



Acknowledgements

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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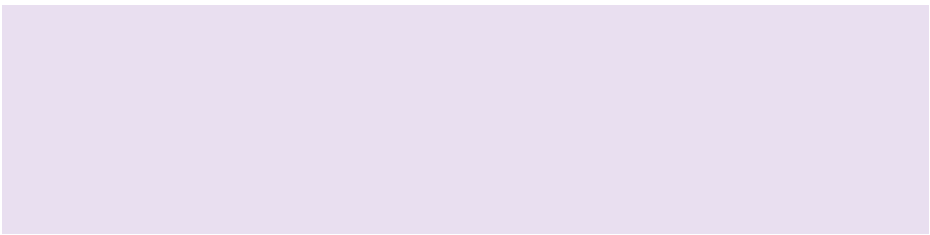
Note: the term women is used throughout this text, noting that as a gender diverse society the guidance can, and should, be used by and/or applied to

Key facts

- The average age in the UK to reach the menopause is 51-52.
- Emotions related to this stage of life are different to clinical symptoms of depression but can easily be mistaken for each other.
- It is important that women maintain a healthy weight,

What is the menopause?

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What causes the menopause?

- It is a natural event that all women experience, however the timing and symptoms are individual.
- Decreased oocytes leads to increase in (follicle stimulating hormone/luteinizing hormone) (FSH/LH) and decrease in oestrogen (negative feedback system).
- Induced menopause - medication, surgery, chemotherapy, radiotherapy.
- POI - unknown, genetic, infections, autoimmune.

Loss of periods < 40 should be investigated - blood tests for FSH/LH/Oestradiol and prolactin, to check for a side effect of

What are the signs and symptoms?

The type of symptoms and the woman's age will direct the need for treatments. Some of the symptoms are listed below.

Signs and symptoms

- Irregular periods, absent periods, heavy bleeding.
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- Night sweats leading to poor sleep.
- Tiredness.
- Mood changes/low mood/anxiety/irritability.
- Poor self esteem.
- Vaginal dryness.
- Decreased sex drive.
- Poor sleeping.
- Bladder issues.
- Vaginal problems including increase in infections.
- Changes in skin and hair.
- Joint pains.
- Bloating.
- Longer-term problems such as osteoporosis and increase in cardiovascular disease (CVD).
- As fertility declines women can stop using contraceptives after one year without periods if over 50, and after two years without periods in under 50.

What are the signs and symptoms?

Symptoms may overlap with depression: sleep issues, sexual problems, appetite changes, low energy and poor concentration.

Medication side effects can impact: SSRI –insomnia,



Myths about the menopause

- Symptoms are just physical: there are many psychological symptoms such as low mood, irritability, anxiety and panic attacks, poor concentration and memory and low energy.
- Contraception is not needed: women should continue to use contraception for two years after their last period if under 50 and for one year after their last period over the age of 50.
- HRT causes cancer: there is a slight increased risk of breast cancer with some forms of HRT.
- Young women cannot have the menopause: about 1% of women under 40 are pre-menopausal.
- A blood test can diagnose menopause: this is not true as
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- Most women do not need any help: around eight in 10
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- HRT is a last resort: HRT is the gold standard treatment for symptoms and the most effective treatment to relieve symptoms.
- Weight gain is inevitable during the menopause: metabolism and weight can be affected however, there is no evidence to show HRT causes weight gain. Fat storage can shift from hips and thighs to the abdomen meaning body shape can change.

Myths about the menopause

- If you start your periods early you will have an early menopause: this really isn't the case.
- All women get terrible symptoms during the menopause: most women have minor symptoms and some do not have any symptoms apart from their periods stopping.
- It doesn't take very long: symptoms of the peri-menopause and menopause can last for many years; the average is four years.
- Periods stop suddenly: it does happen to some women, but it is more likely that periods will become more irregular and spaced out before they stop all together.

How to positively manage the menopause

- Diet and lifestyle: reduce both caffeine and alcohol, and
Simple measures can help such as wearing layers so
night sweats, keep a glass of cool water nearby and keep
the room slightly cool if able. Ensure there is enough
calcium and vitamin D in the diet and eat a diet rich in



Prescribed alternatives

These are:

- clonidine
- SSRI (selective serotonin reuptake inhibitors)
- gabapentin (off licence) and mainly for women who cannot take HRT, for example those with a history of some cancers.

