

*What is the best way to cope with getting hot flushes in the office? I get particularly worried when I am attending important board meetings and things like that.*

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Specific treatments can be used to control hot flushes but, if you prefer to cope without treatment, then simple measures such as wearing thin layers of clothing instead of thick clothes, not sitting next to a heater, reducing hot drinks, and not worrying about it can help – stress can increase flushes so the more you worry that you are going to have one, the more likely it is that you will!

### *Sleeplessness*

*I have hot flushes – they don't really bother me – the worst thing is not sleeping. I can be absolutely exhausted when I go to bed and I go off to sleep OK, but then I wake up at any time between 2 and 4am. I then toss and turn and eventually get back to sleep but it only seems a short while later when the alarm goes off. I long for a full night's sleep. What can I do?*

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Insomnia (sleeplessness) or disturbed sleep (leading to tiredness and fatigue), may be partly due to the night sweats, control of which can lead to an improved sleep pattern, but insomnia has also been shown to be a menopausal symptom regardless of the presence of temperature changes and may begin a few years before the menopause.

Simple measures such as taking time to relax before going to bed by reading, watching television, or having a bath can make sure that you're not going to bed with your brain working overtime! Try to avoid caffeine or nicotine for at least 4 hours before bed time and don't have the bedroom too hot. Exercise during the day can help but don't exercise just before going to bed. Sometimes it actually helps to get up for a while, since lying and thinking about getting to sleep can make it harder to go off.

HRT has been shown to reduce insomnia and, because of the disruptive knock-on effects of lack of sleep, such as poor concentration,

irritability and, of course, tiredness, some women choose to continue HRT purely for control of that symptom, even if they are not having flushes.

Some women find herbal drinks such as chamomile helpful, or sedative herbs such as valerian.

### *Joint aches*

Joint aches commonly occur, often affecting neck, wrists and shoulders, but since other causes such as osteoarthritis are very common at this age, they may not be recognised as being associated with the menopause.

*I started HRT because of hot flushes, which helped, but I was very surprised when my aching joints also got better. Could my aches and pains have been due to the menopause or was it just coincidence?*

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Joint aches are an often unrecognised but quite common symptom of the menopause. As well as the possible effect of lack of oestrogen affecting the ligaments around joints, research has also shown that this hormonal lack is involved in the development of osteoarthritis. Limited research has been shown that osteoarthritis is more common after the menopause and that use of oestrogen after the menopause may reduce the numbers of women developing the disease.

### *Weight gain*

*Do you think going through the menopause means I shall put on weight? I seem to have put on a stone since the menopause. I'm not eating any differently and I exercise as much as I ever have. My clothes feel tight and it makes me feel old and frumpy. Why does this happen?*

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Many women put on weight around the time of the menopause. When your hormone levels change at the menopause, it is

thought that the rate at which you burn off calories (your metabolic rate) reduces. More fat is being stored than before, and so many women do both put on weight and change their shape. Fat is often redistributed and tends to increase around the waist, leading to the perception of weight gain, even if in some women the weight may not change much – ‘bums to tums’! There is no magic, easy answer! Weight loss requires a combination of changing eating patterns and increasing exercise. This is often a time for a ‘wake-up call’ when diet and lifestyle need to be reviewed. We talk more about this in Chapter 7.

### *Breast tenderness*

*Over the last few months my breasts have been so sore, I can't bear them to be touched. I'm also having totally irregular and heavy periods. Are these connected and is it hormonal?*

**B**reast tenderness is often a symptom of oestrogen excess and, although many of the menopausal and perimenopausal symptoms are due to oestrogen deficiency, symptoms of oestrogen excess can occur as the oestrogen levels are fluctuating. These fluctuating levels may also cause a change in periods. Fluid retention can also cause breast tenderness and is often associated with weight gain, correction of which can help. Evening primrose oil and starflower oil have been shown to reduce breast tenderness and wearing a good supportive bra is essential.

### Psychological symptoms

Psychological symptoms such as mood swings, irritability, anxiety, difficulty concentrating, difficulty coping and forgetfulness may be related to hormonal changes, either directly or indirectly, e.g. due to sleep disturbance. However, other life events such as worry over elderly relatives, teenage children, and pressures from work commonly occur around the time of menopause and may contribute to such ‘symptoms’.

*My mum is going through 'the change' at the moment and she's often really bad tempered. She wasn't always like this. I find it difficult as I am the oldest, so I seem to get most of the flack! Is there anything I could suggest she does to make her feel better?*

Being aware that mood changes often occur at this stage and being patient and understanding will be a huge help for your mum. Although you might feel that the brunt of the bad temper falls on you, trying very hard not to fight back is really important. At a 'calmer moment', sitting down with your mum and explaining that you understand will help her feel that she is not alone. Asking for ways in which the family can help will let her know that she has support through this difficult time. Many women cope for years with working and running the household with little time for themselves; with the onset of menopausal symptoms, this busy life becomes unsustainable, and help with even small tasks can be much appreciated. Suggesting that she speak to her doctor about possible treatment, or get more information from websites or books may also help.

