

My menopause has lasted two decades

Contrary to popular opinion, menopausal symptoms don't always disappear in middle age. **Patsy Westcott**, who has been manically opening and closing windows for 20 years, finds out what – if anything – can help

I was 49 years old and on holiday in Corfu when I was overcome by a whoosh of heat so intense that, throwing off the flimsy sheet, I began to wish I'd opted for Iceland in December rather than Greece in June. Then it happened again, this time during the day; I'd had my first night sweat and hot flush.

It was several more years before my periods stopped, during which time sweats and flushes became constant companions along with – later on – a raft of other woes: stiff, achy joints and muscles, dizziness, palpitations, a stubborn bulge around my waist, bouts of cystitis plus a curious inability to stay awake in the evening unless I was doing something especially exciting. All symptoms that, as a health

journalist, I recognised as menopause-linked, but thought would settle down in a couple of years.

Not so. Reluctant to take HRT because of its bad press plus a family history of breast cancer, I've been taking my cardigan on and off, trying supplements and tweaking my diet for most of the past two decades.

It turns out I am far from alone. An estimated 15% of women experience menopause symptoms for decades. But there's little recognition of this fact in the current wave of public discussion. From being little talked about, menopause – or more precisely perimenopause, the time leading up to the last period – has become positively fashionable, with

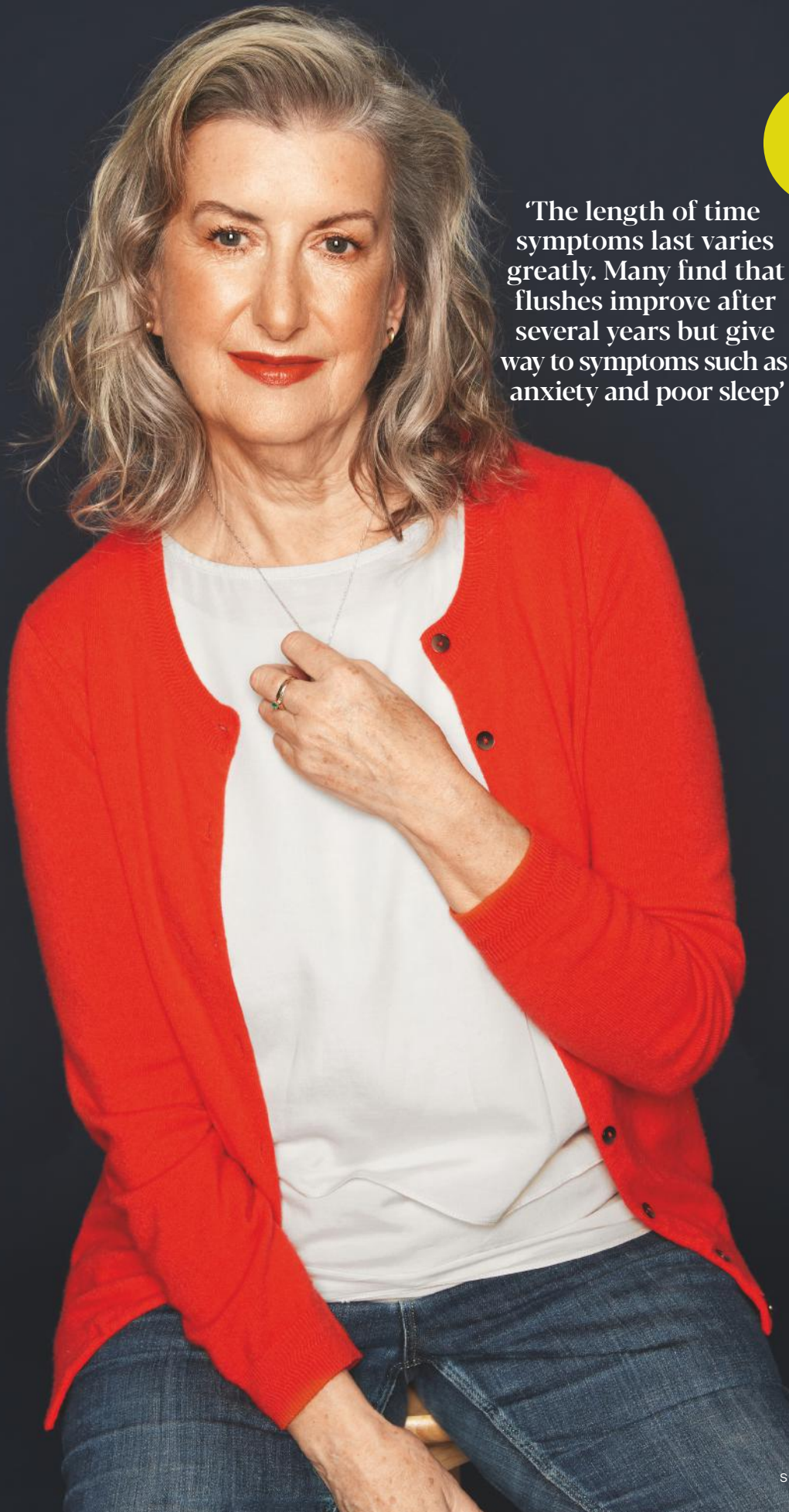
midlife celebrities from Davina McCall to Gwyneth Paltrow and Meg Mathews falling over themselves to share experiences and proffer advice.

