potential risks to health from perimenopause and menopause

Long term health problems which can arise from the perimenopause and menopause are:

Osteoporosis - this is a condition that weakens the bones and makes them more likely to break. People with osteoporosis have an increased risk of fractures, even with little or no trauma. Estrogen helps keep our bones strong and healthy but when it reduces during the perimenopause and menopause this puts women at a greater risk of developing osteoporosis.

Cardiovascular disease - this refers to conditions affecting the heart and blood

vessels, such as coronary heart disease, stroke and vascular dementia. Estrogen helps keep our blood vessels healthy and helps control cholesterol, so fluctuating levels of estrogen can increase your chances of getting cardiovascular disease. Other factors that increase your risk of getting cardiovascular disease include high blood pressure, smoking, being overweight and having a family history of cardiovascular disease.

Other potential risks – evidence suggests that the lack of hormones after the menopause can also bring about an increased risk of osteoarthritis, type 2 diabetes and dementia for some women.

Treatments for perimenopause

There are a range of treatments available to help manage your perimenopause symptoms and, in many cases, vastly improve your quality of life. Your first step should be talking to a health professional about the options available to you, so you can make an informed decision about the potential benefits and risks. Don't wait

until symptoms become unmanageable before you seek advice. You can experience symptoms - and therefore be perimenopausal - even if you are still having regular periods; you don't have to wait for your periods to stop before starting HRT.

Hormone Replacement Therapy – HRT

The most effective way to treat symptoms of the perimenopause is to supply your body with a steady dose of the hormones that are now in fluctuation and on decline in your body. The primary hormone your body is missing is

estrogen and – if you still have your womb – you will need to take progestogen as well. Some women may benefit from taking testosterone in addition to estrogen and progestogen. HRT is most effective when it is started

before the 'menopause' point of time, or at least within 10 years of this. HRT remains the most effective treatment to

relieve symptoms, yet it is thought that in the UK, only one in ten women who would benefit from HRT actually take it.

What is HRT?

HRT is a hormone treatment that includes estrogen, progestogen and in some cases testosterone.

Estrogen - The type of estrogen mostly used these days is 17 beta-estradiol, it is derived from the yam root vegetable and has the same molecular structure as the estrogen you produce in your body. This replacement estrogen can be given to your body in various ways either as a skin patch (like a plaster), as a gel that you rub into your thighs or tummy, as a spray that is sprayed onto your arms, or as a tablet that you swallow.

Progestogen - If you still have a uterus (womb), then you will need to take a progestogen alongside the estrogen - this is known as combined HRT. You will need to do this because taking estrogen on its own can thicken the lining of the womb and increase the risk of uterine cancer; taking a progestogen keeps the lining thin and reverses this risk of cancer. The safest type of replacement progestogen

is called micronised progesterone (branded as Utrogestan in the UK) and is also derived from the yam vegetable. It comes in a capsule that you swallow, or some women choose to insert a half-capsule dose into their vagina. An alternative way to receive progesterone is to have the Mirena coil inserted into your uterus. This is also a very effective contraceptive and it releases a steady dose of progestogen over five years before needing to be replaced.

Testosterone - For women who still experience symptoms of fatigue, brain fog and lack of libido after taking estrogen for a few months, testosterone can be beneficial (in addition to the estrogen) to bring about further improvements of these particular symptoms. It is available in a gel or a cream that you rub into the skin and while it is not currently licensed as a treatment for menopausal symptoms in the UK, it is widely and safely used by menopause specialist doctors and some GPs.

What are the benefits of HRT?

Your symptoms will improve.

Many women find their symptoms improve within a few months of starting HRT and feel like they have their 'old self' back, improving their overall quality of life. Hot flushes and night sweats usually stop within a few weeks of starting HRT. Many of the vaginal and urinary symptoms usually resolve within three months, but it can take up to a year in some cases. You should also find that symptoms such as mood

changes, difficulty concentrating, aches and pains in your joints, and the appearance of your skin will also improve.

Your risk of osteoporosis will reduce.

Taking HRT can help prevent and reverse loss of bone-strength, even for women who take lower doses of HRT. It can reduce your risk of developing osteoporosis and lower the chance of bone fractures.

Your risk of cardiovascular disease will reduce.

There is some evidence that taking HRT, particularly estrogen-only HRT, reduces your risk of cardiovascular disease. The benefits are greatest in women who start HRT within ten years of their menopause.

Your risk of other diseases will reduce.

As mentioned, studies have shown that women who take HRT also have a lower future risk of type 2 diabetes, osteoarthritis, bowel cancer, depression and dementia.

What are the risks?