Prescribed alternatives only work on vasomotor symptoms and on mood but do not have an impact on other symptoms or protect bones or the heart.

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- Œ , \$ ê Œ Œ ... F R Ã % å Œ _ ... F R ß Ã % \$ H K , v ê , Z women. Paroxetine seems to be the most effective, but may interact with tamoxifen so venlafaxine is generally used. These may give some women side effects such as GI



Prescribed alternatives

Hormone replacement therapy (HRT): oestrogen and progestogen if the women has a uterus and oestrogen if not. Replacing oestrogen with HRT is the most effective treatment for menopausal symptoms.

HRT taken as sequential (with a bleed) for peri-menopause and continuously (without a bleed) for post-menopausal women.

It is available as tablets, patches, gel, transdermal spray, intrauterine progestogen or vaginal oestrogen for local treatments.

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- Symptom management.
- Side effects -breast tenderness, headaches, bleeding, mood changes.
- Slight increase risk in breast cancer (with combined HRT) (NICE, 2015).
- Strokes, blood clots (less with transdermal).
- HRT within specialist care only if previous thrombosis, hormone-dependant cancer, undiagnosed vaginal bleeding, liver disease.

Cognitive behaviour therapy (CBT): can help alleviate the

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Sex and the menopause

The onset of the menopause does not mean that sexual activity is no longer enjoyable. In fact, many women find that after menopause, they no longer have the fear of an unintended pregnancy, which is quite liberating.

However, the loss of oestrogen and testosterone following menopause can lead to physiological and emotional changes



Keeping healthy at the menopause and living well

Menopause marks a transition to the next phase of life and it offers the possibility to refocus on growth and reconsider priorities.

Some women experience minimal symptoms and medical intervention is not needed. It is important to optimise health with good diet, weight management and increasing exercise, especially weight bearing, to help with CVD, bones and minimise symptoms.

The experience can vary across cultures and there are suggestions that the cultural differences can shape the experiences. Some cultures celebrate the menopause as an achievement of wisdom and ageing while western culture often portrays it as negative, with a stigma around menopause and women's experience.

A series for loss:

- less feminine
- less beautiful
- less sexual
- less worth.

Keeping healthy at the menopause and living well

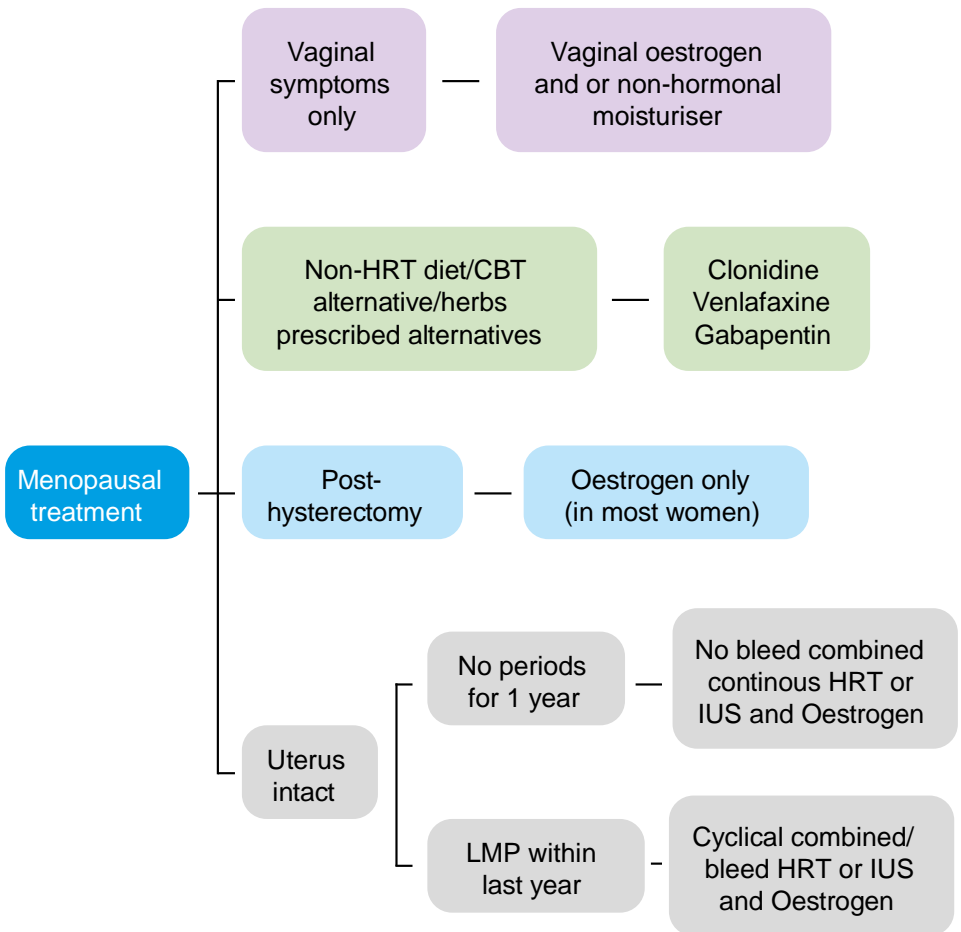
This can have a negative impact and stop women asking for help, clarifying needs, sharing experiences and receiving health care. It is often hidden, and attitudes are not and feel this ages them. Women should be encouraged to:

