**Understanding Menopause**

*What is Menopause?*

Menopause is the stage in a woman's life when her periods stop permanently and she is no longer able to get pregnant. It is a natural biological process caused by a decline in the hormones oestrogen and progesterone, produced by the ovaries.

You are officially considered menopausal when you have had 12 consecutive months without a period, and are not using hormonal contraception or HRT that affects bleeding patterns.

*When does menopause happen?*

The average age of menopause in the UK is 51.

It usually occurs between the ages of 45 and 55, but can happen earlier or later.

If menopause happens before the age of 40, it’s called premature ovarian insufficiency (POI). If it happens before the age of 45 it is called early menopause.

*What is Perimenopause?*

Perimenopause is the transition phase leading up to menopause. During this time, your hormone levels (especially oestrogen) start to fluctuate, which can cause a wide range of symptoms—even if your periods haven’t stopped yet.

This phase can begin several years before menopause, often in your 40s, and typically lasts 4–8 years.

Common signs of perimenopause:

* Irregular or changing periods (shorter, longer, heavier, or missed)
* Hot flushes and night sweats
* Mood changes, anxiety or low mood
* Poor sleep
* Brain fog or difficulty concentrating
* Vaginal dryness or discomfort during sex
* Reduced libido
* Breast tenderness, bloating, or new PMS symptoms

*How do I know if I’ve been through menopause?*

You are considered postmenopausal when you’ve gone 12 consecutive months without a period (if not using hormonal contraception or HRT).

*How Do I Know If I’m Perimenopausal?*

You may be perimenopausal if you begin to notice changes in your menstrual cycle or experience new physical or emotional symptoms — even if you're still having periods.

Because hormone levels fluctuate unpredictably during this phase, the signs can vary widely between women. You don't need a blood test to confirm it in most cases.

*How do I know if my symptoms could be due to menopause?*

Symptoms are caused by falling levels of oestrogen and can include:

* Hot flushes and night sweats
* Brain fog or difficulty concentrating
* Mood swings, anxiety or low mood
* Poor sleep
* Vaginal dryness or discomfort during sex
* Reduced libido
* Joint aches and muscle pains
* Irregular or changing periods (shorter, longer, heavier, or missed)

Not everyone experiences all symptoms, and severity varies.

*Do I need a blood test to diagnose menopause?*

Not usually. If you are over 45 and have typical symptoms, diagnosis is made based on your history.

A blood test may be useful if you are under 45 and suspected to be in early menopause

**Hormone Replacement Therapy (HRT)**

*What is HRT and how does it work?*

HRT (Hormone Replacement Therapy) replaces oestrogen (normally this is alongside progesterone) that naturally declines during menopause. It helps to relieve menopausal symptoms. It can also protect bones from osteoporosis.

HRT does not delay or prevent menopause; it simply manages its effects.

*What are the different types of HRT?*

HRT can be tailored based on your needs and medical history:

* Oestrogen-only HRT – for women without a uterus
* Combined HRT (oestrogen + progesterone) – for women with a uterus, to protect the womb lining
* Body-identical HRT – uses hormones chemically identical to those produced by your body (e.g., oestradiol and micronised progesterone)

HRT is available in various forms:

* Patches
* Gels and sprays
* Tablets
* Vaginal oestrogen (creams, tablets, or rings)
* Intrauterine system (e.g., Mirena)

*Why do I have to use progesterone when taking oestrogen?*

If you still have a uterus, using oestrogen alone can cause overgrowth of the womb lining (endometrium), increasing the risk of cancer. Progesterone balances this and protects the lining from thickening. It is essential to take progesterone continuously if this is what the GP prescribing your HRT suggests, or to ensure your Mirena coil is in date to stop the increased risk of cancer happening.

Women without a uterus do not need progesterone unless they have a diagnosis of endometriosis.

*What are the risks and benefits of HRT?*

Benefits:

* Symptom relief
* Reduced risk of osteoporosis and fractures
* May help maintain heart health if started early

Risks:

* Slightly increased risk of breast cancer (mainly with combined HRT and with long-term use)
* Risk of blood clots and stroke (mainly with tablet forms of HRT, not patches/gels)
* Some women may experience side effects like bloating, breast tenderness, or bleeding

Risk is individualised, so always discuss with your clinican.

