



## Module 1973 Menopause: symptoms, treatment and counselling

From this CPD module you will learn:

- What the menopause is
- The causes of early menopause
- How symptoms are managed non-pharmacologically and pharmacologically
- Information and advice about hormone replacement therapy treatment that pharmacists and prescribers can provide

### ALIA HUSSAIN, PHARMACIST

Menopause is described as when menstruation ceases permanently in a woman's life and when there are no more follicles or eggs produced (loss of ovarian follicular activity). The menopause is a natural stage in life and is clinically confirmed 12 months after the last period. In the UK, the mean age of menopause is 51 years.<sup>1</sup>

There is a phase before the menopause that is known as perimenopause. This is where ovulation and menstruation cycles are often irregular. This period may also be accompanied by physical and emotional symptoms and can also be called the menopause transition or the climacteric period.<sup>1</sup>

When a woman has not had a period for 12 months consecutively, this is known as the post menopause period. Symptoms associated with the changes in hormone balance may continue for years after the last period but usually decrease in intensity.<sup>1</sup>

There are some women who experience menopause before the age of 40 years. This

may be referred to as premature menopause, 'premature ovarian insufficiency' or 'premature ovarian failure'.

There are several causes of premature menopause, including:<sup>1</sup>

- Genetic and chromosomal abnormalities, such as Turner syndrome.
- Having a family member who went through early menopause.
- Autoimmune disorders including hypothyroidism and Addison's disease.
- Radiotherapy and chemotherapy may cause permanent or temporary early menopause. The risk of this occurring is linked to your age – girls who have not reached puberty tend to tolerate stronger treatment, in comparison to older women. The risk is also dependant on treatment type, the use of radiotherapy, and location of radiotherapy, eg if radiotherapy is used around the brain or pelvis, this can increase the risk of premature menopause.
- Infections such as malaria, mumps and tuberculosis can also cause early menopause, although this is quite rare.



Vasomotor symptoms, such as hot flushes and night sweats, are the most common symptoms of menopause

- Surgery such as a hysterectomy or removal of ovaries will also cause premature menopause. It is common to get symptoms of menopause and perimenopause. These include:<sup>1,2,3</sup>
- vasomotor symptoms – hot flushes and night sweats being the most common (three quarters of all women going through the menopause will get these symptoms)
- vaginal dryness
- anxiety
- low mood or changes in mood
- muscle pain and joint pain
- low libido

Symptoms may start years before a woman experiences menopause. Patients should be advised to speak to their GP if symptoms are troublesome or if symptoms of menopause begin before 45 years of age.<sup>1</sup>

### Differential diagnosis

Some menopausal symptoms may be caused by other conditions. Hot flushes could be

caused by endocrine conditions such as hyperthyroidism, anxiety and panic disorders, tuberculosis or excessive alcohol consumption. Urinary incontinence, mood changes, sleep disturbance, weight gain, loss of libido, skin changes, muscle and joint pains and cognitive impairment are all symptoms that may be associated with menopause. However, they may also be caused by other conditions and these should be ruled out prior to commencing treatment for menopausal symptoms.<sup>1</sup>

### What is hormone replacement therapy?

The closer to menopause a woman is, the less oestrogen that is produced by the ovaries. It is the oestrogen that controls ovulation and helps thicken the uterus lining. Oestrogen has other important functions such as increasing bone density and regulating skin temperature.<sup>4</sup> Hormone replacement therapy (HRT) replaces oestrogen that is no longer being produced by the ovaries. As oestrogen stimulates the

uterus lining, it is often given in conjunction with progesterone for uterus protection unless the patient has undergone a hysterectomy (removal of uterus).<sup>4</sup>

HRT is extensively used to treat menopausal symptoms. Women with an early menopause should be offered HRT, unless it is otherwise contra-indicated. It is normally continued until the woman is at least 51 years old.

Several manufacturers are experiencing medium to long-term delays in supplying HRT products to the UK.<sup>5,6</sup>

Current items as of March 2021 in stock include:

- **Oestrogen only** (eg Elleste Solo, Progynova and Premarin) For women without a uterus, the use of oral preparations is recommended
- **Continuous combined HRT** (oestrogen + progestogen) (eg Elleste Duet Conti, Kliofem, Kliovance and Premique) For women with a uterus, use oral preparations. These transdermal preparations have no direct alternatives, which should be communicated

to patients.

- For women who cannot have oral combination HRT due to oral oestrogen (ie high risk of VTE), switch to: **an oral progesterone** PLUS a transdermal oestrogen.
- **Sequential combined HRT** (oestrogen + progestogen) (eg Elleste Duet and Femoston) For women with a uterus this can be useful, but note that the transdermal preparations have also experienced stock issues over the past few months.
- For women who cannot have oral combination HRT due to oral oestrogen (ie, high risk of VTE), switch to: **an oral progesterone** PLUS a transdermal oestrogen.

