

Menopause



A Guide



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

The **Women's Health Council**
Comhairle Shláinte na mBan



Menopause

A Guide

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Introduction

Menopause is a normal event in a woman's life. The years before may have been taken up with rearing your family, building relationships and your career. Around the time of the menopause many people, men and women, are beginning a new stage of their lives. Your relationships with your partner, parents, children or close friends change as they too become older. Your attitude to work may change; you may look for new challenges or feel you want to slow things down.

Together with the symptoms of the menopause, it is hardly surprising that some women find this time difficult. However, there are also positive aspects to life after the menopause. Periods will no longer be an issue and you won't have to think about pregnancy. While the menopause signals the end of your childbearing years, it is also the start of a new phase of your life.

This booklet has been developed by the Women's Health Council and the Health Service Executive. It includes information on:

- what the menopause is and why you experience the menopause;
- symptoms of the menopause;
- how to manage these symptoms; and
- how to look after your health after the menopause.

It may not answer all your questions, but we hope it will be a useful guide. You should talk to your doctor about any questions or problems you may have.

Section 1

What is the menopause?



What is the menopause?

Medically speaking, menopause means your periods have stopped for one year. However, most women use the word in a wider sense to mean the years before and just after menopause. The menopause is a natural part of your life. It marks the end of your fertility – that is your ability to get pregnant and have children.

At puberty (usually in your early teenage years) you began to have monthly hormonal cycles that resulted in your periods. This is called the menstrual cycle. During the early part of each cycle the levels of the hormone **oestrogen** rise, stimulating the growth of an egg in your ovaries. At ovulation an egg is released from one of your two ovaries. Then another hormone, **progesterone**, stimulates the lining of the uterus to thicken. If the egg is not fertilised by a sperm, your hormone levels drop and the lining is shed as a period.

As you get older, you ovulate less often, which is why your fertility level goes down with age. As you approach the menopause, you may not always ovulate and the release of oestrogen and progesterone can become irregular. Your ovaries gradually become less active and you produce much less oestrogen. Eventually the ovary stops functioning and you release no more eggs. The release of oestrogen and progesterone also virtually stops.

These changing hormone levels are the reason for many of the symptoms of the menopause. If your hormone levels reduce slowly, you may only realise you have reached the menopause when your periods stop.

► When does the menopause happen?

The menopause can start at any time from your late 30s to late 50s. For most women it happens between age 48 and 55. A natural menopause between the ages of 40 and 45 is called an **early menopause**. A natural menopause before the age of 40 is considered a **premature menopause**.

Premature menopause can be a particularly difficult experience. If this happens to you, you should talk to your doctor about having special tests to find out the cause.¹

For some women, the menopause may be caused by cancer treatments such as chemotherapy or radiotherapy, or by having ovaries removed during a hysterectomy (womb surgically removed). This sudden stop in the production of hormones may lead to symptoms. These may be another complication of an already traumatic illness.

¹ For more information on premature menopause, see The Daisy Network, a premature menopause support group in the UK, www.daisynetwork.org.uk

► How do I know if I'm menopausal?

If you are in your mid to late 40s and you have some of the following symptoms you may be menopausal.

Physical

- Irregular periods
- Hot flushes
- Night sweats
- Heart palpitations
- Decreased libido
(sex drive)

Psychological

- Mood swings
- Irritability
- Increasing anxiety
- Insomnia
- Poor sleep pattern
- Difficulty concentrating
- Forgetfulness

Many women go through this stage of their lives without any problems. For those who do have problems, each woman's experience may be different. Use the information in this booklet as a guide. It may help to speak with your doctor or a friend who has been through the menopause.

You may start to experience some symptoms up to two years before your periods stop. You may experience a few days or weeks of symptoms followed by weeks when none occur. After your last period you may continue to have symptoms for a number of years. It is not unusual for some women to have occasional symptoms into their 60s and sometimes 70s.

If your symptoms cause you distress, talk to your doctor. They will give you advice on managing your symptoms and may discuss medical treatments such as HRT – hormone replacement therapy (see p. 33). Some women use complementary or alternative therapies to relieve their symptoms (see p. 39).

► Can I get pregnant during the menopause?

During the menopause it can be difficult to know when you are ovulating, especially if your periods are irregular. **You can get pregnant around this time.**

If you don't want to become pregnant, you should use contraception until you have not had a period or any bleeding for:

- two years if you are aged under 50, or
- one year if you are aged 50 or over.

Talk to your doctor or family planning clinic about what contraception to use.