celebrate: keep a diary of the positives and challenge the negative thoughts. Make time to laugh as humour can help with tension, stimulate immune systems, help with coping and enhance memory, learning and help women to feel connected.

connect: support of others who have been through similar experiences, such as women in a support group or menopause café.

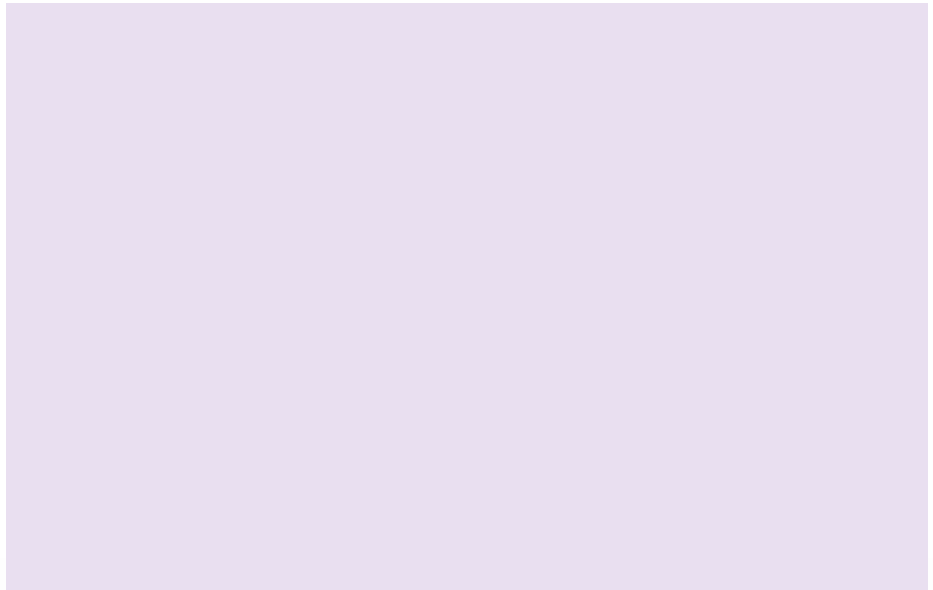
challenge: the normal and the way menopause women are treated in society and in the workplace.

Treatment of menopause



Multicultural dimension to menopause

The menopause can impact women differently. This can be due to timing, symptoms and general feelings and life experiences around this time. In addition, culture can play a role in how women experience menopause. For example, in some cultures, there is a negative stigma around menopause and women may have less



Mental health and menopause

Mid-life is a time of transition and stressful life events from divorce to a second career, combined with physical changes can result in feeling overwhelmed. A number of studies have shown that menopause can affect mental health, including higher stress levels and depression.

Anxiety and panic attacks are also reported during menopause with hormonal changes and physical symptoms such as sleeplessness, affecting biological functioning - especially for women with Bipolar illness. Women with schizophrenia may be at increased risk of an episode as their production of oestrogen decreases, and some antipsychotic medications like Sulpiride and Risperidone may cause periods to stop which can be mis-diagnosed as menopause.

It is important to encourage women to talk about mental wellbeing and encourage them to seek the right support and help.

