



# YOUR MENOPAUSE HEALTH JOURNEY



*How to thrive through Perimenopause and Menopause*



Every woman who lives long enough experiences **Menopause** – one year and one day after their last period.

**Perimenopause** is the time leading up to that day when levels of estrogen and progesterone in the body fluctuate and eventually plummet.

The impact of symptoms experienced by each woman during this time varies from mild to severe, with hot flashes and night sweats being the most commonly reported symptoms.

During this period of life, your **risks** of developing serious medical conditions increase - **cardiovascular disease, diabetes and osteoporosis**. Your **skin** and **hair** can suffer as collagen in the body depletes. **Bladder, bowel control** and **intimate health** can be **negatively affected** too (3). Between night sweats and high cortisol levels, your **sleep** can be disrupted. It is no wonder that **anxiety** levels can rise and your mood during this time can be affected, so let's be clear, if you are experiencing any of these symptoms, **we hear you** and **we are here for you**. You didn't imagine it all!

This guide aims to help you empower yourself with the knowledge, understanding and confidence to make informed decisions, manage your health beyond your reproduction stage and prepare a menopause toolkit that works best for you. **You, and only you, are the master of your future health.**

**The Menopause Treatment Service** at Centric Health is provided by doctors nationwide with a special interest and experience in women's health. **Book** your appointment online at [www.centrichealth.ie](http://www.centrichealth.ie)







## WHAT CAUSED A VAST DROP IN HRT - 2002 TO 2020?

Hormone replacement therapy (HRT) was the mainstay of treatment offered to women from the 1960s to alleviate both vasomotor symptoms (hot flashes, night sweats) and genito-urinary symptoms. Forty years later, a **study conducted by the Women's Health Initiative (WHI) in 2002**, unfortunately caused a tsunami of panic among doctors and patients worldwide as it pointed to an increase in the risk of **breast cancer** in those using hormone therapy. The media zoned in on this finding without communicating the actual absolute increase it indicated – from **4 in 1,000 to 5 in 1,000 women annually**.

Almost immediately, medical communities worldwide stopped prescribing HRT. In America alone 46% of women on HRT stopped(1).

Even though women live on average 1/3 of their lives in post-menopause, many doctors have limited experience with HRT due to the WHI and the period of reduced use that followed. As a result, many medical doctors have felt they lack the appropriate knowledge necessary to treat women in perimenopause, menopause, and beyond, further widening the gap between women and the relief of their menopausal symptoms.

From 2002 to 2020, very little changed until the Menopause Society of America was tasked with evaluating new research and investigating the findings, research methods and reported results of the WHI report. The WHI study had been largely contested by experts worldwide as inadequately designed, misguided, misleading, flawed and ultimately a dis-service to women's healthcare.



## WHAT HAS CHANGED IN THE LAST 2 YEARS?

There has been more detailed and rigorous research conducted on the risks and benefits of hormone therapy.



### The Facts:

- It is undisputed that the first and most effective line of defence for all women experiencing menopause symptoms impacting quality of life is menopausal hormone therapy (**HRT**).
- It is widely agreed that HRT should **only be initiated** if it is **within the first ten years** of the **onset of menopause**.
- It is also widely agreed that HRT is not a cure-all. It is not suitable for everyone as the risk to benefit is not the same for all. (2)
- Formulation matters. Not all forms of HRT are equally effective or safe. To date, specific transdermal (skin applied) versions of both oestrogen and oral progesterone / Mirena Coil (oestrogen only for those with no uterus) are regarded as providing the **most benefit** and **least risk** to women's health.(4,5)

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### Hormone Therapy and Cancer

*“The attributable risk of breast cancer in women randomized to CEE plus MPA and in the WHI is less than one additional case of breast cancer diagnosed per 1,000 users annually, a risk slightly greater than that observed with one daily glass of wine, less than with two daily glasses, and similar to the risk reported with obesity and low physical activity.”*

-2022 The North American Menopause Society

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## New Research Findings

The Hormone Therapy Position Statement of The North American Menopause Society is available to read [here](#), and key takeaways are summarised below:

### Hormone Therapy Benefits:

- The **benefits** of hormone therapy **outweigh the risks** for the majority of healthy women without contraindications going through perimenopause, menopause and post-menopause.
- Hot flushes and night sweats (vasomotor symptoms) can be effectively treated with hormone therapy.
- Hormone therapy can help women whose menopausal symptoms interfere with their everyday lives by addressing sleep quality, fatigue, mood, and overall quality of life.
- Hormone therapy can **reduce the risk of Osteoporosis** and fractured bones.
- The genitourinary syndrome of menopause, which includes painful sex, frequent UTIs, and dry vagina, can be treated with topical hormone treatment (2,3).