Current out-of-stock items include most of the transdermal HRT products for all combinations apart from oestrogen-only patches like Estradot.

For up-to-date information regarding shortages, the British Menopause Society has

produced a useful document on the continuing shortage and alternatives that can be accessible by both patients and all healthcare professionals.<sup>6</sup>

### Alternatives to HRT

Alternatives to HRT that can help to relieve symptoms can include **herbal medicines**, which can be plant or plant extract based. Common examples include evening primrose oil to help reduce breast tenderness and St John's Wort that can help to improve mood. However, as with all herbal medications, interactions with existing medications should be reviewed prior to recommending to women with symptoms of menopause.<sup>2</sup>

**Phytoestrogens** can be useful because they are structurally related to estradiol and can be found in plant sources and foods such as nuts, wholegrain cereals and oilseeds. They can also be taken as concentrated isoflavones, such as red clover.<sup>4</sup>

**Complementary medicinal** practices such as acupuncture (stimulating points on the body using needles), acupressure (massage therapy on pressure points), aromatherapy and homeopathy therapies (use of diluted substances) can be used by patients to manage symptoms.<sup>2,6</sup>

Patients experiencing severe mood fluctuations, or, indeed, patients suffering from low mood, may be prescribed **antidepressants** or **anxiolytics**. These may help to stabilise mood and can help patients manage their symptoms.

### Breast cancer advice

In August 2019, a meta-analysis of over 100,000 women with breast cancer was published in *The Lancet*.<sup>7</sup> The meta-analysis indicated that systemic HRT use for more than one year was associated with an increased risk of breast cancer. This means that the risk of breast cancer associated with HRT is higher than was previously thought. It is important that women are made aware of all treatment

options, discussing risks and benefits of each treatment prior to being prescribed HRT. HRT should be used at the lowest dose for the shortest time and should be reserved for women where symptoms of menopause are affecting their quality of life. Regular review of women using HRT is essential. Both pharmacists and prescribers should be reminding women to check their breasts for any abnormalities and to attend breast screening services when invited.<sup>8</sup>

Medicines and Healthcare products Regulatory Agency key findings about breast cancer and HRT:<sup>7,8</sup>

- All systemic HRT is associated with significant incidences of breast cancer. This incidence is still higher, irrespective of whether systemic, transdermal or oestrogen-only preparations are taken.
- Using HRT for a year or less is related to little or no increased risk of breast cancer.
- The longer you use HRT for (over a year), the higher the risk of developing breast cancer.
- Once you stop HRT, there is a lower risk of breast cancer than if you were still using it, but the risk of breast cancer remains higher even at 10 years after stopping HRT.
- You have a higher risk of breast cancer if you take combined oestrogen and progesterone HRT preparations compared to an oestrogen-only HRT.
- It is the duration that you are on HRT that carries the increased risk. Age does not seem to be a contributing factor.
- Topical vaginal oestrogen for local symptomatic relief does not increase the risk of breast cancer.

When women, particularly those over the age of 60 years, use combined HRT (oestrogen and progesterone), there appears to be an increased risk of coronary heart disease (CHD) for more than 10 years after the menopause. In younger women who use HRT, the CHD risk is lower. However, it is important to remember that, typically, younger women have a lower



Hormone replacement therapy can be offered to women with early menopause unless contra-indicated

baseline CHD risk. Using oestrogen-only HRT has no increased CHD risk. Prescribers should be aware of the woman's CHD risk and baseline before commencing HRT. Oestrogen-only HRT is associated with no increased risk of CHD but combined oestrogen and progesterone HRT is associated with little or no increased risk of CHD. The baseline cardiovascular risk factors affect the likelihood of stroke.<sup>8</sup>

It is safer that women with a uterus use a combined preparation of oestrogen and progesterone HRT where possible. Using progesterone combination regularly with oestrogen removes the increased risk of endometrial cancer. If a woman uses progesterone cyclically (for example 10 days out of a 28 day cycle), this will reduce the risk of endometrial cancer. Using oestrogen-only HRT this causes an increased risk of endometrial hyperplasia and cancer.

There is only a small increased risk of ovarian cancer if you use oestrogen-only HRT. Stopping HRT returns this risk to baseline.

Osteoporosis is a condition characterised by a reduction in bone density, leading to weak or fragile bones that are more likely to break.<sup>8</sup> HRT can be used to help retain bone density, however, stopping HRT stops this beneficial effect.

HRT should not be used as a first-line option for women in reducing the risk of osteoporosis. Where possible, medications specific for osteoporosis prevention should be used instead of HRT. HRT should be reserved only for women who are unable to take other medication.

### What advice can pharmacists give?

Pharmacists can advise women on the following to reduce the risks associated with HRT:<sup>8</sup>

- Consider HRT at the lowest dose and for the shortest time possible.
- If a patient is on HRT, then suddenly stopping may exacerbate your symptoms. However, consider a gradual reduction, as

this may help the patient tolerate symptoms better.