► What to expect from your doctor

When you visit your doctor to discuss the menopause you can expect to:

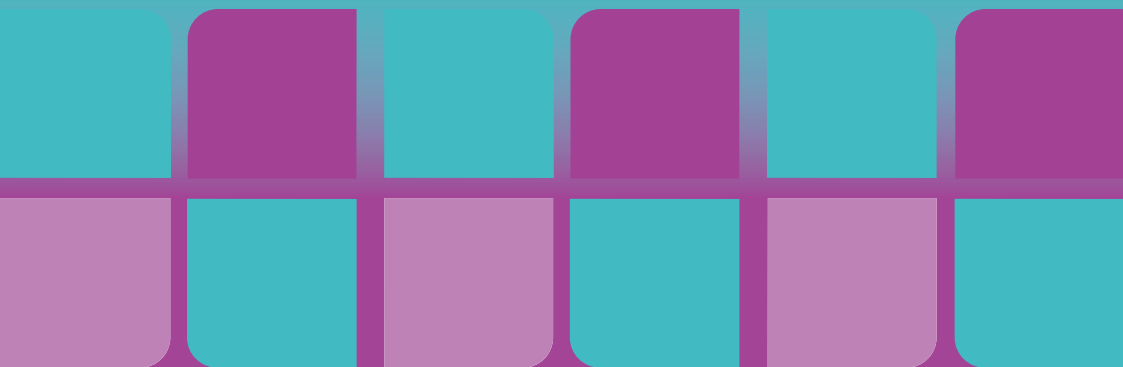
- talk about your medical history – when you had your last period, what symptoms you are experiencing, what contraception you use, any other conditions you have and medication you take and your family history of certain diseases such as breast cancer;
- talk about how your menopause symptoms are affecting you;
- discuss your options such as lifestyle changes, HRT and complementary therapies;
- discuss other health issues, such as osteoporosis and heart disease, as well as breast and cervical screening; and
- discuss contraception – because you may still be ovulating and could become pregnant.

Your doctor can usually confirm you are menopausal based on your clinical history. In some cases, your doctor may take a blood test to check your hormone levels, but this is not routinely done.

You may need more than one visit to monitor your symptoms and to discuss all the issues you have. You can use this booklet to identify issues that you want to discuss with your GP.

Section 2

Symptoms of the menopause



2

► How the menopause affects your body

Irregular or heavy periods

Irregular periods are often the first sign of the menopause. For some women, periods become more regular, while for others they become less regular. You may experience heavier bleeding and periods that last longer. Over time, periods become less regular, with occasional skipped periods, until they finally stop.

Self-help tips

- You can relieve mild period pain with gentle physical activity or heat. You may need painkillers for stronger pain. Talk to your doctor or pharmacist.
- Heavy bleeding and longer periods can reduce your iron levels, so increase the amount of iron-rich food you eat, such as lean red meat, fish, poultry, green leafy vegetables and enriched whole grain breads and cereals. Try to combine these with food or drinks rich in vitamin C to help your body absorb iron.
- As you may not know when to expect your period, keep some sanitary pads or tampons at home, at work and in your bag.

If you have very heavy bleeding, talk to your doctor about further investigation and management.

Hot flushes and night sweats

Hot flushes are the most typical symptom of the menopause. They generally appear some months or years before your periods actually stop. They are caused by changes in your body's temperature control. You may experience a feeling of heat in your face, neck and chest, accompanied by a red flush and followed by sweating all over. They can happen without warning but may be brought on by a hot drink (especially caffeine), spicy food, alcohol, changes in room temperature and stress.

Hot flushes at night are called 'night sweats' and are not always accompanied by the feelings of heat. They can disturb your sleep, making you tired the next day, and affect your ability to concentrate and lower your energy levels.

Some women also experience headaches, palpitations, shaking and dizziness during and after a hot flush.

Self-help tips

- Natural fabrics such as cotton may be more comfortable to wear and will absorb moisture.
- Wear layers of clothes that you can easily take on and off as your body temperature changes.
- Have bed clothes that you can throw on and off easily.
- A cold drink often helps to control the flush – keep a glass of water beside your bed at night so you can drink it quickly if a flush begins.
- Water sprays or moist wipes can help lower your skin temperature.

- Certain food and hot drinks may trigger flushes. Try to identify if there are particular things that trigger your flushes and avoid them if you can.
- Regular moderate physical activity may help.

Vaginal dryness, discomfort, burning and itching

The skin of your vagina depends on oestrogen to stay thick and moist. It is particularly sensitive to lower oestrogen levels. After the menopause, your body may produce enough oestrogen to keep your vagina moist. If not, you may notice a dryness and discomfort in your vagina. This can make sex uncomfortable.

Self-help tips

- Wear comfortable underwear. You might want to try different fabrics.
- Use a water-based lubricating jelly if sex has become uncomfortable. You can get these over the counter in pharmacies.
- It may also help to talk about this with your partner.

Libido (interest in sex)

You may find that you are less interested in sex than before. This could be the result of other stress in your own or your partner's life and your interest in sex may return when this stress has gone.

Vaginal dryness after the menopause can make sex uncomfortable and night sweats may make you tired, both of which can affect your sex drive. It can help to talk to your partner about any worries you may have. Relationship counselling or sex therapy may also benefit you and your partner. Following the self-help tips for vaginal dryness and night sweats may help as well.

Not all women lose interest in sex after the menopause. Some women find they can relax and enjoy sex even more now they no longer have to worry about getting pregnant.

Insomnia – sleep problems

You might find that you have trouble sleeping. This might be because of night sweats, having to go to the toilet often or anxiety over your menopause and other issues in your life. Not having a good night's sleep can disrupt your life. You may find that it makes other symptoms worse and makes it more difficult to cope both with your menopause and life in general.