*How do I know if HRT is right for me?*

If your symptoms are affecting your quality of life, and you don’t have contraindications (such as a history of breast cancer or blood clots), HRT is often safe and effective, especially if started before age 60 or within 10 years of menopause.

*What are the safest types of HRT?*

* Transdermal oestrogen (patch, gel, spray) avoids the liver and has lower risk of blood clots
* Micronised progesterone is body-identical and we think this has a lower breast cancer risk than other progesterones in the first five years of use.
* Mirena (LNG-IUS) provides womb protection and contraception and can last up to 5 years

However, if you are fit and well, with no significant personal or family history of medical conditions like clotting or breast cancer, then most HRT is considered safe.

**HRT Regimes and Bleeding**

*What’s the difference between sequential and continuous HRT regimes?*

Sequential (cyclical) HRT: Oestrogen daily + progesterone for 12–14 days per month. Suitable for perimenopausal women or those still having periods. This is given to ensure perimenopausal women have a predictable bleed, as starting on a continuous regime too early may cause erratic bleeding.

Continuous HRT: Oestrogen and progesterone taken every day should not result in any bleeding after the adjustment period (normally 3-6 months). This is recommended for postmenopausal women.

*When should I switch from sequential to continuous HRT?*

Usually:

* After 12 months without a natural period, or
* Around age 54, even if still bleeding
* After you have been on a sequential regime for 5 years
* If you have no or minimal bleeding on the sequential regime
* If your bleeding has stopped for another reason e.g. you are also using the progestogen only pill or have had an endometrial ablation

Your doctor will guide this switch depending on your history and symptoms.

*What bleeding should I expect on HRT?*

* Sequential HRT: Monthly withdrawal bleed (like a light period)
* Continuous HRT: Irregular spotting may occur in the first 3–6 months, then usually stops
* Unexpected bleeding after 6 months needs review.

*What should I do if I have prolonged, irregular or heavy bleeding on the sequential regime?*

Bleeding on the sequential regime should be no more than once a month, lasting no more than 7 days and should not be heavy (e.g. no flooding, clots, or requiring a change in menstrual products hourly)

This could mean progesterone isn’t adequate or there's another cause for the bleeding. Always speak to a clinician if this continues beyond 3–6 months as it may need investigating with an ultrasound.

**Getting Started With HRT**

*Who should I speak to about menopause symptoms?*

Start with your GP or nurse practitioner. If you have a complex medical history and we require advice, we will either contact the specialist menopause clinic or ask for you to be seen by at the specialist menopause clinic at St. Michael’s Hospital.

*Will I need more than one appointment to get started on HRT?*

Yes, often you’ll have:

* An initial consultation to review symptoms and health history
* A follow-up to discuss HRT options or issue a prescription
* A 3-month review to assess how you're doing

*I’m over 60 – can I still use HRT?*

Yes, but you will require an individualised risk assessment. HRT can still benefit women over 60, particularly for ongoing symptoms or bone protection. However, if it has been more than 10 years since your menopause you may have an increased risk of cardiovascular disease from starting HRT and it is important to discuss this with your clinician.

Transdermal oestrogen (oestrogen that is absorbed through the skin, rather than as a tablet) is usually preferred due to the higher risk of blood clots with age.

*What is Vaginal Oestrogen?*

Vaginal oestrogen is a low-dose form of the hormone oestrogen that is applied directly to the vagina (and sometimes the surrounding area) to treat symptoms caused by low oestrogen levels during and after menopause.

Unlike systemic HRT, which affects the whole body, vaginal oestrogen works locally, targeting tissues in the vagina, vulva, and bladder area. It is not the same as HRT taken by tablets, patches, gels, or sprays, although it can be used alongside them.

*What Is Vaginal Oestrogen Used For?*

Vaginal oestrogen treats genitourinary symptoms of menopause, including:

* Vaginal dryness or discomfort
* Pain during sex
* Itching or burning
* Recurrent urinary tract infections (UTIs)
* Urgency or frequency of urination

These symptoms are caused by the thinning and drying of vaginal and urinary tissues due to low oestrogen levels. Systemic HRT may not always provide enough oestrogen locally to help with these changes alone.

