

Virtual Menopause Workshop - Frequently Asked Questions

Q/ If the HRT does needs changing, does the GP handle that or do we need to wait for another gynaecology appointment?

A/ GPs can handle HRT changes and adjustments. If they need any advice, they can always contact the gynaecological department through advice and guidance services.

Q/ Will you go through menopause after coming off HRT?

A/ HRT does not affect or determine when one goes through menopause. Hormone replacement therapy (HRT) can be given to women who are going through menopause and to those who have gone through menopause (cessation of periods for 12 months or over). The indication for prescribing HRT is symptom control. Average age of menopause is 51 in the UK and by the age of 54 nearly 90% of the women are menopausal.

Q/ I've got Mirena coil in for heavy bleeding, yet I have had many symptoms for peri-menopause. I did a test from Tesco's it came back I was positive for perimenopause. I told my endocrinologist he tested me, and I was at 38 for blood test hormone he said the Mirena coil can give false readings is any this true iv also got autoimmune hypothyroidism.

A/ I am unable to comment on commercially available tests. If you are concerned about going through menopause earlier (in the absence of menstrual periods), please approach your GP for further evaluation with hormone tests. Blood tests aren't very reliable and difficult to interpret during perimenopausal period. Hormone tests can be performed when you are using Mirena coil. If you are experiencing symptoms of menopause with a change in menstrual pattern, please contact your doctor for detail evaluation. Some symptoms of underactive thyroid can overlap with menopausal symptoms.

Q/ I started the menopause journey due to a total hysterectomy back in 2010, I am on HRT patches and my period stopped due to the operation, how do I know if I am out of it now?

A/ If both ovaries are removed during a hysterectomy (also known as a bilateral oophorectomy), you'll experience menopause immediately because the body's primary source of oestrogen is gone.

If one or both ovaries are left intact, you'll still go through natural menopause, but it may happen earlier than if you hadn't had the hysterectomy.

If you are experiencing menopausal symptoms and keen to consider HRT, your doctor can prescribe you HRT. Blood tests can also be performed to check if you have gone through menopause earlier if you are less than 45 years. There isn't any clinical need for performing a blood test if you are over the age 45 and experiencing symptoms.

The natural age of menopause is 51 and by the age of 54, nearly 90% of the women are menopausal.

Q/ I still have periods periodically, but I am nearly 57, not sure where I stand?

A/ While the average age of menopause in the UK is around 51, having periods at 57 is considered late-onset menopause and while not normal in the sense of the average, it is still possible and not necessarily cause for immediate alarm, but it's important to discuss with your doctor and have further evaluations if necessary. eg: Check your cervical screening history, assess your bleeding pattern, assess your risk factors etc.

Q/ After a full hysterectomy is HRT the only option, as since being put on HRT, and I've got eight years to go, I've put on a lot of weight and tried everything diet and exercise wise I used to do and cannot lose the weight. I am on 100 strength patches and can't seem to do anything about this- is there anything that can help? I am active and eat a healthy diet?

A/ While some women experience weight gain during menopause, there's little evidence that Hormone Replacement Therapy (HRT) directly causes weight gain. Weight gain during menopause is more linked to metabolic changes and lifestyle factors, not HRT itself. You can find some helpful information from the following link to help you reduce your weight.

[19-BMS-TfC-Menopause-Nutrition-and-Weight-Gain-JUNE2023-A.pdf](#)

Q/ I have chronic migraine with Aura. One impact of the menopause is the increase in migraine symptoms and prior treatment of medical Botox is no longer effective. Currently on different medication for migraines with limited effect. I was advised that I am unable to have HRT to assist with menopause symptoms due to the migraines. Any advice would really be appreciated?

A/ Migraine is not a contraindication to using menopausal hormone therapy. Migraine without aura respond better to HRT than migraine with aura. Maintaining stable oestrogen levels is important and transdermal delivery of HRT preferable. Migraine aura does not contraindicate HRT. However, it is better to see a specialist and discuss benefits and risks before taking HRT.

You will find more information on Migraine and HRT below.

[06-BMS-TfC-Migraine-and-HRT-NOV2022-A.pdf](#)

Q/ I am on HRT patches, progesterone tablet daily due to sleep issues and vaginal oestrogen daily due to continuous vaginal soreness. I wash this area with emollient and use coconut oil but there has been no change to the constant discomfort. Any advice gratefully received?

