Menopause

RCN guidance for nurses, midwives and health visitors

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The menopause is defined as a physiological event thus:

> Ovarian failure due to loss of ovarian follicular function accompanied by oestrogen deficiency resulting in permanent cessation of menstruation and loss of reproductive function.

NICE defines menopause as:

> Menopause is when a woman stops having periods as she reaches the end of her natural reproductive life. This is not usually abrupt, but a gradual process during which women experience peri-menopause before reaching post-menopause (NICE, 2019).

The transitional phase known as peri-menopause describes the time leading up to a woman's final menstruation, and the endocrinological, biological, and clinical features of the approaching menopause. The length of this transition is usually about four years, but is shorter in smokers compared to non-smokers. However, 10% of women do not experience this phase and menses may stop abruptly.

The median age for menopause is 51 years, over an age range of 39–59 years.

Change in a ian f nc i n

During a woman's middle age the exhaustion of the oocyte (egg) store in the ovaries leads to reduced production of the female h (f)-105iS-3.1 (w)22.9 (l)1.1 (edo18.1 (n)29.1 2 (i)7.3 2 (i7.1 (g)15.5 (e)-20.1 (2 (i)7.3
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One of the questions most commonly asked by women in their late forties is: “Is it the change? Can I have a blood test?” In practice, it is rarely useful to perform blood tests as hormone levels fluctuate widely over a very short time span, making the results confusing and unreliable. Blood tests (for FSH) are usually only indicated when a premature menopause is suspected in a younger woman, or to rule out conditions – such as anaemia or thyroid disease – that may cause similar symptoms.

The best way to diagnose the menopause is by taking a thorough history of symptoms and menstrual irregularities. The current **NICE guidance**TICgha4ga99.o.8 0yuas tr(g6-3r3 9i8-18.2 (r)10c3 (r)-3y (f (h6)]f92.94h)9.8 420e)2.7 Fta8-2l.5 3n89.o.8 8a

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donation. However, it is important to remember
that spontaneous pregnancies can occur,

The fall in oestrogen levels that occurs at the menopause can cause a variety of symptoms.

Long-term effects of oestrogen deficiency

Cardiovascular disease

Cardiovascular disease (CVD) is the collective term for angina, myocardial infarction, stroke, and peripheral vascular disease. Despite an overall reduction in CVD in recent years, it is still the leading cause of avoidable death in both men and women.

In comparison to men, women are more likely to be under diagnosed and less likely to be on an appropriate treatment, and as such are at an increased risk of dying from CVD.

CVD is also age dependent. Less common in the premenopausal woman, the prevalence of CVD increases after the menopause. It is also known that women with a premature menopause, especially those with surgical oophorectomy, have an increased risk of coronary heart disease. By the time women reach 60 years of age CVD will be the most common cause of death (NICE, 2019).

Irrespective of age, prior to commencing HRT, every woman should have a health assessment to identify CVD risk factors like hypertension, diabetes mellitus, smoking, dyslipidemia, obesity and metabolic syndrome (IMS, 2017). Where risk factors are i, 2017)4.1 (1387 (t)7.)12.4 (t)-2 wors a) (a)(r)-10.1 (p.8 (k)4g Td[(a 9.2 (o-514.6 (s91 (1)3 (ad (b)-8.8 (e)

Fac infl encing he de el men
f e i

C nfidence and / e ali

Some women view the menopause with

Many women only consult health care practitioners for advice about their health when they are approaching or are at the menopause. They have concerns about living well for the rest of their lives, and some say that they do not want to grow old the way their mother or grandmother did. When women present with these concerns it is a good opportunity to review their lifestyle with them.

Women want sensitive, unbiased and up-to-date information, and an explanation of normal menopausal changes. General health advice is the same throughout a woman's life, but there is a particular emphasis on certain factors for menopausal woman, primarily the effects that the menopause has on cardiovascular and bone health as well as the day-to-day symptoms of menopause.

