



## Dr Tamara Harris

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#### References:

Australian Menopause Society  
Jean Hailes (for women's health)  
E3H study (The French E3N Cohort Study)

# Menopause

## By Dr Tamara Harris, Gynaecologist

The average age of menopause (last menstrual period) is 51 years. This is a retrospective diagnosis when 12 months without periods follow, defined as post menopause. Early menopause is identified as menopause before the age of 45.

Premature menopause (ovarian insufficiency) characterises women that experienced menopause before the age of 40. The symptoms of menopause can already be bothersome during perimenopause. Perimenopause is defined as a period of time where menstrual cycles get shorter followed by changing to an irregular pattern and potential heavy menstrual loss.

### Common symptoms

- Vasomotor symptoms
- Irritability
- Reduced concentration ("brain fog")
- Joint and muscle pain
- Urovaginal symptoms: dysuria, dyspareunia, urinary incontinence
- Depression, Anxiety
- Headaches and Migraines
- Sleep disturbances
- Joint pain

### Vasomotor symptoms

Around 75% of women suffer from vasomotor symptoms. They are often described as hot flushes and night sweats. Up to 15% of women continue to experience these symptoms well into their 60s.

These symptoms are more often experienced by women in the younger age group, overweight or obese, suffering from migraines (with or without aura) and surgically caused menopause. Women from Caucasian background are complaining more about VMS compared to Japanese and Indian background.

### Effects of oestrogen insufficiency

- Increased risk of cardiovascular disease
- Osteoporosis
- Dementia
- Increased risk of Type 2 DM
- Central body weight gain

## General health check up

BP profile, Lipid profile, bone density measurement, mammogram, CST

### Medical treatment

#### 1. Perimenopause:

If contraception is required:

Mirena IUD and add oestrogen (oral/transdermal)  
OCP (20mcg oestrogen)

If contraception is not required:

Cyclical/sequential HRT

#### 2. Menopause: with uterus

Continues HRT  
(oral/transdermal)

#### 3. Menopause: hysterectomy

Continues oestrogen (oral/transdermal)

#### 4. Non hormone medication:

SSRI: Escitalopram

SNRI: Venlafaxine (side effect  
weight gain)

Antihypertensives: Clonidine (side effect depression)

Anticholinergics: Oxybutynin

Antiepileptics: Gabapentin

## Alternative therapy

- Cognitive Behavioural Therapy
- Phytoestrogens
- Black Cohosh (Ramifem/Femular) (rare side effect liver failure)

The natural remedies make it difficult to identify how much oestrogen is given and cannot ensure the protection of the endometrium is present.

## Hormone Replacement Therapy

**Uterus intact: Oral:** Combined oral HRT  
Transdermal: Patch  
Gel

**Post Hysterectomy:** Oral/Transdermal Oestrogen only

HRT should be started within 10 years of menopause and below the age of 60. The lowest dose of treatment to give symptoms relive is preferred.

The transdermal (patch/gel) use of oestrogen reduces the risk of VTE and is also safer to use in women suffering from migraine.

EstroGel and Sandrena are the two oestrogen gels available in Australia. The available patches in Australia are for example Climara, Estradot, Estraderm.

Progesterone is mostly in tablet form available such as Prometrium (micronized progesterone), which is bio-identical. Norethisterone is the only reliable transdermal progesterone used in combination patches (e.g. Estralis)

Levonorgestrel in the form of the Mirena IUD is another reliable form of progesterone to protect the endometrium.

Women that experience premature or early menopause are encouraged to continue their HRT until around 50-52 (natural mean age of menopause).

The mean duration of menopausal symptoms is around 8 years and yearly reviews when on HRT are recommend. The quality of life for the women is the main importance in regards to the length of treatment.

HRT treats hot flushes/night sweats most effectively. Most forms of HRT also treat vaginal atrophy as well as reduce the risk of bone fractures.

Breast cancer risk associated with Oestrogen/ Progesterone HRT. Oestrogen treatment alone does not increase breast cancer rate. Once combined HRT is ceased the increase in breast cancer decreases again. Background risk of breast cancer is 3 in 1000 which increases to 4 in 1000 women on HRT.

## Summary

The symptoms during perimenopause and menopause reduce the quality of life for women. Education about the hormone changes in the woman's life is beneficial, as well as to further discuss lifestyle and treatment options to regain a good quality of life.

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