A/ It is not normally recommended to use vaginal oestrogen daily. If vaginal dryness continues despite using vaginal oestrogen, it's crucial to seek further advice from your doctor. Discuss alternative treatment with your doctor like vaginal moisturisers and lubricants during intercourse if necessary.

Vaginal dryness can be caused by factors other than menopause, so it's important to rule out other conditions.

Q/ I had menopause at 39 and am now 58yrs old. I was advised not to have HRT due to increase in breast cancer risks etc. Now have horrendous joint pain, osteopenia. Can I start HRT at this late stage to try and assist with these symptoms and how often should you have a bone density scan as I have only had one?

A/ Yes, you can start taking HRT at 58 for osteopenia, but please discuss with your doctor regarding your individual risk factors. If necessary, you can be referred to the menopause clinic.

Bone scans are usually performed at three to five year interval and earlier if indicated by the one scan. Please check the link below for more information on osteoporosis prevention in menopause.

[06-BMS-ConsensusStatement-Prevention-and-treatment-of-osteoporosis-in-women-SEPT2023-A.pdf](#)

Q/ I am on anti-depressant and am on medication for thyroid issue. I am 52. I am struggling with my mental health. Getting hot flashes and night sweats and snap at everyone. I work full time, and it is affecting my day-to-day life and work. What can I do to make this better?

A/ Dealing with menopausal symptoms alongside mental health issues requires a multi-faceted approach, including talking to a healthcare professional, exploring therapies like CBT, and incorporating lifestyle changes like exercise and healthy eating. It's crucial to discuss your symptoms with your GP or a menopause specialist to understand the best course of action for you. If you're experiencing significant mood changes or anxiety, seek mental health support, either through your GP or by self-referral to NHS talking therapies. You may benefit from being referred to see a menopause specialist who can provide tailored advice and support.

HRT can help manage physical symptoms like hot flushes and night sweats and may also positively impact mood. CBT is an effective talking therapy that can help manage anxiety, low mood, and other emotional symptoms associated with menopause.

Physical activity can help improve mood, reduce stress, and manage some menopausal symptoms. Eating a balanced diet can contribute to overall well-being and may help with managing some menopausal symptoms. Practicing mindfulness and meditation can help reduce stress and improve emotional regulation. Yoga can help with stress reduction and emotional well-being. Prioritizing good sleep habits can improve mood and overall well-being. Excessive caffeine and alcohol consumption can exacerbate anxiety and sleep problems. Connecting with other women going through menopause can help you feel less isolated and share experiences.

Q/ I'm using the patches which have really helped several of my symptoms however I still have really heavy periods and low libido. Can my GP help with these issues?

A/ If you are having heavy periods while on HRT (I assume, you are on cyclical HRT), please approach your doctor for further evaluation and an ultrasound scan to assess the lining of the womb. A Mirena coil for the progesterone part of HRT would be a helpful option.

If you have concerns with low libido, please see your doctor for an evaluation of your symptoms. If necessary, you can be referred to the menopause clinic for consideration of testosterone supplementation, if you are postmenopausal and your testosterone levels are low.

Q/ I was on HRT and a Mirena coil for a few years and I got HER2+ and hormone stage 2 breast cancer and recently had chemo and a mastectomy. The menopause has impacted on my life has been and still is awful, hot flushes, palpitations, dread and really bad anxiety. My oncology consultant has put me on Herceptin injections for a year and five years of zoledex implants and 10 years of letrozole meds, I'm taking veneflaxin to help but I'm still suffering, I'm worried this is going to make my menopause worse What else can I do?

A/ Dealing with menopausal symptoms after a breast cancer diagnosis can be challenging, but several strategies can help, including lifestyle changes, non-hormonal medications, and complementary therapies like acupuncture or CBT. While you are undergoing active treatment for breast cancer, it is not advisable to start any hormone replacement therapy. You could also consider discussing with your doctor if you can be optimised on Venlafaxine and or adding other alternatives to HRT.

Please see some useful lifestyle changes and self-care below:

Cool Down: Use fans, cool showers, and wear breathable clothing to manage hot flashes and night sweats.

Dietary Adjustments: Avoid spicy foods, alcohol, and caffeine, which can trigger hot flashes.

Hydration: Drink plenty of fluids to stay hydrated and avoid headaches.