The key areas to cover are:

- smoking status
- diet and nutrition
- exercise
- alcohol consumption
- weight control
- psychological aspects of the menopause
- reinforcing breast awareness
- encouraging attendance for breast and cervical screening
- assessing cardiovascular risk
- osteoporosis risk assessment
- reducing the impact of symptoms.

Heal h li ing

S ing/m king

Smoking has many negative effects:

- cigarette smoking can increase the risk of having a heart attack by two or three times; coronary heart disease (CHD) is the most common cause of death in women
- smokers are 1.5 times more likely to have a stroke

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Everyone should consider vitamin D supplements of 10mcg, from November to March. People from minority ethnic groups with dark skin such as those of African, African-Caribbean and South Asian origin might not get enough vitamin D

Women should be advised to:

- eat a healthy diet
- exercise regularly; start slowly and gradually increase
- lose extra weight slowly and steadily.

Psychological aspects

Depression, anxiety, tiredness, loss of concentration and memory problems are all common experiences during or after the menopause. To help these aspects, note that:

- regular mental stimulation seems to maintain cognitive ability
- regular exercise can make sleeping easier
- a balanced diet will ensure an adequate intake of essential minerals and vitamins

Wh /h ld n /e HRT?

Very few women cannot take HRT, but the following are contra-indications (Rymer, 2000):

- active or recent thromboembolic disease
- severe active liver disease
- pregnancy
- otosclerosis
- history of oestrogen dependent tumour, for example, breast or endometrium (refer to specialist)
- undiagnosed vaginal bleeding, for example, bleeding more than one year after the menopause (refer for investigations).

Women with conditions considered as contra-indications may still receive HRT under the care of a specialist clinic, if the benefits outweigh potential risk.

The benefi/ f HRT

The benefits of HRT include:

- relief of vasomotor symptoms
- relief of some psychological symptoms
- reduced urogenital atrophy
- reduction in osteoporotic fracture
- reduced incidence of colorectal cancer.

(NICE, 2019)

The i/k/ f HRT

The risks of HRT include:

- in the first year of use, the risk of venous thrombosis increases slightly from 1 per 10,000 to 3 per 10,000; this risk may be lower with transdermal preparations and a risk of stroke and risk of breast cancer has also been reported (NICE, 2019).
- the VTE risk NICE (NG23, 2015) states that:
    - the risk of venous thromboembolism (VTE) is increased by oral HRT compared with baseline population risk
    - the risk of VTE associated with HRT is greater for oral than transdermal preparations
    - the risk associated with transdermal HRT given at standard therapeutic doses is no greater than baseline population risk.

NICE (2015) reports that the baseline risk of breast cancer for women around menopausal age varies from one woman to another according to the presence of underlying risk factors, stating that HRT with oestrogen alone is associated with little or no change in the risk of breast cancer HRT with oestrogen and progestogen can be associated with an increase in teogtgs.8 (i)-10.4 (a)-(s f)-26 (r)-9-9

Bleed/

Women who still have periods (even erratically) and start HRT will be prescribed a cyclical form of HRT which usually results in a monthly withdrawal bleed. Tricyclical treatments are available which result in a three-monthly bleed. An alternative to this is the Ius (mirena) which can be used as part of HRT and can give no bleed therapy to women who are still peri-menopause.

Women who are post-menopausal and have had at least one year since their last period, may use a continuous combined form of HRT. This is described as 'period free' or 'no bleed', as the aim of the treatment is to have no bleeding at all. However, the settling phase can take three to four months, during which it is common to experience some breakthrough bleeding.

Ini ia ing and m ni ing HRT

Nurses are often involved with decision making about HRT, with baseline investigations of women and the ongoing monitoring of their treatment.

NICE (2015 and 2016) suggests that the monitoring of women on HRT should take place every three months until they are stable and then yearly after this. Nurses within all environments can undertake this. The RCN has developed guidance on the role of the specialist nurse in menopause care (RCN, 2017a).