*Is It Safe to Combine Vaginal and Systemic Oestrogen?*

Yes. Vaginal oestrogen acts locally, not systemically. This means it doesn’t significantly increase your overall hormone levels. For this reason, it’s safe to use alongside your regular HRT, even long-term, and does not increase the risk of breast cancer or blood clots.

It’s also safe for women who can’t take systemic HRT, such as some cancer survivors — but this should always be discussed with a specialist.

*Do I Still Need to Take Progesterone with Vaginal Oestrogen?*

If you're using systemic HRT that includes oestrogen (and you have a womb), you'll need progesterone to protect the womb lining. However, vaginal oestrogen on its own does not require additional progesterone, because it doesn't significantly raise hormone levels in the rest of the body.

*What Are the Options for Vaginal Oestrogen?*

There are several forms, including:

* Vaginal tablets (e.g., Vagifem - with a disposable applicator, Vagirux - with a reusable applicator)
* Vaginal creams (e.g., Ovestin, Oestradiol cream)
* Vaginal pessaries (e.g., Imvaggis)
* Vaginal rings (e.g., Estring – lasts for 90 days)

Your clinician can help you choose the most suitable option.

*How Often Will I Need to Use It?*

Typically, you’ll start with a daily dose for 2–3 weeks, then reduce to a maintenance dose (e.g., twice a week). Some women use it long-term, especially as symptoms often return when stopping.

**HRT reviews**

*When should my HRT be reviewed?*

* After 3 months of starting or changing
* Then annually
* You can request a review sooner if you experience side effects, new symptoms or unexpected bleeding.

*My HRT hasn’t been reviewed in years – what should I do?*

If you are stable on your HRT we can often conduct this review remotely by asking some simple questions to continue your prescription. If you have specific questions about your HRT or there have been changes in your personal or family history that you think might affect your ability to continue with HRT then please contact us via Klinik to book a review with your GP or pharmacist.

*When should I ask for a review of my HRT?*

* Ongoing symptoms
* Unexpected bleeding
* Side effects
* Changes in health (e.g., new medical diagnosis, new family diagnosis)
* After 5 years of Mirena, if it's being used for HRT

*How Long Can I Stay on HRT?*

There is no fixed time limit for how long you can take HRT. The length of time you stay on HRT should depend on your individual symptoms, preferences, health history, and ongoing needs and there is no arbitrary cut-off.

Many women use HRT for several years, and some continue into their 60s and beyond if they are still experiencing benefits and have no reason to stop. For many women, the benefits of HRT outweigh the risks, especially when started before age 60 or within 10 years of menopause. For other women, their baseline risk of breast cancer rises with age and they decide to stop taking HRT to avoid increasing this risk any further.

Most women do not choose to stay on HRT indefinitely and many decide to gradually reduce or stop HRT when they feel ready. However, there’s no need to stop at a certain age if the treatment continues to help you and you feel well on it.

**Testosterone**

*Why do women use testosterone with HRT?*

Testosterone can help with low sexual desire (libido) for women who are already on a stable HRT regime and feel there are no other factors affecting their libido that need to be addressed first (e.g. relationship issues or pain during sex).

*Can I get testosterone from my GP?*

Bridge View Medical do not prescribe Testosterone Replacement Therapy. We can refer you to the specialist menopause clinic if this is required. Your testosterone levels will need to be checked and on the lower end of the normal range in order to complete this referral.

**Non-hormonal treatments**

What non-hormonal treatments can I use to manage menopause symptoms?

* Cognitive behavioural therapy (CBT) for mood and sleep
* Antidepressants (can help hot flushes and mood symptoms if HRT is not suitable)
* Vaginal moisturisers/lubricants (can be used for most women and do not require progesterone)
* Gabapentin or clonidine (used off-label for hot flushes)
* Lifestyle measures: exercise, healthy diet, reducing alcohol/caffeine, stopping smoking

Are there any supplements I should be taking for menopause?

* Vitamin D (800-1000IU per day) – for bone health
* Calcium (if low dietary intake)
* Omega-3, magnesium, and B vitamins – may help with fatigue and mood, but evidence is mixed

Speak to your GP before starting other supplements, especially if you take other medications.

