# PERIMENOPAUSE AND MENOPAUSE

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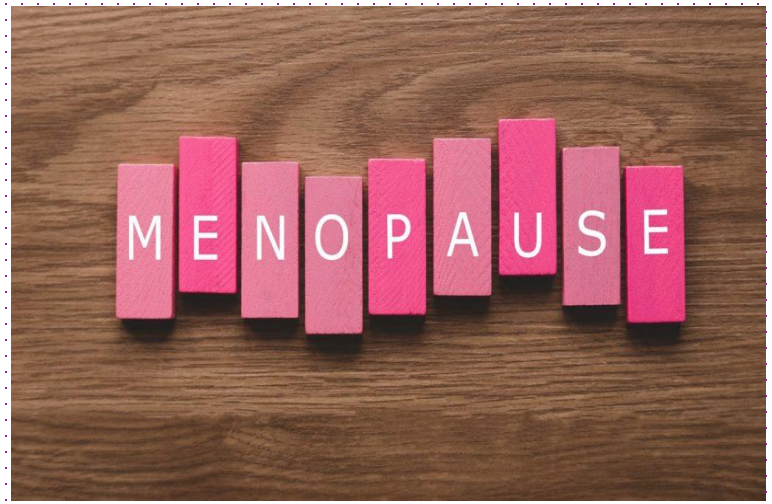
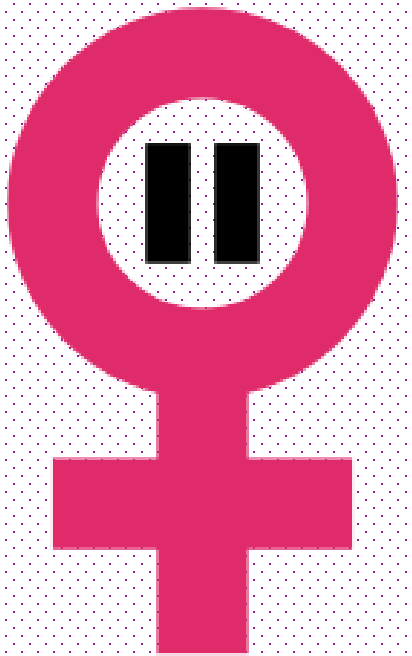
# By the end of the session participants will be able to:

- Recognise common symptoms of perimenopause and menopause.
- Understand how menopause affects long-term health and chronic disease.
- Identify opportunities to support and signpost women during routine nursing consultations.



# What is it?

- **Premature Ovarian Insufficiency**: Similar symptoms to perimenopause but occurring before the age of 40, characterised by changes in menstrual cycles and oestrogen levels.