### Sexual problems

Sexual problems can be caused by vaginal dryness from low oestrogen levels, resulting in discomfort during intercourse. Effective treatments are available. As both men and women get older, interest in sex may decrease but this particularly affects women. Treatment of other menopausal symptoms may indirectly improve sexual desire (*libido*) by improving feelings of wellbeing and energy levels, e.g. by improving sleep through control of night sweats; however, restoring hormone levels can also improve sensation. Relationship problems have an obvious effect on libido, so hormonal treatment may not always be the 'magic' solution! Read more about this in Chapter 12.

## HOW LONG DO SYMPTOMS LAST?

The duration of 'early' symptoms is very variable from a few months to many years and the severity varies between individuals. On average, 'early' symptoms last between 2 and 5 years.

*My friend sailed through the menopause without any flushes but I'm still having them after 6 years. Am I doing something wrong?*

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Although the flush is the classic menopausal symptom that we've known about for many years, there is still much uncertainty about why they happen and the role of other non-hormonal factors. There are probably many other chemicals and hormones that interact to control how our internal thermostat works, and the balance will be different in every woman. The persistence of symptoms does not mean that it is your fault, but often diet and lifestyle factors can be adjusted to help.

*My periods stopped 7 years ago. I did have some flushes then but only for a few months. Why have they come back now?*

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When flushes return after a gap, it is worth having blood tests to check for thyroid function and sugar level, since disorders of the thyroid gland and poor sugar control can cause similar symptoms to those of the menopause, and correction of these problems can treat the flushes. Menopausal flushes returning after a gap is unusual but possible and, if troublesome, the same treatment options used at an earlier stage can be considered.

## LATER SYMPTOMS IN THE MENOPAUSE

Some later symptoms are due to the effects of oestrogen deficiency on the bladder and vagina and include:

- passing urine more often by day and/or by night
- discomfort on passing urine
- urine infection
- leakage of urine
- vaginal dryness, discomfort, burning and itching
- vaginal discharge
- discomfort during intercourse.

Other possible symptoms may also include:

- skin problems
- hair thinning or extra hair
- memory loss
- depression.

*I have had lots of courses of antibiotics for cystitis but I've now been given some oestrogen pessaries – how can these help?*

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Often oestrogen deficiency causes cystitis-like symptoms, which don't respond to antibiotics. Oestrogen receptors are present in the base of the bladder, bladder muscle and the sphincter at the bladder opening so that, at the menopause, with less oestrogen around, these tissues very commonly weaken or become thin (*atrophy*). Symptoms may mimic cystitis and are often treated inappropriately with antibiotics. For bladder and vaginal symptoms, local vaginal oestrogen (tablets, cream, pessaries or ring) can be very helpful. Low

dose, vaginal oestrogen can be used when systemic oestrogen (such as tablets or patches) is inappropriate, and can be continued in the long term with minimal risk of adverse effects. We talk more about this in Chapter 8.

*Since the menopause, I've noticed a horrible discharge from my vagina. I feel dirty and embarrassed. I haven't done anything differently recently or changed my soap, so why is it happening?*

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With the lack of oestrogen the acidity of the vagina changes allowing bacteria that aren't usually present to thrive. A course of antibiotics often helps but, to prevent the problem recurring, vaginal oestrogen can restore the correct acidity, allowing the correct balance of bacteria to be restored. Again, this is discussed more fully in Chapter 8.

*I don't have very good bladder control anymore. Often, if I cough or sneeze, or don't get to the loo in time, I leak – it is so embarrassing. I have to wear pads, when I thought I wouldn't need to buy pads any more after my periods stopped! Can anything help?*

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Loss of bladder control is a very common problem, yet is hugely underreported and undertreated, often because of embarrassment. Treatments include physiotherapy with specific exercises to improve the tone of your pelvic floor, retraining of your bladder, vaginal oestrogen and drugs, which can reduce bladder activity or improve the strength of your bladder support muscles. Chapter 7 discusses exercises that can help you, but see your doctor for a full assessment to plan the best treatment for you.

*My husband and I can't have sex anymore – it's too painful. I know we're getting older but I don't think we are too old yet! Although he's very understanding, I feel so bad about it and want be able to enjoy sex again. What should we do?*

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As with the bladder problems, this is also a very common problem and effective treatments are available. The discomfort is often due to the vaginal tissues becoming dry, thin and fragile because of the lack of oestrogen. This can be helped by vaginal moisturisers, lubricating gel or vaginal oestrogen in the form of a small tablet, pessary, cream or ring. Even if you don't want to, or have been advised not to take HRT, vaginal oestrogen can often be used since the hormone is concentrated into the vagina and is unlikely to get into your system. This is discussed further in Chapter 8.

*I've noticed that my hair is becoming thinner and I don't need to cut my nails as often – is this menopause related?*

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Other later menopausal symptoms include effects from changes in collagen production, a protein found in skin, hair, nails and tendons. Hair thinning, dryness and the growth of unwanted hair can be explained by the lack of oestrogen and the relative excess of androgens (male type hormones) in the menopause (the ovaries continue to produce some androgens, including testosterone, after the menopause – their effect is no longer overridden by oestrogen). However, hair loss may be more related to age rather than hormone related, and response to HRT in this situation is unclear. Iron deficiency and thyroid disease can also cause hair loss and your doctor may feel it is appropriate to test the levels of iron and thyroid hormone, particularly if there are other signs of these. Hair loss can also be caused by stress.