

If you still have your womb and want to take replacement estrogen, you will usually be advised to take a progestogen too, to minimise the risk of uterine cancer.

Testosterone is not just a male hormone, in fact, women produce four times the amount of testosterone than estrogen. The vast majority of testosterone is produced in your ovaries; after your operation you will experience a huge reduction in the amount of testosterone in your body. As a result, you may find that your mood, energy, concentration and also sex drive are negatively affected. Taking estrogen can help but it is often replacement testosterone that significantly improves these particular symptoms.

Testosterone is usually given as a gel

or cream that you rub into your skin. It can sometimes take a few months for the full effects to work in your body. There isn't a licensed preparation of testosterone for women in the UK currently, but there are ways of having it: there is a form of male testosterone which can be prescribed on the NHS, and privately, there is a female testosterone cream called AndroFeme, that is widely used in menopause specialist clinics.

There is currently no recommendation for when you should stop taking testosterone. It is common to have a blood test to ensure the hormones stay within the female range. The dose of testosterone is very low, and it does not increase your risk of developing facial hair, or changes to your voice or skin.

HRT and risk of breast cancer

There have been several scare stories in the media over the last twenty years around HRT and cancer - particularly breast cancer. This has resulted in many women being scared and put off from taking HRT, despite suffering with debilitating menopausal symptoms, as well as facing an increased risk of diseases, such as heart disease and osteoporosis (bone-weakening disease).

The negative connotations with HRT are largely due to a research trial that was published in 2002 (called the Women's Health Initiative Study) which was misrepresented in the media and the medical press. Many women involved in this trial were in their 60's and were taking a type of HRT that is not often

prescribed. Subsequent studies – including a thorough analysis of the WHI study - have shown how safe and effective HRT is for most women.

The type of HRT that is suitable for you will depend on various factors, such as your medical history and existing conditions, whether you still have a womb (uterus), and if you are still having periods. Your actual risk of developing breast cancer depends on many factors including age, family history and your general health, and not on whether you take HRT alone. That is why it is crucial to discuss your individual circumstances with your doctor and/or a menopause expert.

having a Mirena coil inserted into the uterus, which lasts for five years.

If a woman has had her ovaries, fallopian tubes *and* her uterus removed (a surgery often abbreviated to TAH & BSO), she doesn't usually need to take a progesterone. Women without a uterus

can usually take estrogen-only HRT.

Women who take any type of HRT can also have their testosterone replaced as well, if they are struggling with persisting lack of energy, concentration and reduced sex drive after a few months on estrogen.

When to start HRT

There is no need to wait until you have symptoms of surgical menopause before starting HRT. The earlier you start, the better it is for your bones, heart and brain health. Ideally, you will have had an

opportunity to discuss surgical menopause and HRT with your medical team in advance of your surgery, and make a plan that you are happy with ahead of time.

Getting the dose right

It is important that a woman has enough estrogen in her HRT to improve her symptoms and also reduce the long-term health risks of the menopause. Many women come to the conclusion that HRT has not helped so they give up taking it, but often, once a woman is on the right dose for her, real improvements do happen. Women often find they need to change their dosage over time, so it is important to have regular reviews with a healthcare professional if you are taking HRT.

The best way to monitor whether your dose is correct is to closely track

your symptoms. There is a recognised menopause symptom questionnaire known as the 'Greene Climacteric Scale' which can be found online, or you can easily keep track of symptoms by using the free Balance menopause support app (www.balance-app.com).

Even if you know for certain that you are in the menopause (because you have had your ovaries removed), it is a good idea to track your symptoms to measure the effectiveness of the HRT you are taking and whether you need to make some small changes to your HRT type or dose, in discussion with your doctor.

HRT in younger women

Younger women often need a higher dose of HRT because their bodies are designed to use more - and therefore need more - hormones. Some women find they need higher doses because their metabolism is faster.

Although there are maximum licensed

doses, it is still safe to use higher doses than this. Some younger women find they need 2 or 3 patches together, or more pumps of gel or spray, to fully improve their symptoms, so it is really important to tell your doctor or healthcare professional if you feel your symptoms are creeping back.

Difficulties with getting a prescription for HRT

You should always try and speak with your GP or nurse regarding starting HRT - on more than one occasion if needed - or ask to see another doctor within your practice if there appears an initial unwillingness to prescribe it. Prepare your thoughts in advance and consider taking someone with you to help support you during the appointment.

You can download information from the Menopause Doctor website to take with you. You might find it useful to write your GP a letter which includes all your

thoughts and the information you have found out. See if there is an NHS menopause clinic in your area and ask for a referral to it.

If you still don't feel your wishes are being considered appropriately, you can ask to change GP practice and enquire whether there is a doctor at the new practice with a special interest in the menopause. Many women see a menopause specialist privately to obtain the right advice and treatment.