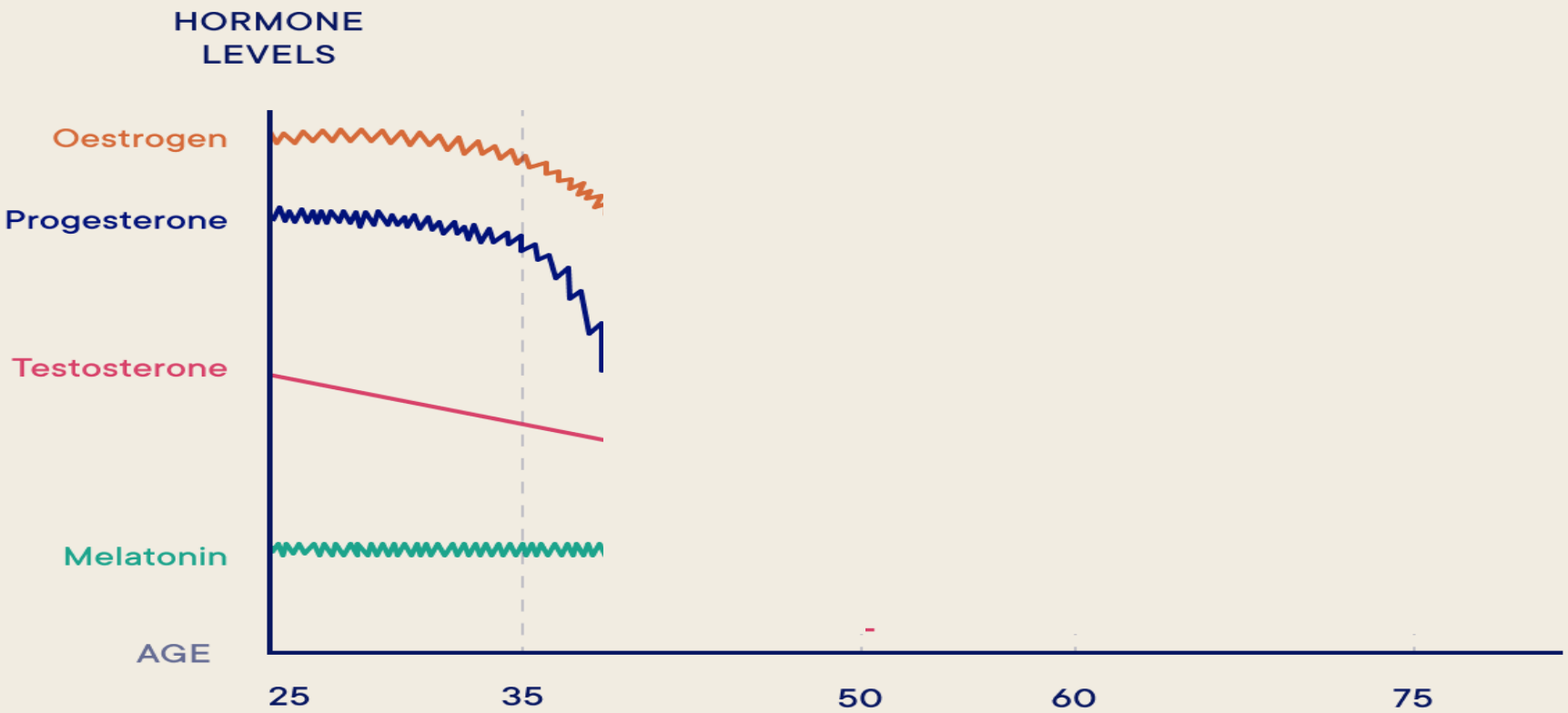


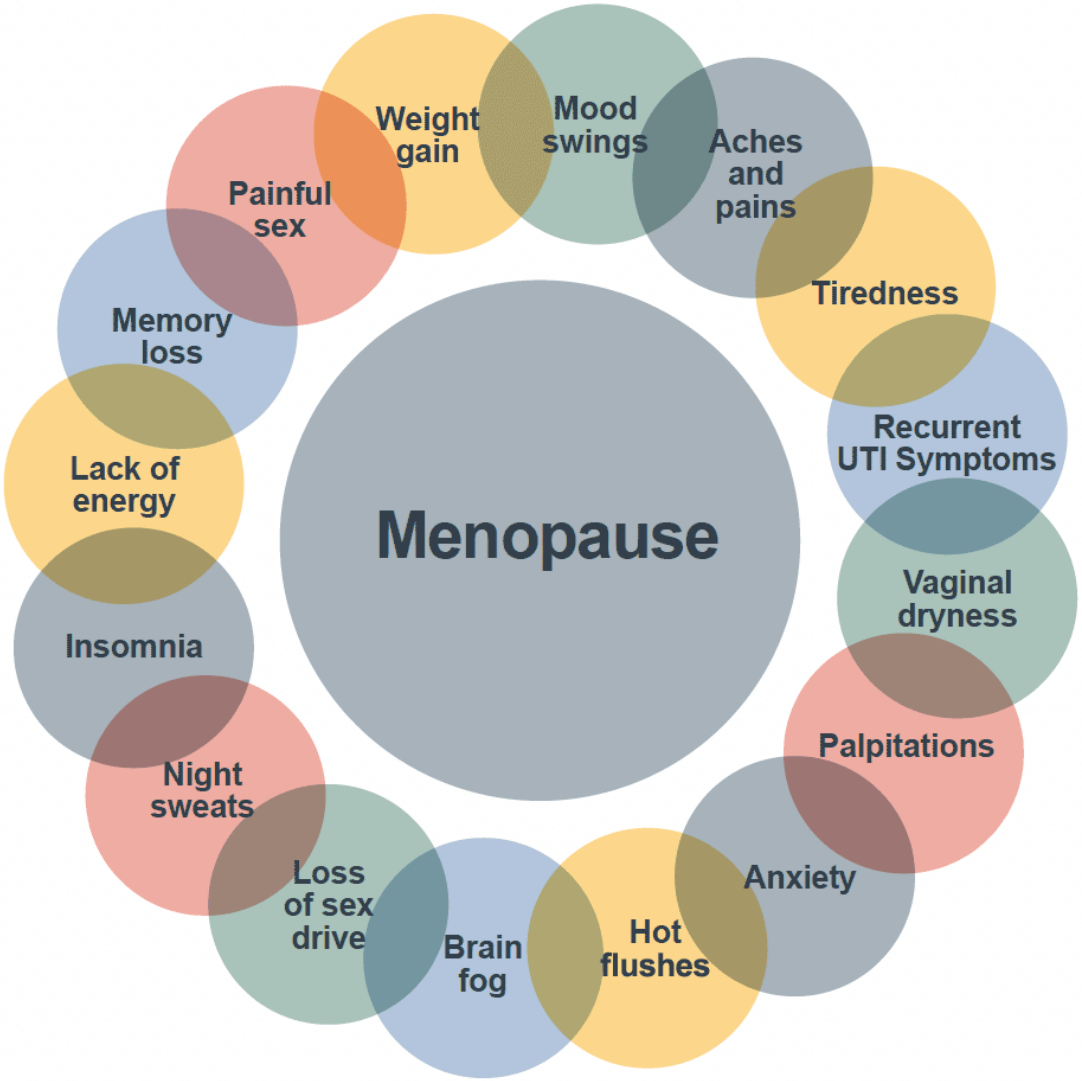
- **Surgical Menopause:** Total abdominal hysterectomy.

- **Perimenopause**: This stage involves fluctuating oestrogen levels before menopause, often accompanied by symptoms