Self-help tips

- Physical activity can help you sleep better, as well as help to relieve other symptoms.
- Avoid stimulating drinks and food (such as tea, coffee or spicy foods) before you go to bed.
- If you wake during the night, it can help to get up and have a drink or read until you feel tired again.
- If you feel your sleep is disturbed by anxiety, it might help to talk to friends or family or a counsellor.

► How the menopause affects your mind

Many of the psychological symptoms – such as mood swings, irritability, anxiety, difficulty coping, forgetfulness and difficulty concentrating – may be related to hormonal changes and the physical symptoms they cause. Managing your physical symptoms may improve the psychological symptoms as well.

Depression, anxiety and panic attacks

While there are many causes of depression and anxiety, the symptoms of the menopause may contribute to these feelings. For example, night sweats can disturb your sleep and tiredness makes it harder to cope with stress. Your hormone levels may also affect your mood. This is often a time of change and stress for women, and this can contribute to feelings of depression.

Some women experience panic attacks for the first time at menopause. A panic attack is a sudden onset of intense fear and inability to cope. This can upset and frighten you, and you should talk to your doctor about it.

Self-help tips

- Talk to friends and family about how you are feeling. This may help both you and them understand what you are going through. It may also help you find out the exact cause of your feelings.

- Take each day at a time.
- Take time to look after yourself – relax, go for a walk, take up a hobby, such as yoga or meditation.
- A healthy diet and regular physical activity will also help you deal with stress.
- It can help to contact a support group. Groups such as Aware and Mental Health Ireland can help to support and reassure you (see p. 43).
- If you are worried or your feelings of anxiety and depression get worse or continue for more than two weeks, talk to your doctor.

Forgetfulness

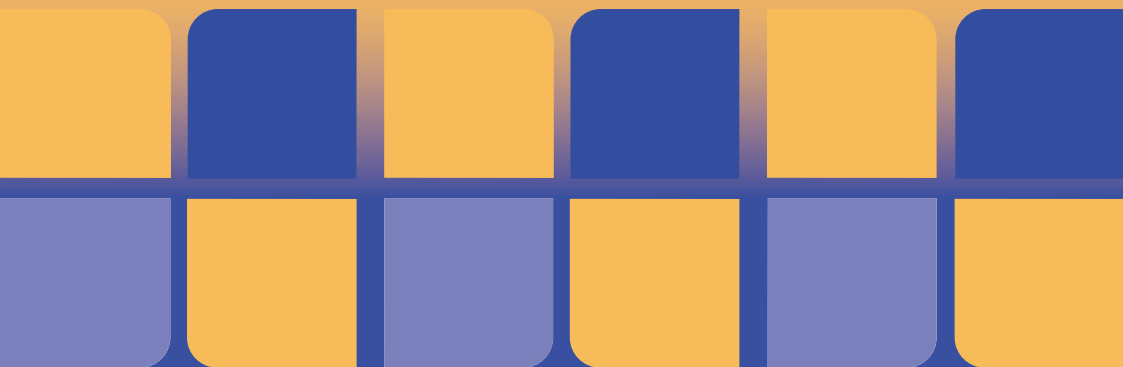
You may find that you are forgetting things, for example forgetting what you went into a shop for or where you have left something. This can annoy and upset you but many women find that it passes again after the menopause.

Self-help tips

- Write lists and notes for yourself, and leave them on the kitchen table or the fridge where you'll see them.
- Ask people to remind you of things.
- Set reminders in your mobile phone or write on the calendar.
- Try to always use the same places for things, for example always put your keys or car-park ticket into the same pocket in your bag.

Section 3

Managing your menopause



3

Managing your menopause

Every woman's experience of the menopause is different and how you decide to manage your menopause will depend on your age, what symptoms you have and how they affect your quality of life.

There are a number of things you can do to help manage your menopause such as:

- being active and eating healthily
- taking medical treatments such as HRT, and
- using complementary and alternative therapies.

► Get active and eat healthily

The menopause is a great opportunity to look at what you do and what you eat and get the balance right. Before menopause, women are protected against a number of diseases, such as heart disease, stroke and osteoporosis, by the hormone oestrogen. However, once you stop producing oestrogen, your risk of these diseases increases. Being physically active and having a good balanced diet can help protect against them.

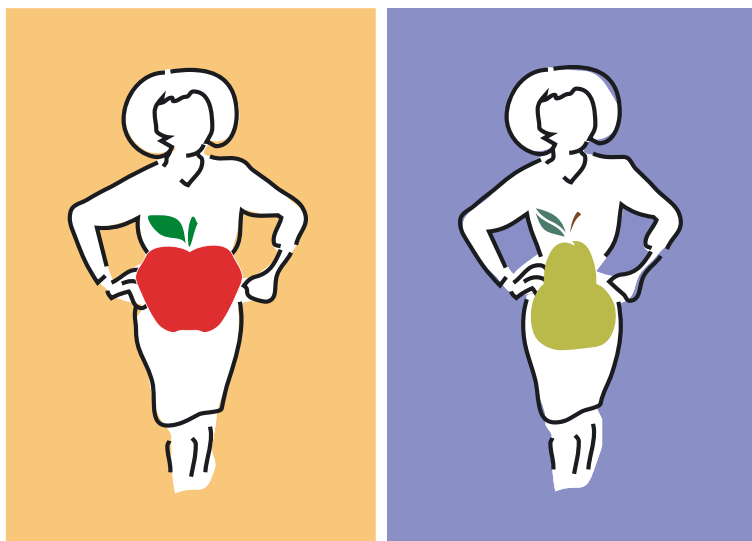
Low oestrogen levels also affect other parts of your body such as your bladder, skin and hair ([see p. 31](#)).