Stress Reduction: Practice relaxation techniques like deep breathing, mindfulness, or yoga.

Exercise: Regular physical activity can help with overall well-being and potentially reduce some symptoms.

Sleep Hygiene: Establish a regular sleep schedule and create a relaxing bedtime routine.

Support System: Talk to family, friends, or join a support group to share your experiences and emotions.

Workplace Adjustments: Discuss any workplace challenges related to menopausal symptoms with your manager and HR department.

Please see the following information for further help.

[Breast cancer and menopausal symptoms | Cancer Research UK](#)

Q/ I'm 51 and coping relatively well through perimenopause with a healthy lifestyle. I'm interested in HRT to protect my bone and brain health. Would it be worth having HRT for those reasons please?

A/ Hormone Replacement Therapy (HRT) is indicated for menopause, particularly to relieve symptoms like hot flashes and night sweats, and to potentially reduce the risk of osteoporosis if you are already at risk of osteoporosis. No, not all menopausal women develop osteoporosis, but menopause significantly increases the risk of bone loss and osteoporosis because of the drop in oestrogen levels, which is essential for healthy bones. If you already have healthy bone density, you would not be affected by this. To prevent osteoporosis during and after menopause, focus on a healthy lifestyle with a calcium-rich diet, regular weight-bearing exercise, adequate vitamin D intake (potentially through supplements), and avoiding smoking and excessive alcohol consumption.

You can find more information from the link below.

[Bone health: Keeping your bones healthy.](#)

Q/ For women with regular periods aged 40-45 and with some symptoms maybe of menopause (mainly mood related, fatigue and sweats) would you prescribe HRT even if the FSH is repeatedly normal? Are there any studies on women who have taken HRT for much over the age of 60 or can someone safely take HRT for majority of their remaining life?

A/ Follicle-stimulating hormone (FSH) is a hormone involved in the menstrual cycle. While elevated FSH levels can indicate menopause, normal FSH levels don't necessarily exclude perimenopause as a cause of symptoms. If your symptoms are significant and have not improved after making lifestyle changes, you could consider a trial of HRT after discussing individual risk factors with your doctor.

You can see more information regarding lifestyle changes and self help from the following links:

[9-BMS-TfC-Menopause-Nutrition-and-Weight-Gain-JUNE2023-A.pdf](#)

[Menopause - Things you can do - NHS](#)

More information on menopause and diagnosing menopause:

[17-BMS-TfC-What-is-the-menopause-AUGUST2023-A.pdf](#)

Regarding taking HRT after 60:

The duration of treatment should be individualised. No arbitrary limits should be placed on the dose of HRT, duration of usage, or age of women taking treatment.

Cochrane analysis suggests that HRT (oestrogen with or without progestogen) started before the age of 60 or within 10 years of the menopause is associated with a reduction in atherosclerosis progression, coronary heart disease, and death from cardiovascular causes as well as all-cause mortality. Evidence from the Cochrane data-analysis as well as the long-term follow-up data from the WHI showed no increase in cardiovascular events, cardiovascular mortality or all-cause mortality in women who initiated HRT more than 10 years after the menopause. This decision should be made on an individualised basis after discussing the benefits and risks with each patient and should be considered in the context of the overall benefits obtained from using HRT.

The median duration of menopausal symptoms is over 7 years and it is estimated that approximately 20% of women experience symptoms up to 15 years. This decision regarding the duration of HRT intake should be made on an individualised basis taking into consideration the benefits and risks for the individual woman. Advise women who continue HRT intake over the age of 60 to have estradiol administered transdermally.

Women taking HRT should continue basic health checks including measuring weight and blood pressure on an annual basis.

Can find more information below:

[Starting or continuing HRT many years after your menopause - The Menopause Charity](#)

Q/ Can your symptoms change over your menstrual cycle? I find my body aches come and go?

A/ The symptoms can sometimes be cyclical especially if you are perimenopausal due to hormonal fluctuations associated with menstrual cycle and perimenopause. This can change over time and from cycle to cycle due to fluctuating hormone levels.

Q/ How does Endometriosis affect Menopause?