There are more than 30 recognised symptoms of menopause affecting just about every bodily system: brain fog, memory lapses, dry, burning mouth, dizziness, headaches, migraines, changes in body odour, and loss of libido to name a few. I've been spared many of these, but the physical manifestations of my waning hormones have, at times, been overwhelming. Now aged 71, the flushes and sweats have abated, but other problems continue.

'The length of time symptoms last varies greatly,' says menopause specialist Dr Louise Newson (menopausedoctor.co.uk). 'Many find that flushes and sweats improve after several years but give way to symptoms such as poor memory, muscle and joint pains, anxiety and poor sleep. Other symptoms, such as vaginal dryness and urinary symptoms, can worsen and never improve without treatment.'

A scroll through medical journals reveals a dearth of articles about persistent symptoms. One of the few, a recent review looking at vasomotor symptoms (VMS), the medical name for flushes and sweats, acknowledges that, ➔

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Need to know

Menopause happens when ovaries stop producing as much oestrogen and no longer release a monthly egg.

In the UK, the average age of menopause is 51 years.

HRT can be oestrogen (single) or oestrogen and progesterone (combined).

Progesterone protects the uterus against build-up of cells that can increase the risk of uterine cancers.

Doctors now favour HRT given as patches, gels and sprays over oral tablets, which are associated with an increased risk of high blood pressure and blood clots.

Local vaginal preparations can ease genitourinary symptoms. They are lower strength than other forms of HRT and aren't systemically absorbed.

Micronised progesterone (Utrogestan), derived from yams, is thought to be safer and better tolerated than synthetic alternatives (progestins).

Testosterone can improve mood, energy levels, sleep, exercise endurance and libido.

There are now products specifically formulated for women.

Fyi

✦ contrary to popular wisdom, they can 'remain bothersome into advanced age'. Its author, Cynthia Stuenkel, Professor of Medicine at the University of California, San Diego, cites research outlining four common scenarios: few or no VMS; VMS beginning more than a decade before menopause and continuing at least 12-13 years afterwards; VMS peaking shortly after menopause and declining during the following decade; and early onset VMS up to a decade before menopause but declining soon afterwards.



HRT can reduce or prevent these and other symptoms, as well as protecting bones, guarding against heart disease and, possibly, reducing future risk of diabetes, dementia and osteoporosis. However, it has been dogged by negative publicity due to reported links with an increased risk of breast cancer, mainly from research almost 20 years ago, a claim many menopause specialists say has been exaggerated.

'Combination HRT tablets containing synthetic progestogens may have a small associated breast cancer risk, but this is lower than that of a woman who drinks a couple of glasses of wine most nights or is overweight,' says Newson. 'Newer types of HRT have not been associated with an increased risk of breast cancer, while oestrogen on its own has been shown to be linked with a lower risk. Overall, studies show that women who take any type of HRT actually have a lower risk of dying from breast cancer.'

Surprisingly, NICE only issued its first menopause guideline recommending HRT as a treatment option in 2015. This is currently being updated and is expected to include advice on the use of newer HRT preparations such as micronised progesterone and testosterone (see box on previous page).

But is HRT still useful – or advisable – if you're in your sixties or seventies? 'Most older women do well on HRT and there are few risks that don't also apply to younger women, the main one being hormonally driven breast cancer,' says consultant gynaecologist Anne Henderson, who ran an NHS menopause clinic for 30 years and is now director of Kent's private Amara Clinic (gynae-expert.co.uk). 'You won't get the same heart and bone protection as if you started at a younger age, but you can expect definite benefits.'

You are likely to be started on an ultra-low dose to avoid side-effects and end up on a lower dose than women who began it when

FIND OUT MORE...

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Natural Menopause
by Anne Henderson (Dorling Kindersley, £14.99)

TRY...
A Vogel Menoforce® Sage Tablets, £13.99 (30 tablets)



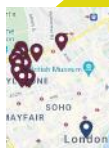
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younger. Importantly, you should be prescribed body-identical hormones (available on the NHS and privately and licensed by the Medicines Healthcare products Regulatory Agency). These are not to be confused with the similarly named bio-identical hormones – expensive compounded hormones that have not gone

through the MHRA's regulatory pathway and which the British Menopause Society and Royal College of Obstetricians and Gynaecologists warn against on safety and purity grounds.

Despite her clear enthusiasm for HRT, Henderson cautions against viewing it as a panacea. 'It works superbly for most women, but it isn't for everyone. And it doesn't work in isolation,' she says.

It's essential to pay attention to diet, exercise – especially strength training three times a week – and lifestyle. She recommends taking a good-quality multivitamin and mineral supplement, extra vitamin D, plus a probiotic. For those who shun dairy, a supplement containing calcium, magnesium and vitamin D to help maintain healthy bones is essential.

As an alternative to HRT, Henderson favours herbal remedies, especially sage (*Salvia officinalis*), which helps alleviate flushes and sweats as well as, according to a new study, brain fog, physical and mental exhaustion, sexual problems, joint and muscular discomfort and, possibly, sleep. Look for products registered under the traditional herbal registration (THR) scheme by the MHRA or see a professional herbalist registered with the National Institute of Medical Herbalists (nimh.org.uk).