Are you an apple or pear shape?

As you get older you may find that it's easier to put weight on and harder for you to lose it. This may be partly due to your metabolism slowing down slightly as you get older, and changes in your body's hormones.

Where you carry your weight is also important for reducing your risk of heart disease. As oestrogen levels decrease in your body, fat redistributes itself around your stomach and is lost around the hips and breasts. This gives you an 'apple' body shape. Studies have shown that an apple body shape is linked with increased risk of heart disease, raised blood pressure, type 2 diabetes and some types of cancer. A healthy diet and regular exercise can minimise these risks. If you have extra body fat stored around your hips you will have a 'pear' body shape. This is considered less harmful to your health.

Apple and pear body shapes



Looking after your heart

The risk of heart diseases such as high cholesterol, clogged arteries, heart attack and stroke increases as you get older. The main risk factors for heart disease include a family history, smoking, high cholesterol, high blood pressure and being overweight.

Heart disease is often thought of as a 'male' illness but this is not true. Overall, men and women are equally affected by heart disease. Men are at risk of heart disease and heart attacks at a younger age, as oestrogen reduces women's risk of heart disease before the menopause. From menopause onwards, your risk is the same as a man's.

For everyone, being more active and eating healthily is the best way to reduce your risk of heart disease. If you smoke, quitting reduces your risk of heart disease immediately.

Tips for healthy eating

Reduce the amount of saturated fat (hard fat)

Choose olive oil or rapeseed oil instead. A fat called 'omega-3' is particularly good for your heart. Oily fish such as sardines, mackerel, herrings, kippers, trout and salmon are the best sources of these good fats. You should eat one portion of oily fish a week. All types of fat are high in calories, so try to limit the total amount of fat you eat.

Increase your fibre

Soluble fibre can help to lower cholesterol and reduce your risk of heart disease. This type of fibre is found in oats, barley, pulses and some fruit and vegetables. Drink plenty of water or other fluids – at least eight glasses a day.

Eat at least 5 portions of fruit and vegetables a day

Eating foods with anti-oxidant vitamins A, C and E and other nutrients increases your protection against heart disease and cancer.

Lower your salt intake

To help prevent high blood pressure, reduce the amount of salt you add when cooking and at the table. Cut down on processed foods and prepare meals from fresh ingredients where possible.

You can get more information on healthy eating from your local Health Promotion Department ([contact details on p.42](#)) or at www.healthpromotion.ie or from the Irish Nutrition and Dietetic Institute website at www.indi.ie ([contact details on p.44](#)).

► How does physical activity help?

The good news is that regular activity can help manage many of the symptoms of menopause. Physical activity helps to:

Reduce and prevent symptoms, such as

- Sleep disturbances, insomnia
- Anxiety, irritability, depression
- Vaginal and bladder atrophy
- Joint pain
- Hot flushes

Reduce your risk of

- Heart disease
- Osteoporosis
- Weight gain

Improve and increase your

- Strength, stamina, flexibility, energy
- Function of vital organs
- Condition of heart, lungs and muscles

What activities are best?

To get the benefits of physical activity, you need a balanced programme of aerobic activity, weight-bearing activity and flexibility.

Aerobic activities are great for your heart and lungs and also for losing weight. Aerobic activities mean you are constantly moving over a period of time. Examples include swimming and cycling.

Weight-bearing activities are when your bones and muscles work against gravity and include physical activity in which your feet and legs bear your weight. This type of activity will benefit your muscles and bones. Examples include walking and dancing.

Flexibility or stretching activities will reduce your risk of injury and allow your joints to move more freely. Examples include yoga and bowling.

How long should I be active for?

To get the most benefit you should be active at a moderate level for at least 30 minutes on five or more days a week. The good news is that the minutes don't have to be in one session – so you could do two 15-minute sessions or three 10-minute sessions during the day.

Moderate level activity means you should be able to carry on a conversation while you exercise. If you are too breathless to talk, you're working too hard.

Fitting in fitness

The main thing to remember is to try to fit physical activity into your daily life. You could:

- take the stairs instead of the lift,
- park further away from your destination and walk the extra bit,
- put a bit more 'oomph' into housework,
- walk or cycle instead of taking the car on short journeys, or
- stretch or dance during the ad breaks on telly!

Remember

If you are starting a new physical activity programme or class, make sure it suits your level of fitness. If you have an existing illness, always check with your doctor before beginning a new activity.