such as hot flushes, mood swings, and irregular periods.

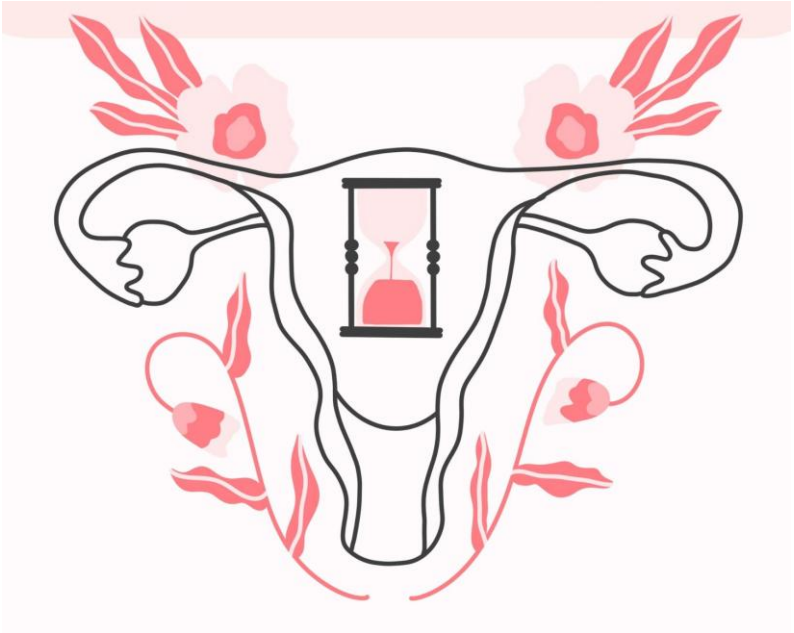
- **Menopause**: Defined as occurring 12 months after the last menstrual period, signaling the end of menstrual cycles. Effectively it only lasts 1 day!

