Perimenopause and menopause: your questions answered

'The change', 'the time of life' or 'the menopause transition' - call it what you will, it is an unavoidable fact that all women (as well as some trans men and non-binary people) go through the menopause.

For many, this natural process can be an anxious time due to the symptoms that can accompany it. Changes can also be brought about by cancer treatments such as chemotherapy or hormone therapy. However you experience it, this WHC Fact Sheet will explain the menopause and what you can do to make things easier.

What do we mean by 'Perimenopause' and 'Menopause'?

- **Perimenopause**: This is the time leading up to your periods stopping. It can start in your late 30s or early 40s. Your hormone levels begin to fluctuate, which is often when symptoms are at their most noticeable.
- **Menopause**: This is defined as the point when you have not had a period for 12 consecutive months.

For most, this happens between 45 and 55 years old. However, research suggests that Black and Hispanic women may reach menopause roughly two years earlier than White or Asian women. If it happens before age 40, it is referred to as Premature Ovarian Insufficiency (POI). If you have your ovaries removed, your menopause is immediate.

Why does it happen?

The menopause happens because of changes in hormone levels. During your fertile years, your ovaries produce estrogen. As you get older, your store of eggs decreases and estrogen levels drop. This doesn't happen overnight; the process can take several years, which is why symptoms can come and go.

How does it feel?

Every person's experience of menopause is different. Some breeze through with no symptoms, while others find them very disturbing. Common symptoms include:

- Physical: hot flushes, night sweats and sleep disturbance
- Intimate: vaginal dryness and painful sex
- Urinary: bladder urgency or mild leakage
- Mental: mood swings, anxiety and "brain fog" (difficulty concentrating)
- Long-term: lower estrogen can lead to thinner bones (osteoporosis) and an increased risk of heart disease

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How is it diagnosed?

In most cases, you do not need a blood test to diagnose menopause if you are over the age of 45. Your symptoms and changes in your periods are the most reliable indicators.

If you are under 40 or have had a hysterectomy/ablation, your healthcare professional may use blood tests to check your hormone levels as your periods are no longer a guide.

Can I stop contraception?

If you are under 50 years, you should continue contraception until you have not had a period for two years. If you are over 50, you can wait one year without periods to stop contraception.

If you are using contraception already and your periods are masked, speak to your prescriber to discuss when you might stop using the contraception. HRT and contraception can be used alongside each other and you should be careful not to stop contraception too soon.

What can I do?

Maintaining a healthy lifestyle now is an investment in your future health. Consider the following lifestyle checklist:

- Diet: eat a balanced diet low in saturated fat and salt. Ensure you get plenty of calcium and vitamin D to protect your bones. Aim to maintain a healthy weight.
- Exercise: aim for 150 minutes a week. Mix "cardio" (walking, swimming) with strength exercises (weights or resistance) to keep bones and muscles strong.
- Smoking: if you smoke, now is the time to stop. Smoking is known to trigger more frequent and severe hot flushes.
- Alcohol: stick to fewer than 14 units a week and have at least two alcohol-free days. High intake can worsen symptoms and increase breast cancer risk.
- Emotional health: don't ignore your mental wellbeing. Stress reduction, mindfulness and talking therapies can be effective.

What treatments are available for my symptoms?

- Hormone Replacement Therapy (HRT): the most effective treatment for menopause symptoms and, for most, a low-risk option. It can be tailored to you in different doses and forms. See our WHC Fact Sheet on HRT - types, doses and regimens.
- Cognitive Behavioural Therapy (CBT) and yoga: CBT and yoga can help with mood changes and sleep issues.
- Alternative therapies: many people try herbal remedies or supplements. There is less research available on these treatment options but some may help mild flushes, e.g. black cohosh and soya isoflavones. If you use other medication, always check with a pharmacist first as they may interact with your medication. Non-hormonal lubes and moisturisers are available for vaginal dryness.

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Conclusion

Every woman experiences the menopause differently. It is helpful to remember that your body is changing, as it did during puberty when you were a teenager. While it can be challenging, understanding the changes allows you to make the right choices for your body. Help is available and you do not have to "just get on with it"!

Useful resources

Menopause Matters
www.menopausematters.co.uk

Daisy Network (for those under 40)
www.daisynetwork.org

International Menopause Society – for information in other languages
https://www.imsociety.org/for-women/leaflets/

NHS Inform - for information in other languages, including British Sign Language
https://www.nhsinform.scot/translations/
https://www.nhsinform.scot/translations/languages/british-sign-language-bsl/menopause/menopause-bsl/#

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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available

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