## Understanding the risks of breast cancer



A confidential independent service for women and their partners

NICE Guideline, Menopause: Diagnosis and management November 2015

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

**Difference in breast cancer incidence per 1,000 women aged 50-59.**

Approximate number of women developing breast cancer over the next five years.

**23 cases of breast cancer diagnosed in the UK general population**



**An additional four cases in women on combined hormone replacement therapy (HRT)**



**Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)**



**An additional four cases in women on combined hormonal contraceptives (the pill)**



**An additional five cases in women who drink 2 or more units of alcohol per day**



**Three additional cases in women who are current smokers**



**An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)**



**Seven fewer cases in women who take at least 2½ hours moderate exercise per week**





# WHAT YOU CAN EXPECT FROM OUR MENOPAUSE SERVICE

At **Centric Health**, we have put together a team of doctors throughout Ireland with a **special interest** and **experience** in **women's health** whose shared objective is to improve the long-term health and quality of life of women or persons assigned female at birth (AFAB) at the beginning, middle and emerging from menopause.

**Regardless** of **whether you are a patient** of Centric Health or not, **you can attend** one of our **Menopause Service clinics**.

**Bookings** are available at [www.centrichealth.ie](http://www.centrichealth.ie)

## Blood Tests at the Menopause Service:

- Full Blood Count (FBC), Comprehensive Metabolic Panel (CMP), and Lipid profile
- Thyroid Function Tests
- Nutritional Deficiencies Testing
- Anaemia Screen

## The Menopause Service requires 2 visits:

# 1

First, you will attend the practice where a **menopause nurse** will **document** your **current** health, menopause-related **symptoms**, family **history** of diseases and illnesses, and ensure that you are up to date on your cervical smears and other health-related tests. The nurse will also **take your blood samples**, a urine sample and various measurements and weight.

# 2

Once we have your **blood test results**, usually 2 weeks after your first visit, you will be asked to attend the practice for a **30-minute consultation** with the doctor, who will have reviewed your information. Based on your health, blood results, symptoms, family medical history and preferences, your **treatment plan** will be agreed, which will include both **HRT** and **non-HRT options**. **Guidance** on **exercise, nutrition, stress management, supplements** and **sleep hygiene** will also be provided.

Depending on your treatment plan, you **may** be asked to return for a **separate follow-up consultation** with the doctor, particularly if you elect to start hormone replacement therapy. Best practice is to ensure you are on the **lowest dose** of HRT to meet needed results. Your doctor may require you to have another blood test in advance of your follow-up, based on the treatment plan agreed.



# HOW TO PREPARE TO GET THE BEST OUT OF OUR MENOPAUSE SERVICE

Firstly, congratulations, if you have read this far, you are already on the **path to better long-term health and quality of life**. How much effort and honesty you put into the following 3 pieces of work will ask of you gives you the best chance of getting the **best results**.

When you book your appointment, our menopause team will send you a **questionnaire**. **Before you receive it**, start pulling together the information you will be asked for:

## A

Compile a list of family diseases and illnesses, which relatives had them and when.

## B

Keep a diary of your symptoms for at least 2 weeks. Joint pains, brain fog, depression, incontinence issues, intimate health issues, anything you should talk to your doctor about. There are no symptoms you should be too embarrassed to share, so please tell us.

## C

Think about your preferences for addressing your symptoms and maintaining long-term health, whether it's through lifestyle changes and hormone therapy, or non-hormone therapy. Your doctor will advise you based on your current health, medical history and blood results, but ultimately, it is your decision.





## Types of Hormone Replacement Therapy

The mainstays of HRT are oestrogen and progesterone. Both are naturally produced in the female body but decline during perimenopause and menopause, causing a range of symptoms, that can be mild or severe. The goal of hormone therapy is to replace what your body no longer makes, with the lowest amount of hormone therapy that delivers your needed results. Depending on whether or not a woman has her uterus, the type of hormone therapy recommended will vary.