Before initiating HRT, the prescriber may request some of the following investigations:

- blood pressure – it has become established practice to record women's blood pressure as a baseline measurement and in ongoing monitoring; there is no evidence to suggest that blood pressure will be altered simply by the use of HRT (NICE, 2019)
- weight – useful as a baseline measurement. Being overweight will not in itself preclude the use of HRT
- pelvic examination – not routinely performed before treatment, but clinically indicated in women with a history of fibroids, ovarian cysts, pelvic pain, abnormal vaginal bleeding, endometriosis, prolapse or urinary leakage
- breast examination – not routinely indicated but may be clinically indicated before HRT use in women with symptomatic disease, personal or family history of breast cancer.

Other investigations that may be performed include:

- follicle stimulating hormone (FSH) – not usually helpful for diagnosis, but can be useful in women with early menopause (serial tests), or women with hysterectomy and ovarian conservation
- thyroid function – when flushes do not improve on HRT or if thyroid disease is suspected on clinical examination
- lipid profile – women with a family history of coronary heart disease
- thrombophilia screen – women with a personal or family history of venous thrombosis
- bone densitometry – women considered at high risk of osteoporosis
- endometrial assessment – women with abnormal vaginal bleeding (pelvic examination, ultrasound and/or hysteroscopy and biopsy).

Regular assessments of blood pressure, weight, symptom control and bleeding should be included as well as time for the woman to ask questions or raise any anxieties she may have. Each visit is the opportunity to re-evaluate the need for treatment and consider the safety of continuing. NICE (2015 and 2016) suggest that the follow up is three monthly and then yearly. In between this time women should have contact details if they have queries. This becomes even more crucial when women have been on HRT for over five years after the age of fifty. It also provides an opportunity to discuss other health issues and encourage an attitude of health promotion post-menopause.

Contrary to initial advice following publication of the Women's Health Initiative study (2002) which raised questions regarding the safety of HRT, recent re-analysis and studies clearly show that HRT is low risk in younger women (aged 50-59 years). There is evidence that the age at which HRT is started and the time since menopause could be critical in determining the effect of HRT on CVD.

There may be a beneficial effect for women who start HRT within 10 years of the menopause

and this is thought to be due to the healthier state of the underlying vasculature and the lower baseline CVD risk.

C m lemen a a ache

NICE looked at alternatives and gives a summary

Herbal remedies should be used with caution in women who have a contra-indication to oestrogen, as some herbs may have oestrogenic properties. Herbal remedies are currently registered as food substances and are not therefore under the review of the Committee for Safety of Medicines.

Figure 10 shows the common herbs used at menopause. However, there are many other herbs not listed that some women may use around the menopause but which have no specific properties for menopausal symptoms.

Fig e 10: C mm n he b ed a he men a e

He b	C mmen
Black cohosh	Recognised as a menopausal treatment by WHO and German

effectiveness of phytoestrogens in vasomotor symptoms concluded that there was no evidence of effectiveness in alleviation of menopausal symptoms as those trials that did show effect were low quality and underpowered. Most trials demonstrated a strong placebo effect.

Several short duration studies have investigated bone density.

A one-year study suggested that, through attenuation of bone loss, isoflavones may have a potentially protective effect on the lumbar spine in women (Atkinson, 2004). While the effects appear positive, Cassidy (2003a) concludes that the optimal dose is as yet unknown.

Isoflavones may also have a role in preventing vaginal atrophy.

A prospective double–blind, placebo controlled cross-over study demonstrated positive effect on vaginal tissue with no increase in endometrial thickness (Woods, 2004).

Isoflavones may also have a small beneficial effect on lipids but cardiovascular outcomes have not yet been measured (Chedraui, 2008).

C n aindica i n

Isoflavones are not recommended for use during pregnancy or in women with undiagnosed vaginal bleeding. For women who have had hormone-dependent tumours such as breast cancer, it has not been established whether weekly oestrogenic supplements affect disease recurrence. Further studies are needed to determine the role and safety of phytoestrogens supplements in menopausal women.