Bone health

A lack of estrogen over time can lead to your bones weakening and it increases the risk of developing osteoporosis and sustaining fractures to your bones from even a mild knock or bump.

HRT protects your bones from the weakening process and reduces the risk of osteoporosis. An additional way to look after your bones is to ensure you have enough calcium in your diet and to take a vitamin D supplement. Doing regular weight-bearing exercise is also important and activities that impact on your joints such as brisk walking, running, racquet sports, ball sports and aerobics are also very helpful.

You can measure your bone strength (bone density) by having a DEXA scan. It

can be useful to monitor bone density over the years following your surgical menopause. The NHS guidelines for DEXA scans state that if a woman has an early menopause - before 40 years old - they should have a baseline DEXA scan and then repeated scans every 3-5 years.

However, for women whose menopause was due to risk-reducing surgery you may not always fulfil the NHS criteria for a DEXA scan. The NHS criteria is based upon a measurement called a FRAX score, which assesses your individual risk factors for osteoporosis. It will provide a numerical level of risk, and those with a high risk will be offered a DEXA scan on the NHS. If you do not meet the criteria, you could source a DEXA scan privately if you wish.

Genital and urinary symptoms of the menopause

Around 80% of women who have gone through the menopause will experience symptoms related to vaginal dryness, and some level of disruption to their urinary function. Sadly, studies have shown that only around 7% of women with these symptoms receive adequate treatment.

The vagina is lined with cells that respond to estrogen. When there is a lack of estrogen, there is less lubrication, less blood supply to these cells, less of the 'good bacteria' that helps fight infection, and the lining of the vagina often becomes thinner and less stretchy. These symptoms can lead to soreness, discomfort, itchiness and pain during sexual intercourse, when using tampons, or when having vaginal examinations (such as cervical screening). The soreness or itchiness can occur around the vulva area as well and there may be more frequent episodes of thrush.

In addition, the lining of the bladder and urethra becomes thinner and more prone to infections like cystitis; you may need to pass urine more frequently or have occasional leaks or accidents.

These symptoms may occur very soon after entering menopause, or for some, it may happen years later; so it is worth being aware of what to look out for. There is very effective treatment for this particular set of symptoms in the form of 'local' estrogen. This refers to estrogen that you apply directly into the vagina and it is not the same as the HRT we have described so far.

Vaginal estrogen comes in the form of a pessary, cream, or gel that you insert (with the aid of an applicator if needed) on a daily basis initially, and then usually 2-3 times a week thereafter. Alternatively, there is a flexible, silicon ring called an 'Estring' that is inserted into the vagina and has a slow release of estrogen over a 90-day period; it needs replacing every three months.

Local estrogen is very effective at bringing relief from these uncomfortable - and often embarrassing - problems but if you wait until symptoms are more severe, it will take longer for the estrogen to have a noticeable effect, so it is important to treat genital and urinary symptoms as soon as possible.

Women who cannot have HRT for clinical reasons can still use local estrogen treatments in the vagina, and this is true even for those who have had ER+ breast cancer.

Once you need local estrogen for genital and urinary symptoms, you will need to use it forever. When symptoms become troublesome, they do not resolve of their own accord. It is perfectly safe to use local estrogen alongside HRT.

Vaginal moisturisers can also be particularly helpful at relieving discomfort throughout the day and non-hormonal lubricants can be useful for relieving pain during intercourse. Pelvic floor exercises are also very useful for strengthening the muscles and reducing urinary leaks or incontinence.

Alternative medications to treat menopausal symptoms

Antidepressants are sometimes given to help with sweats and hot flushes, but they do not help the low mood caused by a lack of hormones and many women do not tolerate the side effects of these types of medication very well.

Gabapentin (usually used to treat epilepsy and nerve pain) and Pregabalin (usually prescribed for epilepsy and

anxiety) can help with night sweats and hot flushes, but these also have some unpleasant side effects so need to be discussed with your doctor.

Some women find acupuncture, hypnotherapy and cognitive behavioural therapy (CBT) beneficial for improving menopausal symptoms.

Maintaining good health through the menopause

If you are having planned risk-reducing surgery, it is a useful opportunity to take stock of your lifestyle and make sure you're in the best health to prepare for the onset of the menopause.

Look at ways of improving your diet to ensure it is friendly to the health of your gut, that it contains plenty of fruits and vegetables, is low in red meat and processed foods (which are often full of sugar and salt), and try and make sure it contains plenty of calcium and vitamin D for your bones.

Smoking and alcohol can worsen symptoms of the menopause and negatively affect your mood and quality

of your sleep.

Regular aerobic exercise is essential for the health of your heart, blood vessels, and blood pressure, and exercise that is weight-bearing and impacts on your joints will help keep your bones strong. Frequent exercise and time spent on activities that you find relaxing and enjoyable will have great benefit to your mood and emotional wellbeing.

For more detailed information on living well through the menopause check out the resources section and select 'booklets' on the menopause doctor website.



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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