### 1 Oestrogen only therapy

Oestrogen-only therapy is given to women who do not have a uterus.

### 2 Combined Oestrogen and Progesterone Therapy

For women with a uterus, a combination therapy of both oestrogen and progestogens is necessary. Following menopause, when the endometrial lining no longer sheds during menstruation, oestrogen alone can promote excessive growth of the uterine lining. Progestogens play a crucial role in safeguarding the lining and mitigating the risk of uterine cancer development.

## How Much Hormone Therapy should I take?

The lowest amount of hormone therapy that can produce the results you need should be used. If your symptoms are severe, you may need to start on a relatively high dose. Symptoms can ease over time and your dosage should be reduced as this happens. Your doctor will advise you at your consultation and may also ask you to re-attend in some months to check how you are doing and ensure hormone levels in your body are at appropriate levels.

## How do I take HRT?

There are several ways to take HRT. **We prefer** you to use **transdermal oestrogen** and **oral micro-ionised progesterone or the mirena coil** as they are considered the safest.(6). **Depending on your lifestyle**, there is a choice of therapy applications that may be **best suited** to you.

- **Oral medication:** tablets
- **Patches:** a clear sticker, placed on your lower abdomen (never on the breasts) that you replace twice a week.
- **Gels or creams:** easily applied, takes a minute to dry in.
- **Sprays:** relatively new to the market, they dry faster than gels.
- **Vaginal rings & Gels:** applied directly to the area for symptoms of incontinence and intimate health issues.



# SIX PILLARS OF IMPROVED HEALTH IN MENOPAUSE

## Nutrition

- Consider intermittent fasting - It has anti-inflammatory benefits, supports weight management, triggers cellular repair processes, supports metabolic health and cognitive function.
- Try using a nutrition tracking tool to understand what you are eating daily.
- Prioritise protein daily: 1.3-1.6 grams of protein per kg of ideal body weight.
- Stop eating simple sugars or limit them to less than 25 grams per day.
- Prioritise soluble and non-soluble fibre by eating at least 25 grams daily.

## Movement

- Stretch every day.
- Practice balance training every day.
- Focus on resistance training with progressively heavier loads three days a week.
- Aim for 150 minutes per week in cardiovascular zone 2 Heart Rate.

## Stress Reduction

- Get out in the sunshine: it will increase your brain's serotonin production.
- Plant something, tend it, and watch it grow!
- Seek out and meet the people in your world who make you happy, make you laugh.
- Try CBT – It will help reframe how you interpret and handle challenges. Available at Centric Mental Health for all menopause patients – direct booking available.
- Practice mindfulness, deep breathing or yoga.
- Be kind to yourself, you're worth it!

## Pharmacology

- Consider HRT, if the benefits outweigh the risks.
- Consider non HRT prescription medication, doctor to advise.

## Supplementation

If not able to get from food, supplements are necessary.

- Fibre - minimum 25 grams a day target.
- Omega 3 fatty acids - 2 grams a day target.
- Vitamin D 1,000 IU/Day with Vit K.
- Magnesium
- Creatine – during or after exercise - 5 grams a day.
- Collagen Peptides - skin and bone strength.

## Sleep Optimisation

- Consider a wearable sleep-tracking device so that you can understand how you are sleeping
- Practice good sleep hygiene.



## REFERENCES

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4. THE IMPACT OF MENOPAUSE ON BLADDER SYMPTOMS, UROLOGY NEWS VOL 27 ISSUE 5, 2023
5. RECOMMENDATIONS ON HORMONE REPLACEMENT THERAPY IN MENOPAUSAL WOMEN, BRITISH MENOPAUSE SOCIETY & WHC, 2020
6. BIOIDENTICAL MENOPAUSAL HORMONE THERAPY: REGISTERED HORMONES (NON-ORAL ESTRADIOL ± PROGESTERONE) ARE OPTIMAL, L'HERMITE, CLIMACTERIC 2017
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## ACKNOWLEDGEMENTS

- MARY CLAIRE HAVER, THE MENOPAUSE EMPOWERMENT GUIDE.