O he he a ie

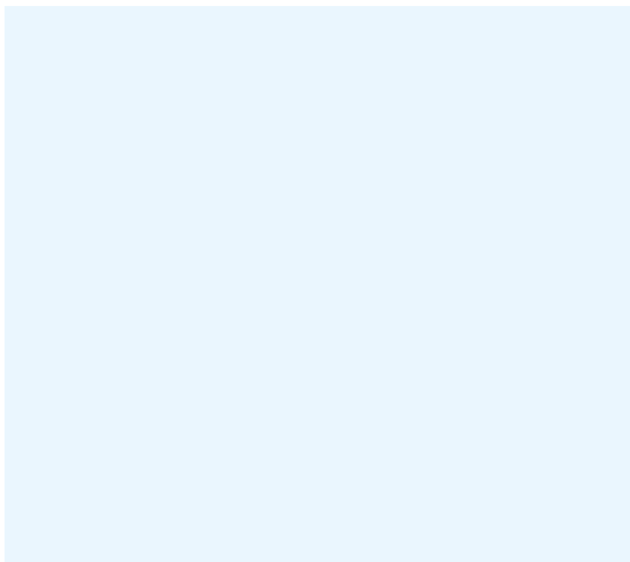
You may find that some women have used some of the following therapies. There is little evidence these therapies reduce symptoms as such, but they may offer an improvement in quality of life, probably because of practitioner care and support.

The following are therapies women may have used/ask advice on:

- **acupuncture** uses needles put into the skin at specific points on the body, whereas acupressure uses pressure on these points. These points then correspond to meridian or energy channels, which are believed to link to internal organs and unblock energy and balance the flow, correcting illness and psychological problems. Although acupuncture has been used for thousands of years, there are few good quality trials on its use in treating menopause. Those studies that have been conducted have shown no harm, and some have shown benefits in relieving hot flushes, night sweats and general mood, especially when site-specific points for menopause have been used (Cohen, 2003). Acupuncture has also been used in women with breast cancer and tamoxifen-induced hot flushes, increasing general wellbeing (Walker et al., 2004). However a systematic review has failed to show a specific benefit for hot flushes (Lee et al., 2009) but Borud and White (2010) in a review article have suggested that there is a reduction in hot flushes

- **homeopathy** aims to cure like with like, and stimulate the body into healing itself. There are some studies that have shown that this is beneficial in women in the menopause, both natural and induced menopause. Homeopathic remedies have been demonstrated to reduce hot flushes and to improve quality of life (Jacobs et al., 2005; Thompson and Reilly, 2003). Traditional homeopathic practitioners select and administer an individual 'constitutional' remedy based on the totality of a woman's symptoms and her physical, mental and emotional state. This is thought to strengthen the body's vital defences and restores a healthy balance and sense of wellbeing. Most of the major homeopathic remedies may be used to treat the symptoms of menopause however, scientific e.1 (n)2.6 (sg(, sp(a)2.4 (t)-32(a)-22.9 (l ')3

The menopause is a natural phenomenon that



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U ef l c n ac

British Acupuncture Council
www.acupuncture.org.uk

British Association for Counselling & Psychotherapy
www.bacp.co.uk

British Association for Sexual and Marital Therapy
www.basrt.org.uk

Breakthrough Breast Cancer
www.breakthrough.org.uk

British Homeopathic Association
www.britishhomeopathic.org

British Menopause Society – a multidisciplinary professional organisation for health professionals working in the menopause field – quarterly journal. www.thebms.org.uk
Menopause education for nurses.
https://thebms.org.uk/training/menopause-education-for-nurses

Cancer Research UK
www.cancerresearchuk.org

The Continence Foundation – provides information for health professionals and the public. www.continence-foundation.org.uk

Daisy Network – a support group for women suffering from premature menopause.
www.daisynetwork.org

Faculty of Sexual and Reproductive Healthcare www.fsrh.org

Family Planning Association (FPA) – information for health professionals and the public on issues related to reproductive and sexual health.
www.fpa.org.uk

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