*What lifestyle changes could I make to help manage my menopause symptoms?*

***Physical*** *exercise* can help reduce hot flushes, improve mood and sleep, support weight management, and protect against heart disease and osteoporosis. Aim for at least 150 minutes of moderate exercise each week, such as brisk walking, swimming, or cycling, alongside two sessions of strength or resistance training. Activities like yoga or Pilates can improve flexibility, balance, and stress levels.

*Eat a* ***balanced, nutrient-rich diet*** like whole grains, fruits, vegetables, lean proteins, and healthy fats supports energy levels and overall health. Calcium-rich foods like dairy products, tofu, and green leafy vegetables help protect bone density, while getting enough vitamin D either through sunlight, diet, or supplements will help with bone health. Some women find plant oestrogens (phytoestrogens) found in soy, flaxseeds, and legumes may help with mild menopausal symptoms, although their effectiveness varies. Try to limit processed foods, refined sugars, caffeine, and alcohol, as these can worsen hot flushes, night sweats, and sleep disturbances.

***Sleep hygiene*** becomes especially important during menopause, as hormone changes can interfere with sleep. You can improve your sleep by keeping a consistent bedtime routine, avoiding large meals and stimulants late in the day, and creating a cool, quiet sleeping environment. Relaxation techniques such as breathing exercises or guided meditation may help you fall and stay asleep more easily.

Some women benefit from talking therapies such as cognitive behavioural therapy (CBT), which has been shown to help manage hot flushes, anxiety, and sleep difficulties.

*Stop smoking*. Smoking is linked to an earlier menopause, more severe hot flushes, and an increased risk of osteoporosis, heart disease, and certain cancers. Support is available from your GP or local stop-smoking services to help you quit.

*Maintain a healthy weight.* This can ease joint pain, fatigue, and hot flushes, and reduce the risk of conditions such as heart disease and type 2 diabetes. Even small amounts of weight loss can lead to improvements in symptoms and health markers.

**Using HRT**

*How do I use the HRT patch?*

1. Apply to clean, dry, hairless skin below the waist (buttocks/outer thigh)
2. Avoid creams or oils on the area
3. Replace twice a week or as directed
4. Rotate sites to avoid irritation

If our skin becomes irritated or the patches fall off then it is unlikely you will be absorbing the correct amount of oestrogen and we would advise switching to another method.

*How do I use the oestrogen gel?*

1. Apply the measured dose on clean, dry skin to inner thighs or upper, outer arms
2. Do not rub vigorously and leave to dry before dressing
3. Wash hands after application
4. Avoid washing the area for at least 2 hours

*How do I use the oestrogen spray?*

1. Spray onto the inner forearm. Use the same site every day – do not rotate arms
2. Let air-dry completely
3. Avoid washing for 2 hours post-application

*How do I use micronised progesterone (Utrogestan or Gepretix)?*

* Take orally at bedtime on an empty stomach
* Sequential use: 2 capsules (200mg) for 12-14 days per month (second half of the cycle)
* Continuous use: 1 capsule (100mg) every night

If you suffer with side effects when using micronised progesterones we may suggest inserting the tablets vaginally. This is “off-license” but considered safe in certain situations. Please speak to your clinician if you are experiencing side effects from micronised progesterones before trying this yourself.

*Can I increase my HRT dose without speaking to a clinician?*

No. Always discuss dose changes with a healthcare professional to ensure it’s safe and effective for you.

**Contraception**

*Does HRT provide contraception?*

No. Generally, HRT does not prevent pregnancy. The Mirena coil is the only licensed progesterone that provides both contraception and can act as part of your HRT. If you are still having periods when you start your HRT there is still a chance you could become pregnant up until the age of 55. You may need to use an additional contraceptive method alongside your HRT.

*How long do I need contraception for?*

Use contraception until:

* Age 55, or
* 12 months without a period if over 50, or 2 years if under 50 (if not using any hormonal treatments)

*How long can I use my LNG-IUS (Mirena) for HRT?*

For HRT purposes the Mirena is effective for up to 5 years. It can be used for up to 8 years for contraception so it is important to know there are different expiry dates depending on what you are using it for.