- Using topical oestrogen for symptomatic relief can be a good option as these have been shown not to increase risks of cancer.
- Consider using complementary and alternative therapies, such as acupuncture or acupressure, to manage HRT symptoms. Pharmacists and prescribers should

recommend use of HRT in women following a comprehensive risk and benefit analysis, involving the patient in this process. Using HRT in women is associated with known risks and it is important to consider that women over the age of 60 years may already have an increased risk of other events and therefore these patients should be reviewed for continuing benefit.<sup>9</sup>

The use of HRT in women who have

### References

1. National Institute of health and Care Excellence (2020) Menopause
2. Royal College of Obstetricians and Gynaecologists (2018) Treatment for symptoms of menopause
3. NHS (2021) Early menopause
4. Royal College of Obstetricians and Gynaecologists (2019) HRT and alternatives
5. British National Formulary (2021) Estradiol
6. British Menopause Society (2021) British Menopause Society further update on HRT supply shortages (14<sup>th</sup> January 2021)
7. Gov.uk (2019) Hormone replacement therapy further information
8. Gov.uk (2014) Hormone replacement therapy updated advice
9. Medicines & Healthcare products Regulatory Agency (2019) Hormone replacement therapy and risk of breast cancer.

premature ovarian failure is not well-studied. However, younger women tend to have fewer baseline risk factors and so HRT may be useful in symptom management.<sup>8</sup>

### Signposting

Women can be signposted to the following

resources for more information:

- NHS UK at [tinyurl.com/menopausal-symptoms](https://www.nhs.uk/health-a-z/m/menopausal-symptoms/)
- Menopause support at [www.menopausesupport.co.uk](http://www.menopausesupport.co.uk)
- The Daisy Network for information on early menopause at [www.daisynetwork.org/](http://www.daisynetwork.org/).

## Take the 5-minute test online

1. Perimenopause, also known as menopause transition or the climacteric period, is the phase that occurs before the menopause.  
**True or false**
2. Common side effects of menopause can include vasomotor symptoms such as hot flushes and night sweats.  
**True or false**
3. Women who experience early menopause should not be offered hormone replacement therapy (HRT).  
**True or false**
4. HRT replaces oestrogen that is no longer being produced by the ovaries.  
**True or false**
5. Complementary therapies such as acupuncture and acupressure should not be recommended for relief of menopausal symptoms.  
**True or false**
6. Systemic HRT use for more than one year has been associated with an increased risk of breast cancer.  
**True or false**
7. HRT should be used at the lowest dose for the shortest time and should be reserved for women where symptoms of menopause are affecting their quality of life.  
**True or false**
8. For women over the age of 60 years using combined HRT, the risk of coronary heart disease is increased for more than 10 years after the menopause.  
**True or false**
9. It is safer for women with a uterus to use oestrogen-only HRT preparations to reduce the risk of endometrial cancer.  
**True or false**
10. The risk of ovarian cancer with using oestrogen-only HRT preparations is increased for 10 years after stopping HRT use.  
**True or false**

# Menopause: symptoms, treatment and counselling CPD learning example

## What are you planning to learn?

Working in a community pharmacy, I commonly have customers asking for advice about menopausal symptoms. Many of them have queries regarding available treatment options and questions about the long-term risks of taking hormonal replacement therapy.

I want to learn more about the menopause, including more about the symptoms and what advice I can offer women, including advice on the available treatment options and complementary therapies that may help to alleviate symptoms. This learning will be useful because I hope to be able to signpost patients effectively. I need to update myself on what treatments are available and their potential long-term effects. Learning this will help me to ensure I am equipped to provide information to patients so they are able to make a fully informed decision about their care.

## How are you planning to learn it?

- I plan to find out more about treatments available for menopause at [tinyurl.com/menopausesymptoms](https://tinyurl.com/menopausesymptoms)
- I will read more about alternatives to HRT at [tinyurl.com/menopausesymptoms1](https://tinyurl.com/menopausesymptoms1)
- I also plan to complete the five-minute test at [www.chemistanddruggist.co.uk/update-plus](https://www.chemistanddruggist.co.uk/update-plus) to test my knowledge and confirm what I have learned.

## Give an example of how this learning has benefited the people using your services

I have learned about the symptoms of menopause and now have a better understanding of HRT – including who should be offered therapy with HRT and the risks associated with HRT treatment. I feel confident that I can appropriately advise women on the risks of breast cancer and ovarian cancer associated with HRT use. I can now also signpost patients to further resources where they can find out more information about menopause.

Since I have completed this planned learning, I have spoken to a patient who was concerned about symptoms she was experiencing – including night sweats, low mood and anxiety. The patient was 51 years old and on questioning to rule out other possible causes, I identified that she had been experiencing irregular periods for a few months. I suspected that she might be going through the menopause. I advised that the patient speak to her GP if she was particularly worried about symptoms and they may be able to prescribe some treatments for symptoms relief.



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