# A woman's life in hormones




Menopause
Weight gain
Mood swings
Aches and pains
Tiredness
Recurrent UTI Symptoms
Vaginal dryness
Palpitations
Anxiety
Hot flushes
Brain fog
Loss of sex drive
Night sweats
Insomnia
Lack of energy
Memory loss
Painful sex

# SO, WHAT DOES IT MEAN IN PRACTICE AND WHY IS IT A MEDICAL PROBLEM?



# Health risks of perimenopause and menopause

## Where will you see menopause?

- Diabetes reviews
- Hypertension reviews
- NHS Health Checks
- Cervical screening
- Asthma reviews
- Weight management

# Health risks of perimenopause and menopause

**Why does menopause affect so many aspects of health?**

- ❤️ Cardiovascular health
- 🦴 Bone density
- 💪 Muscle mass
- 🧠 Brain function and mood
- 🦠 Immune function and inflammation
- 🚺 Urogenital tissues

# Cardiovascular health and menopause

## Why does it matter?

- Loss of oestrogen reduces cardiovascular protection
- Blood pressure and cholesterol often increase
- Increased risk of cardiovascular disease and stroke
- Cardiovascular disease is the leading cause of death in women

## What might you see?

- Rising blood pressure
- Weight gain (particularly abdominal)
- Palpitations
- Reduced exercise tolerance
- Fatigue

## The Practice Nurse's Role

✓ Optimise modifiable cardiovascular risk factors

✓ Promote exercise, healthy diet and weight management

✓ Encourage smoking cessation

✓ Discuss menopause symptoms during routine reviews

✓ Signpost or refer if menopause may be contributing

# Bone health and menopause

**Why does it matter?**

- Oestrogen helps maintain bone density
- Bone loss accelerates after menopause
- Increased risk of osteoporosis and fragility fractures

**What might you see?**

- Loss of height
- Fragility fractures
- Back pain
- Reduced mobility
- Fear of falling

**The Practice Nurse's Role**

✓ Encourage weight-bearing and resistance exercise

✓ Promote adequate calcium and vitamin D intake

✓ Support smoking cessation and healthy alcohol intake

✓ Identify women at increased risk of osteoporosis

✓ Signpost or refer for further assessment where appropriate

# Diabetes and Menopause

## Why does it matter?

- Declining oestrogen increases insulin resistance
- Increased abdominal (visceral) fat
- Loss of muscle mass
- Higher risk of developing type 2 diabetes
- Menopause may worsen glycaemic control

## What might you see?

- Rising HbA1c
- Weight gain
- Fatigue
- Poor sleep
- Reduced physical activity

## The Practice Nurse's Role#

✓ Encourage healthy weight management

✓ Promote regular exercise, particularly resistance training

✓ Support healthy eating and optimise cardiovascular risk factors

✓ Consider menopause as a contributing factor to worsening diabetes control

✓ Signpost or refer if appropriate

# Recognising genitourinary symptoms of menopause(GSM)

## Cervical screening

Women may report:

- painful smear
- vaginal dryness
- bleeding after smear
- burning
- recurrent UTIs
- painful intercourse

### Practical tips

- Smaller speculum
- Plenty of lubricant
- Warm the speculum
- Explain why it hurts
- Stop if too painful
- Consider rebooking after treatment

### Opportunity

"This is actually very common after the menopause and is very treatable."