► Looking after your bones

Both men and women start to lose calcium from their bones as they get older. This process speeds up in women at menopause due to the decrease in oestrogen levels. This calcium loss results in your bones getting weaker and thinner, especially at the spine, the hip and the wrist. As the bones get weaker, they may break more easily and you may get osteoporosis (brittle bones). Osteoporosis can increase your risk of fracturing a bone such as your hip, wrist or spine. After the menopause, some women can lose up to 5% of bone per year, for several years.

Bone thinning itself does not cause any symptoms and osteoporosis is often called the 'silent disease'. The first warning sign can be a fracture after a simple fall or knock.

Risk factors

A family history of osteoporosis increases your risk. Women who have a low bone density when they reach their menopause are at highest risk of osteoporosis. Bone density can be measured at the hip and spine with a DEXA scan.

Smoking is a risk factor for osteoporosis. Women who smoke have 10% lower bone density. Other risk factors are low levels of calcium in your diet, lack of regular activity, too much alcohol, prolonged steroid therapy and thyroid disease. There is some evidence that treatments such as chemotherapies for breast cancer may reduce bone density. You should ask your doctor if you think you may be at increased risk.

What you can do

A good calcium-rich diet, vitamin D and plenty of weight-bearing activity are the best things you can do to protect yourself. If you smoke – quit. If you drink alcohol, only drink in moderation.

Calcium

Milk and dairy foods are the best sources of calcium and they are most easily absorbed. Aim for at least 800mg of calcium each day (3 servings). A serving is equal to 1/3 of a pint of milk, or 1 carton of yoghurt, or 1 ounce of hard cheese. If you have had a fracture you may need up to 1500mg of calcium. If you are watching your cholesterol, use lower fat dairy products such as low fat milk, cheese and yoghurt, which are also good sources of calcium. If you're on a dairy-free diet then make sure you choose alternatives fortified with calcium.

Vitamin D

Vitamin D is important because it helps your body to use calcium. Your body can make vitamin D from sunlight. Most people get enough vitamin D this way, but some people, who are housebound or who wear clothes that cover most of their body, need to make sure they get vitamin D from their food. Good food sources of vitamin D include fish liver oils and oily fish, such as sardines and salmon. If you think you are at risk of low vitamin D levels, talk to your doctor about taking supplements.

Weight-bearing activity

Weight-bearing activity helps your bones to hold on to the minerals that keep them dense and strong. This prevents or slows down the progress of osteoporosis. It places an increased 'load' or force on

your bones. Your bones respond by increasing in mass so the load can be spread over a larger amount of bone. This type of activity also improves your balance and co-ordination. This in turn reduces your risk of falling – falls can result in broken bones. If you already have osteoporosis, improving your strength, flexibility and posture can reduce pain so you can do daily tasks more easily. You should see your doctor before starting any physical activity programme (see p. 26 for tips on getting active).

Quit smoking

For information and support to quit smoking, contact the National Smokers' Quitline on 1850 201 203.

Medical treatments

Many medical treatments are available to prevent and treat osteoporosis. Your doctor can advise you on the right treatment for you.

Hormone replacement therapy (HRT) can help to prevent bone loss. The benefit lasts as long as you take it. The benefit to you may vary because there are many other lifestyle factors that contribute to bone loss. It is not your first line of treatment for osteoporosis, but it may be useful if you have an early menopause (before age 45).

► Managing your other symptoms

The lower levels of oestrogen in your body can also affect your bladder, hair and skin.

Bladder and urinary problems

Like your vagina, the skin of the bladder lining and neck of the bladder depends on oestrogen for its health. Low oestrogen levels can mean you need to pass water more often during the day and at night. It can cause a burning sensation that may seem like cystitis but there is no infection. Your doctor should be able to advise you on treatment for this.

Stress incontinence is a small leak of urine (wetting) when you sneeze, laugh or lift things. It can happen at any age. It is caused by the muscles in your pelvic floor becoming weaker. There are simple exercises you can do to make them stronger.

Pelvic floor exercises

Pelvic floor (or Kegel) exercises will strengthen the muscles that support the bladder and help control incontinence. As a test, to find the right muscles, try to stop the flow of urine while you're on the toilet (you should not do this test more than once per week). When you have found these muscles, you can practice tightening and relaxing them anytime, anywhere. You may remember doing this exercise when you were pregnant or after having a baby. For more information contact Tirim ([see p. 44](#)).

Hair, skin and nails

Your skin may become drier, thinner, less elastic and more prone to bruising. It may also be itchy. Your hair may get thinner and drier and you may get unwanted hair on your face. You may need to change your skin and hair care, for example try a richer face cream or a stronger hair conditioner. Your nails may start to split, so try to keep your nails clean and dry; wear gloves while washing up. A nail hardener is available from pharmacies and may improve the condition of your nails.

Health screening

It is important that you get regular health checks. There are two national screening programmes in Ireland for breast and cervical cancer. BreastCheck is a free breast screening service available for women aged 50-64 years. You should have your breasts screened every two years. It is available in most areas of Ireland, and will soon be available nationwide.

You should also have a cervical smear test every three years if you are aged 25-44, and every five years if you are aged 45-60. If you are over 60 years of age, you should talk to your doctor about your need for a cervical smear test. A free cervical smear test programme is available to women aged 25-60 years living in the mid-west area. This programme is currently being expanded across the whole country.