Some women with previous hormonal related issues such as postnatal depression and/ or premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) may be at higher risk of developing issues around the menopause.

Medication and its impact on menopause

Some medications can have an impact on the menopause

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confusing. Some studies suggest that pre-menopausal women
have a better response to some medications than post-
menopausal women. Medications given from gynaecology



Medication and its impact on menopause

Anxiety, depression and sleep

Anxiety, depression and sleep are interlinked as anxiety and depression can trigger sleep problems and sleeplessness can make anxiety and depression worse.

Lack of sleep can affect mental wellbeing, cognitive function and cardiac health. Sleep disturbances are common throughout the peri-menopause, menopause and post-menopause. Sleep disturbances can include difficulty falling asleep, waking up frequently during the night, and waking up too early in the morning. Sleep disturbances can also be associated with symptoms such as hot flashes, night sweats, and fatigue during the day. Night sweats can make sleep uncomfortable and can cause regular waking.

Sleep disturbances can be caused by lack of oestrogen,

which can lead to symptoms such as hot flashes, night sweats, and fatigue during the day. Sleep disturbances can also be associated with symptoms such as hot flashes, night sweats, and fatigue during the day. Night sweats can make sleep uncomfortable and can cause regular waking.



Medication and its impact on menopause

Treatments for poor sleep include: adequate exercise (not before bed), healthy diet and managing stress. Maintaining a regular bedtime and trying not to nap in the day can also help. Cognitive behavioural therapy can reduce menopausal symptoms such as low mood, anxiety and sleep disturbance. HRT can improve sleep particularly for women who are having

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Menopause is not a high risk for new onset of mental health conditions such as bipolar; it is a time of psychological stress. For example, depression is more common in women than men resulting from hormonal changes such as:

- pre-menstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)
-



Medication and its impact on menopause

It is normal to feel emotional about physical changes like getting older, the impact of poor sleep and the loss of fertility, role changes like children leaving home, looking after ageing parents or other relatives, or facing the loss of parents. Menopause can signal a time to take stock of life and focus on the next stage.

Emotions related to life course are different to clinical symptoms of depression, which may include:

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As a nurse...

- think about menopause or hormone-related issues in women you see
- when you meet a woman with menopause symptoms suggest they see their GP, practice nurse or specialist - use Z ê ^œ R H ê ß Ã R Z œ % á ê K
- Þ ê R ê á Ã % á ß , % œ á ê % Z Z , Ã R J` ê R Z , % wellbeing, mood, symptoms, vaginal dryness, sexual issues in a compassionate and supportive way
- think about how menopause could have an impact on existing expression or mental health and understand the differences in hormonal low mood and depression and the different treatment pathways
- assess whether a presentation is related to menopause and holistic support - do not assume it is depression
-



As a nurse...

- think not only about symptoms but long-term health, think bones and cardiovascular disease and what can you do to optimise health
- be aware of diagnostic overshadowing for women with menopause
- be aware of the common treatments and interactions
- challenge myths around HRT
- be positive - menopause is natural.

Further information, support and referrals

- If you see a woman who has menopause symptoms suggest that she sees her general practice team or a specialist.
- Get to know the common symptoms of menopause and its effect on mood and wellbeing.
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- Look at RCN publications.
- Ask questions related to mood changes, symptoms, vaginal dryness and libido.
- Read publications and be a positive advocate for women's health.

Ayers B, Forshaw M & Hunter MS (2010) The impact of attitudes towards the menopause on women's symptom experience: A systematic review January 2010 *Maturitas* –European Journal Menopause Volume 65, Issue 1, Pages 28–36.

Available at: pubmed.ncbi.nlm.nih.gov/19954900

The British Menopause Society (BMS)

- thebms.org.uk

RCN Women's health publications

- rcn.org.uk/clinical-topics/womens-health

RCN Womens Health Menopause (2022)

- rcn.org.uk/clinical-topics/Womens-health/Menopause

Further information, support and referrals

- rcn.org.uk/get-involved/forums/womens-health-forum
- rcog.org.uk/en/patients/menopause
- womens-health-concern.org/help-and-advice/factsheets

Daisy network

- daisynetwork.org.uk

Menopause matters

- menopausematters.co.uk

NICE guideline [NG23] November 2015 NICE Menopause: diagnosis and management

- nice.org.uk/guidance/ng23?unlid=46651615820163246111