**Many women have never heard of GSM.**

# Treating GSM

- **First line- wash with just water or use emollients eg Hydromol Moisturising with emollients - Yes VM- coconut oil.**
- **Use lubricants during sex-minimise pain/discomfort.**
- **Topical Oestrogens**
- **Non-hormonal- Such as DHEA and SERM**

# Topical Oestrogen

## Vaginal Oestrogens



## Dosing

- Nightly for 2 weeks *(3 weeks for pessary/gel)*
- Then twice weekly maintenance-can be increased

## Key Points

- Can be used long-term
- Symptoms often recur if stopped
- Minimal systemic absorption
- **No progestogen required**

NG23 Menopause: Genitourinary (GU) symptoms associated with menopause: Visual summary 07/11/2024

# NHS health checks

Opportunity to discuss

- ✓ cardiovascular risk
- ✓ osteoporosis
- ✓ healthy weight
- ✓ smoking
- ✓ alcohol
- ✓ menopause symptoms
- ✓ contraception if still needed

# CONTRACEPTION

# HRT is not contraception!!

**COCP- Until 50**

**POP- Until 55**

**Mirena – only one that is licensed for use as HRT and contraception**

**Implant, barrier methods or copper coil - Until 55**

**Depo – Until 50**

**When to stop contraception:**

- **Over 50 years and Amenorrhea for >12 months**: Contraception can be stopped.
- **Over 50 years, Amenorrhea <12 months, and FSH over 30**: Contraception can be stopped **after 1 year**.
- **46-50 years and Amenorrhea for >2 years**: Contraception can be stopped.

FSRH Clinical Guideline: Contraception for Women Aged over 40 Years (August 2017, amended July 2023) FSRH

# Case Study

- Sarah is 48 and attends for a routine blood pressure review.
- During the consultation she mentions that over the last year she has been struggling with:
- • Poor sleep
  • Anxiety and irritability
  • Brain fog and forgetfulness
  • Joint aches and stiffness
  • Weight gain 5kg
  • Loss of confidence at work
- When asked about her periods, she reports they have become irregular and are now occurring every 2–3 months and are not predictable.
- She was prescribed antidepressants last year but feels they have made little difference.

# What could you do as the practice nurse?

✓ Recognise possible perimenopause

✓ Explore symptoms further

✓ Explain that menopause may be contributing

✓ Offer lifestyle advice

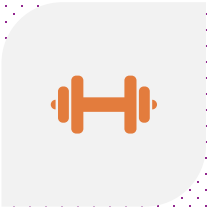
✓ Arrange referral/signpost to the menopause clinician

✓ Safety-net if symptoms change

✓ Validate! Probably the most important

# Non-Pharmacological Versus Pharmacological

# First line-Non-pharmaceutical

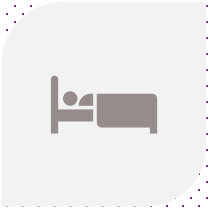


EXERCISE ADVICE – ESP MUSCLE BUILDING

DIETARY ADVICE

SMOKING CESSATION

ALCOHOL INTAKE



SLEEP

CBT/MINDFULNESS

# Pharmacological options

## Hormonal

- Hormone Replacement Therapy
- Combined contraception.

## Non hormonal

- Antidepressants
- Clonidine/Oxybutynin (Fezolinetant).

# Why we use HRT

- HRT is primarily used to alleviate **symptoms of perimenopause and menopause.**
- Treatment of Premature Ovarian Insufficiency (POI) At least until the average age of menopause but can be used longer (51 in UK)
- Treatment for osteoporosis often involves long-term therapy, followed by consideration of additional bone-protective treatments.

# Summary

Menopause affects every body system.

Practice nurses are often the first clinician's women speak to.

Routine consultations provide an opportunity to recognise menopause.

Small conversations can have a significant impact.

Recognise • Support • Signpost • Refer

# Thank you

ANY QUESTIONS?