Section 4

Hormone Replacement Therapy (HRT)

4

► What is HRT?

HRT provides extra oestrogen to keep your body's hormone levels constant. The extra oestrogen helps relieve the symptoms caused by the fall in hormone levels – hot flushes, vaginal dryness and urinary discomfort.

There are two main types of HRT:

- oestrogen on its own, which is given to women who have had a hysterectomy (womb surgically removed); and
- oestrogen combined with progestogen, similar to the progesterone your body produces. You need the progestogen to reduce your risk of cancer of the womb.

HRT is similar to the contraceptive pill, but the hormone doses are lower and it is **not a contraceptive**. Oestrogen in HRT is similar to the oestrogen produced in your body. The dose of oestrogen in HRT is much lower than that in the contraceptive pill. For this reason they have fewer side effects.

If progesterone is used along with oestrogen, it can be taken in two different ways:

- cyclical or sequential – with a monthly 'period'; or
- continuous – 'period free', recommended if you have not had a period for at least one year.

You will need to talk to your doctor about whether HRT is suitable for you. HRT may not be suitable if you have a history of breast cancer, blood clots, stroke or heart disease. If HRT is unsuitable for you, your doctor can advise you on alternative treatments.

► How do I take HRT?

You can take it as:

- a pill;
- a patch or gel where the hormone is released through the skin into the bloodstream;
- a cream, pessary or tablet to be absorbed through the skin of the vagina (helpful for vaginal dryness and urinary symptoms); or
- an implant under the skin.

Your doctor will tell you more about the different forms and combinations of HRT.

► How long should I take HRT for?

The length of time varies between women. Most women will take it for 2-3 years; others may take it for longer. You should discuss this with your doctor.

Directions for taking HRT vary, depending on the form you take it in and the combinations used. It is very important that you follow the directions on your prescription.

Before you start taking HRT, you should have a thorough medical check-up – blood pressure, breast exam and smear test if needed. You will need to have a check-up every time you get a repeat prescription – about every six months.

Some women experience severe menopausal symptoms when they stop taking HRT. Other women do not experience any return of symptoms. Your doctor can advise you about how to stop taking HRT.

► Relief of symptoms

HRT will relieve hot flushes and night sweats first. You may notice a difference in the first four weeks. You may still get occasional flushes regardless of your dose. Your sleep may improve gradually. Many women who have had severe problems with night sweats and flushes soon notice a 'tonic' effect from sleeping better. Vaginal dryness and urinary symptoms may take 6-8 weeks to improve, depending on how severe they were.

► Side effects of HRT

Like the contraceptive pill, not all forms of HRT suit all women. You should use a therapy specific to your needs. You may have side effects such as breast tenderness, nausea, unexpected bleeding and premenstrual syndrome-like symptoms. If your first prescription doesn't agree with you, talk to your doctor about changing the dose, the form you take it in or the levels of progestogen. Keep in mind that minor side effects can often resolve themselves and it can take time before you feel the positive effects.

► Risks of HRT

You may have heard of a number of big studies into the risks associated with HRT, such as the Women's Health Initiative or the Million Women Study. There have been mixed, and sometimes confusing findings from these and other studies.

The studies reported that HRT increased the risk of coronary heart disease, breast cancer, stroke and blood clots. Since these findings were published, a further examination of the studies

indicates that some of the risks may have been over-estimated and may only be relevant to older women. Other studies have found the risks associated with HRT are very small, especially if you use it for less than five years.

HRT and risk of breast cancer

The most recent studies have identified a small increased risk of breast cancer linked with taking HRT. However, if you take HRT for less than 10 years, the increased risk is very small. For women already on HRT, the risk seems to return to normal within five years of stopping it. The risk of developing breast cancer due to taking HRT for five years is estimated to be between one and six extra women out of 1000, depending on the type of HRT.

Combined HRT increases breast cancer risk more than oestrogen-only HRT. The increased risk due to taking HRT for 10 years is between five and 19 extra women out of 1000, again depending on the type of HRT. This information is shown in the table below.

Type of HRT used	Number of years HRT used (from the age of 50)	Expected number of women per 1000 expected to develop breast cancer between the ages of 50-65 years	Number of extra cases of breast cancer per 1000 women using HRT compared to 1000 women who have never used HRT
None	-	32	-
Oestrogen only	5 years	33-34	1-2
Oestrogen only	10 years	37	5
Combined	5 years	38	6
Combined	10 years	51	19