A/ Endometriosis, a condition where tissue similar to the uterine lining grows outside the uterus, often improves or resolves during menopause due to reduced estrogen levels, but can persist or reappear in some women, especially if they take hormone replacement therapy (HRT). During menopause, estrogen levels naturally decline, which can lead to a reduction or resolution of endometriosis symptoms for many women. While symptoms often improve or disappear with menopause, some women continue to experience endometriosis symptoms, or the condition can recur or be reactivated, particularly if they take HRT. Recurrence of endometriosis symptoms and risk for malignant transformation are potential risks to weigh when prescribing menopausal hormonal therapy. Choice of treatment should be guided by the presence and severity of current endometriosis symptoms, nature of menopausal symptoms, risk assessment of potential contraindications for treatment in patient history, and preferences of the woman after an informative discussion.

You can find more information from the following link:

[10-BMS-TfC-Induced-Menopause-in-women-with-endometriosis-NOV2022-A.pdf](#)

Q/ How safe is it to use higher levels of Oestrogen (above licensed dose) in women who are poor absorbers of their patches?

A/ There is a wide variation in the absorption of transdermal oestrogen (Gel, patches, spray) in women due to factors such as the site of application, age, hydration, metabolism, ethnicity, concurrent use of body lotions/ cream, etc. The manufacturer's recommendations are based on standard absorption without

adjusting to all these factors. It is generally thought to have oestrogen levels over 800 is critical. Hence, higher doses can be prescribed provided oestrogen levels are monitored.

It should be noted that the response to any preparation is unique to each woman, some women respond well to a low dose of one preparation while not responding well to a high dose of another.

Q/ The Mirena coil, has been fitted for 5 years, but NICE changed it to 8 years for contraception, but I've seen documentation for 3 years if for HRT, what should I do as the GP won't change it for me and won't ref me back to gynae who put it in?

A/ For endometrial protection as part of HRT, the Mirena coil (levonorgestrel-releasing intrauterine system) is licensed for use up to 5 years, though its product license is for 4 years. Faculty of Sexual & Reproductive Healthcare supporting this extended use.

Mirena is, however, licensed for contraception for 8 years.

Q/ Is it normal to have ovarian pain only during the night. I'm 52 on Everol 50. This tends to happen more during my period but can happen anytime?

A/ Pain can be due to various reasons. Pain during periods, or dysmenorrhea, can be caused by uterine contractions triggered by prostaglandins, but also by underlying conditions like endometriosis, fibroids, or pelvic inflammatory disease. Persistent or severe pain, particularly at night, warrants a visit to your doctor to rule out underlying conditions. Pain could also be unrelated due to a bowel cause.

Q/ I had a blood clot after having my son and giving myself injections. There is a history of heart disease and diabetes and DVT and other health conditions. How can I manage with the hot flashes and night sweats, and I am on thyroid medication and suffer with anxiety and depression. Am on two anti-depressants and struggle with sleep and my day-to-day life and work.

A/ Given your risk factors, you will require specialist review advice before starting any HRT. Kindly get in touch with your doctor to be referred to a specialist menopause clinic. There are forms of HRT that can be prescribed to women with your risk factors. However, a detailed individual history needs to be taken before prescribing any HRT.

Dealing with menopausal symptoms alongside mental health issues requires a multi-faceted approach, including talking to a healthcare professional, exploring therapies like CBT, and incorporating lifestyle changes like exercise and healthy eating. It's crucial to discuss your symptoms with your GP or a menopause specialist to understand the best course of action for you. If you're experiencing significant mood changes or anxiety, seek mental health support, either through your GP or by self-referral to NHS talking therapies.

Physical activity can help improve mood, reduce stress, and manage some menopausal symptoms. Eating a balanced diet can contribute to overall well being and may help with managing some menopausal symptoms. Practicing mindfulness and meditation can help reduce stress and improve emotional regulation. Yoga can help with stress reduction and emotional well-being. Prioritizing good sleep habits can improve mood and overall well-being. Excessive caffeine and alcohol consumption can exacerbate anxiety and sleep problems. Connecting with other women going through menopause can help you feel less isolated and share experiences.

Q/ I am nearly 50, I take anti-depressants for anxiety, but apart from brain fog I don't have any other symptoms. Do I still have to take HRT?

A/ To combat menopausal brain fog, focus on a holistic approach including regular exercise, a balanced diet, prioritizing sleep, managing stress, and engaging in mentally stimulating activities. If you feel that your symptoms are not improving with the above measures and if it is having a significant impact on your day-to-day life, please approach your GP to discuss HRT.