For the majority of women who start taking HRT under 60, the benefits outweigh the risks. The type of HRT that is suitable for you usually depends on 4 factors:

- your medical history
- any existing conditions
- whether you still have your womb (uterus)
- and if you are still having periods.

There are two small risks for some women who take HRT - the risk of breast cancer and the risk of a blood clot. The one that worries most women is breast cancer. Your actual risk depends on many factors including age, family history and your general health and not just on whether you take HRT or not. That is why it is crucial you discuss your individual circumstances with a health professional.

Studies have shown that women who take estrogen-only HRT do not have an increased risk of breast cancer. Taking combined HRT (estrogen and progesterone), may be associated with a small risk of developing breast cancer. Some studies show this risk is reduced if micronised progesterone is used.

If you have a history of blood clots, liver disease or migraine, you can still take HRT but it is safer to do so through the skin as an estrogen patch, gel or spray - as these do not present a risk of blood clots.

If you are perimenopausal and in your thirties or forties, it is recommended you take hormones until at least the age of 51 – the average age of the menopause. HRT will replace the 'lost' hormones that your body has stopped producing.

What are the side effects of HRT?

Side effects with HRT are uncommon but if they do occur, they usually happen within the first few months of taking HRT and then settle with time as your body adjusts to taking the hormones. In the first few weeks you may develop a slight feeling of sickness (nausea), some breast discomfort or leg cramps. If your

estrogen is taken via a skin patch, it can occasionally cause irritation of the skin, and changing to a different brand or type of HRT may help. Various types of estrogens and progestogens are used in different brands of HRT. If you have a side effect with one brand, it may not occur with a different one.

Other treatments for the perimenopause

Healthy lifestyle - maintaining a healthy lifestyle is important for women of all ages, but particularly during the perimenopause. You should be aiming to:

Eat a healthy, balanced diet: a diet rich in calcium helps protect your bones and reduce the risk of osteoporosis.

Exercise regularly: NHS guidelines state you should try and aim for 30 minutes of moderate exercise five times a week. As well as aerobic exercise, weight-bearing exercises with impact on your joints, such as brisk walking, running, or racquet and ball sports are also important to maintain bone strength.

Limit alcohol and cigarettes: alcohol can interrupt sleep and exacerbate hot flushes. If you do smoke, try and cut down with the aim of quitting altogether.

Get enough vitamin D: this plays a part in keeping your bones strong and healthy. You get vitamin D from sunlight and the small amounts that are found in food but in the UK it is recommended that adults take a vitamin D supplement daily too, especially in the winter months.

Relax: If work or homelife is proving stressful, try to take time out for yourself. Do something you enjoy that lifts your mood, such as going for a walk, yoga, meditation, or just spending time with loved ones.

Cognitive Behavioural Therapy – this is a talking therapy recommended by the National Institute for Health and Care Excellence (NICE) as a treatment for low mood associated with menopause.

Prescription medications – there are some other medications that can be used for perimenopausal symptoms if HRT cannot be given or is not preferred. These include antidepressants such as citalopram or venlafaxine - which can improve hot flushes but often have side effects, such as nausea and do not usually help with low mood due to perimenopause.

Herbal Medicines - some women consider taking herbal medicines alongside or instead of conventional medicines, such as St John's wort, red clover and black cohosh. Herbal medicines though natural, are not necessarily safer. There are huge variations in their effectiveness and potency; some come with side effects and can interfere with other medicines you may be taking. Remember, herbal medicines don't address the cause of your symptoms - namely your hormone levels - and therefore won't protect your bones or reduce your risk of cardiovascular disease. If you are considering herbal medicines, speak to a health professional first and ensure any remedies have the Traditional Herbal Registration (THR) mark of certification.

Worth remembering...

There are more benefits to your health if you start HRT early - don't wait for your symptoms to get worse.

The menopause means living with a long-term hormone deficiency that - if left untreated - will increase your risk of osteoporosis and cardiovascular disease in the future.

There is no maximum length of time for which you can take HRT.

HRT does not 'delay' your menopause - if you have menopausal symptoms after stopping HRT, this means you would still be having symptoms even if you had never taken HRT.

The benefits of HRT have to be balanced against any risks. You have to decide what is right for you - depending on your individual circumstances and in discussion with your healthcare professional.



Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK and the founder and writer of the balance app and website.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available.

Her aim is for people to acquire more knowledge and confidence to approach their own GP to ask for help and advice about their hormones. She is passionate about improving awareness of safe prescribing of HRT in all stages of the perimenopause and menopause.

Louise is also the director of the not-for-profit company Newson Health Research and Education.



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