HRT and risk of blood clot

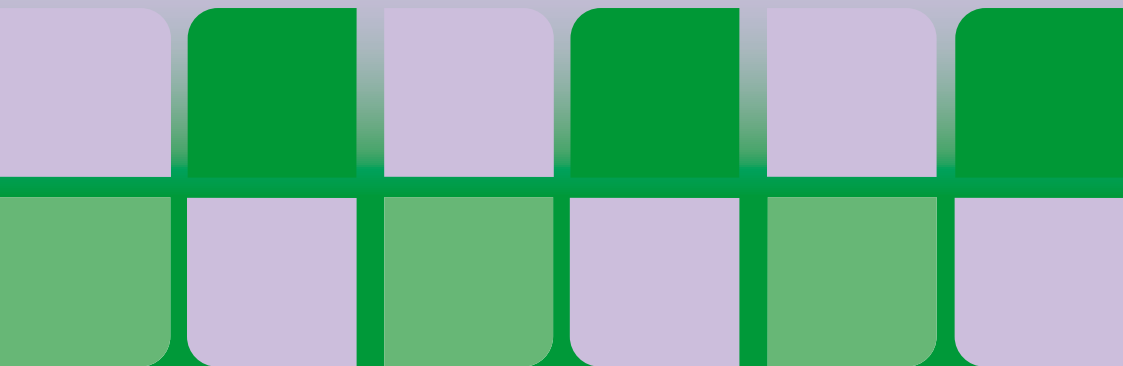
Studies have also shown that HRT increases the risk of a blood clot in the veins, also called deep vein thrombosis, especially within the first year of use. However, the risk is still very small. These blood clots are not always serious, but if a clot travels to the lungs, it can cause chest pain, breathlessness, collapse or even death. This is known as pulmonary embolism.

HRT and risk of blood clot (figures are an average over a 5 year period)				
Number expected to get a blood clot	Women in their 50s		Women in their 60s	
	Not on HRT	On HRT	Not on HRT	On HRT
	5 out of every 1000	10 out of every 1000	8 out of every 1000	14 out of every 1000

If you have questions about the risks of HRT, you might like to bring this booklet to your next visit with your doctor.

Section 5

Complementary and alternative therapy



5

Complementary and alternative therapy

Some women use complementary therapies and alternative medicines to relieve their menopause symptoms.

Complementary therapies include acupuncture, reflexology, homeopathy and aromatherapy. There is very limited scientific evidence to suggest that acupuncture and homeopathy can be helpful in relieving hot flushes. Both aromatherapy and reflexology have not been found to alleviate menopausal symptoms.

Alternative medicines available over-the-counter include herbal, homeopathic and dietary remedies that may help relieve menopausal symptoms. For some menopausal women, black cohosh and ginseng have been found to decrease anxiety and depression and ginkgo has been found to improve memory.

There is a lack of good quality scientific evidence on the general effectiveness and safety of complementary therapies and alternative medicines. However, some women may find the therapies benefit their general health and well being or help with some menopausal symptoms.

Although natural, some alternative medicines may be unsafe if not used properly. It's important to tell your doctor about any alternative medicines or supplements that you are taking. Different treatments can have an effect on each other or can even be dangerous².

► Questions you should ask your therapist

- What treatment they recommend and how it might react with other treatments or medication you are on. Keep asking if you don't understand the answers.
- How long the treatment will last and what it will cost. Beware of therapists who ask for very high fees or pre-payment of fees. If they are a member of a professional association you should contact the association for advice on average fees.
- What qualifications they hold and how long they have trained. Each therapist is responsible for ensuring that they are trained and qualified to the level they need to work safely. Remember that the level of qualification and training can vary.
- Do they hold professional indemnity insurance?

² *Managing Menopause: A Review of the Bio-Medical Evidence*, published by the Women's Health Council, provides a summary of the scientific evidence on the effectiveness of complementary and alternative therapies. You can get the publication from the Women's Health Council's menopause website, www.whc.ie/menopause

More information and useful contacts

The menopause is a natural life event. Like other changes and challenges you face in life, it often helps to talk to people – to friends and family, in a support group or to a counsellor. You may like to contact some of the following organisations for more information and support.

The Women's Health Council

Block D, Irish Life Centre, Abbey Street Lower, Dublin 1

T. (01) 878 3777

W. www.whc.ie/menopause

HSE Health Promotion Departments

HSE Infoline 1850 24 1850

W. www.healthpromotion.ie

► **Menopause organisations**

British Menopause Society

4-6 Eton Place, Marlow, Bucks SL7 2QA

T. +44 (0)1628 890 199

W. www.thebms.org.uk

Menopause Matters

W. www.menopausematters.co.uk

(Website provides easily accessible, up-to-date, accurate information about the menopause.)

The Daisy Network

(premature menopause support group in UK)

PO Box 183, Rossendale BB4 6WZ

W. www.daisynetwork.org.uk

► General health organisations

Aware – Helping to defeat depression

72 Lower Leeson Street, Dublin 2

Helpline 1890 303 202

W. www.aware.ie

Mental Health Ireland

6 Adelaide Street, Dun Laoghaire, Co. Dublin

T. (01) 284 1166

W. www.mentalhealthireland.ie

BreastCheck – The National Breast Screening Programme

King's Inns House, 200 Parnell Street, Dublin 1

Freephone 1800 45 45 55

W. www.breastcheck.ie

National Breast Cancer Helpline

Freephone 1800 30 90 40

Irish Cancer Society

43/45 Northumberland Road, Dublin 4

T. (01) 231 0500

W. www.cancer.ie

Irish Cervical Screening Programme

St. Joseph's Hospital, Mulgrave Street,

Freeport LK407, Limerick

Freephone 1800 252 600

W. www.icsp.ie

Irish Heart Foundation

4 Clyde Road, Ballsbridge, Dublin 4

T. (01) 668 5001

W. www.irishheart.ie

National Osteoporosis Society (UK)

Camerton, Bath, BA2 0PJ

T. 0044 (0) 845 450 0230

W. www.nos.org.uk

Irish Osteoporosis Society

33 Pearse Street, Dublin 2

T. 1890 252 751

W. www.irishosteoporosis.ie

The National Smokers' Quitline

1850 201 203

Tirim – Be free from OAB (Bladder problems)

Helpline 1850 233 733

W. www.tirim.ie or www.befreefromoab.ie

Irish Family Planning Association

60 Amiens Street, Dublin 1

T. (01) 806 9444

W. www.ifpa.ie

The Family Support Agency

St. Stephens Green House, Earlsfort Terrace, Dublin 2

T. (01) 611 4100

W. www.fsa.ie

Irish Nutrition and Dietetic Institute

Ashgrove House, Kill Avenue, Dun Laoghaire, Co. Dublin

T. (01) 280 4839

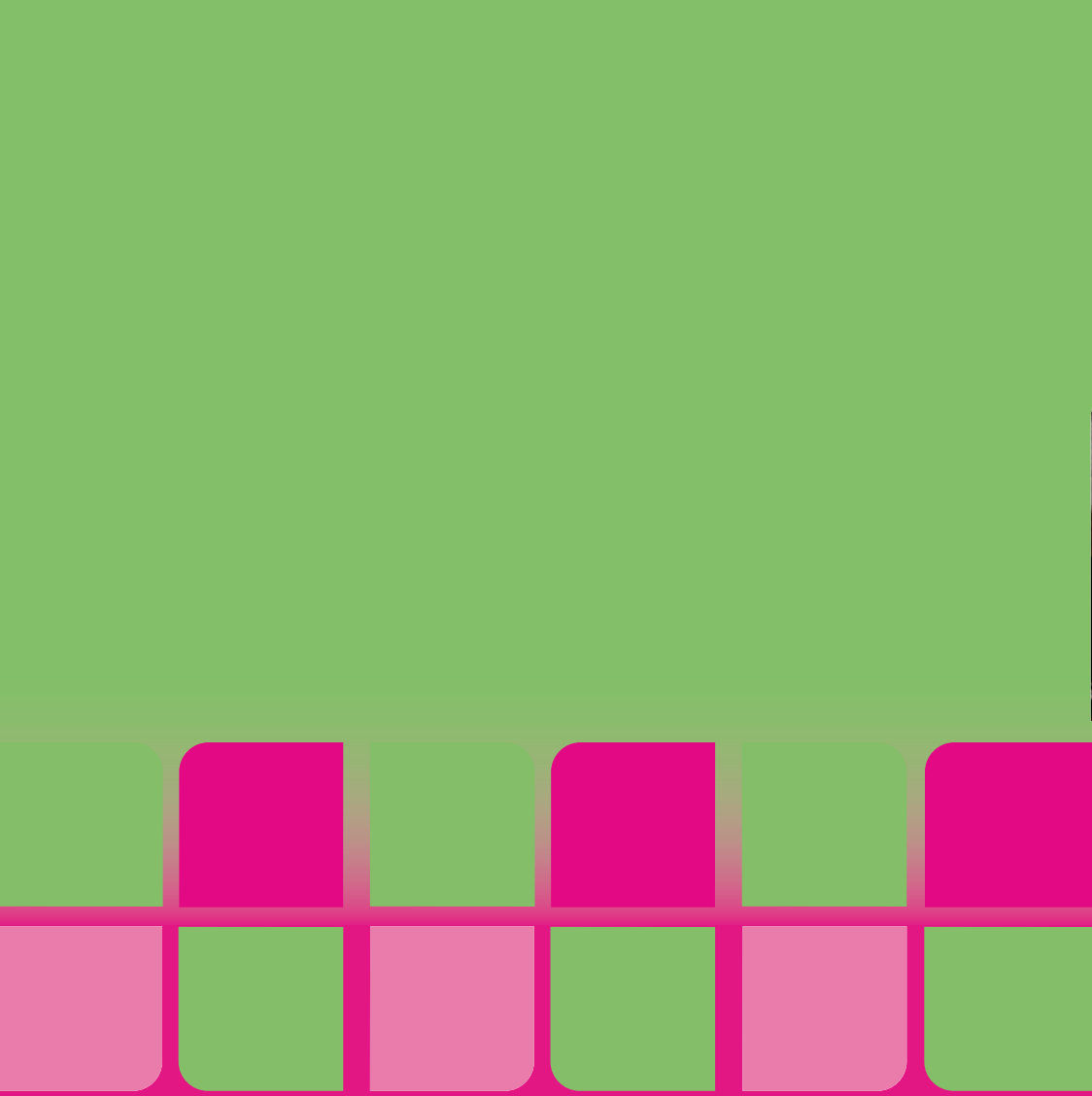
W. www.indi.ie

Well Woman Centres

(Head Office), 25 Capel Street, Dublin 1

T. (01) 874 9243

W. www.wellwomancentre.ie



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