

# Menopause: The One-Stop Guide

‘This practical guide is a welcome addition to the range of material now available to help women understand their menopause. Kathy Abernethy is a highly qualified and experienced specialist nurse, greatly respected within the healthcare profession. She understands that menopause is an intensely personal experience, and offers thoughtful advice for treatment and lifestyle options.

‘The book is especially helpful in providing clear definitions, answers to frequently asked questions and more than 200 anonymised quotes from patients expressing their concerns and anxieties during consultations at the author’s clinical practice. This all gels into an easily digestible format that will inform, reassure and, as the title suggests, guide women through this inevitable stage of their lives.’

Medical Advisory Council,  
The British Menopause Society

**Kathy Abernethy** works as part of an award-winning NHS menopause team in London and has a private clinic in south-west London. She holds a Master's in reproductive women's health, and speaks and writes regularly on the topic of menopause. She has written a book for nurses on menopause and HRT as well as numerous articles. Kathy raises awareness of the impact of menopause at work by delivering workplace sessions to staff and managers of various organisations throughout the UK, and in 2017 she was elected chair of the British Menopause Society, the leading professional organisation for the field, having been an active member since its inception in 1989.

# Menopause: The One-Stop Guide

*A Practical Guide to Understanding and Dealing  
with the Menopause*

Kathy Abernethy

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# *Introduction*

How can you write a whole book on menopause? Isn't it a natural event, one that all women will eventually experience? As women, don't we know the signs and symptoms – changes in periods and hot flushes? Shouldn't we just get on with it? Well yes, many women do 'just get on with it', but in my many years of specialising in this area of health, I have met countless women who do not fully understand the changes that this time of hormone fluctuation can bring, or how long such symptoms may last. Yes, they all know about flushes and sweats, but many women worry about other symptoms, like mood changes, itching, tiredness, bladder symptoms and poor memory, not aware that these too can be linked to menopausal changes. In consultations with women, I spend a lot of time, saying 'yes, that's normal', as they take me through the often numerous symptoms they are experiencing. Women express their relief to have someone to talk to, someone to listen to their own particular experience of menopause and someone to guide them through the treatment options open to them. The women I see do not want to just walk out with a prescription; they want

to understand the menopause, the effects it can have on the body and the different ways they might choose to help symptoms, both medical and non-medical.

Not all women have a 'normal' menopause, whatever we mean by that. Some will experience menopause suddenly, as a result of surgery or after treatment for cancer. Some may become menopausal by opting to have their ovaries removed in order to avoid cancer. Others will be very young, perhaps even still in their teens, when their ovaries stop working and so will have all the effects of early menopause. These women need support, information and treatment. For a few women, the symptoms of menopause will be very severe, affecting work, home and social life on a daily basis, sometimes for months or even years.

The women I see week in and week out tell me that no one has taken the opportunity to explain the changes and symptoms, discussed health after menopause, or explained that purposeful lifestyle changes around menopause can improve health well beyond menopause and even into old age. Some of the effects of menopause are inevitable, but others can be offset by positive lifestyle changes, for example to improve bone and heart health.

Menopause is no longer a taboo topic. In much of society (although, sadly, still not all), women will talk about menopause, whether it's the symptoms, the physical changes or the psychological effects it can sometimes have – you can read about it everywhere. The media has finally taken notice and some (still only a few) celebrities have been open about their own

menopause experiences. There have been television and radio programmes about menopause and numerous women's magazines articles about it. Even the government has reported that women at work may be affected by menopause and the Chief Medical Officer, the most senior advisor on health matters to the government, has raised the topic, saying that menopause should be as freely discussed at work as any other health topic.

Yet, time and time again, women tell me that they have struggled to get help on a personal level; that they do not know which media stories to trust; and that GPs, while sympathetic, have little time to discuss the matter, or balance treatment options for them in a way that is meaningful. In short, women still feel alone at menopause, searching the internet and scouring leaflets to put together the information they need to make informed choices. This one-stop book on menopause aims to fill the gap, providing practical information about menopause, explaining what is normal and how you might choose to cope with it all. It will help you understand that there is more to the 'change of life' than simply stopping periods and aims to equip you to make positive choices at this important time. Throughout the text are anonymised quotes from real women who I have encountered in my clinical practice, and which express the kind of anxieties that many women have about going through the menopause.

Whether you see menopause as a natural event that does not need medical intervention, or whether you are open to all the medical help on offer, this book is for you.



## chapter 1

# Menopause

### *What is normal?*

*You would think as a woman I would know about these things, hormones and so on, but I really don't. No one prepares you.*

*In America, it is sometimes called the 'third talk': you know you get a talk on starting periods, one on sex and we need one on menopause!*

As you approach your late forties, you are likely to be expecting that menopause will happen soon if it hasn't already. In the UK the average age of menopause is 51, so menopause usually happens when you are between the ages of 45 and 55. You would think, therefore, that it would not come as a shock, yet you may feel ill-prepared for it and surprised by the symptoms you experience. Unlike pregnancy, you won't find that friends raise the topic very often, or pass on books they have used or even give you their own tips and advice. Possibly they are going through it too, but it tends not to be 'coffee shop' talk. Even your mother will probably brush it off, saying that she doesn't remember or that it was 'no problem'. Look online, and you will see a huge amount of information. But what is reliable? What do

you believe? Is it really that bad? What is normal?

Chapter 5 looks at what happens when women go through menopause much earlier than usual and the effects that an unusually early menopause can have. Young women going through menopause need specific and ongoing physical and psychological support, and that is discussed more in that chapter. But what about the so-called ‘normal’ woman? Is anything ‘normal’ about menopause? What can you expect and how do you know if anything is medically wrong with you or if it is just the natural progression of a normal life event?

*I had these awful symptoms, and it made me wonder if I was actually sick; surely this is not normal?*

*We all know menopause can cause flushes and sweats, but everything else took me completely by surprise – the tiredness, feeling tearful and wondering if I would ever feel myself again.*

*If menopause is natural, why do I feel so awful? Surely I can do something about this?*

## What is menopause?

The term ‘menopause’ means different things to different people. To some, it simply explains the physiological change that occurs in a woman when periods stop and the ability to conceive is past. This conforms to the medical definition of menopause, which refers simply to the ‘last menstrual bleed’ or periods finally stopping. Using this definition, you cannot say you are

‘menopausal’ until this time has passed and, medically, once you have not had a period for one year, after the age of 50, you are deemed to be ‘post-menopausal’, meaning after menopause has happened. This time of hormonal change, though, is often accompanied by physical and psychological effects, which may start some time before periods finally stop and continue for a long time afterwards. These are ‘menopausal symptoms’ even though you may not fit the medical definition of actually being ‘menopausal’: that is, you can sometimes recognise that the menopause is starting before your doctor can confirm the diagnosis. It is for this reason that medical diagnosis of menopause should be based on your history and symptoms and not simply on blood tests. In fact, blood test results can confuse the diagnosis, as I will discuss later.

*Pre-, peri-, post-menopause – what’s the difference?*

*I feel as if I have been peri-menopausal for years.*

You will find it helpful to understand how healthcare professionals describe menopause, so here are some common terms. These terms apply to women going through menopause at the usual time, i.e. around the age of 50. Younger women are described differently (see Chapter 5).

**Menopause** – the last ever period you have. Of course, you do not know it was the last period until some time after it has happened. Will there be another? Periods don’t usually stop suddenly; more often they get

gradually shorter and further apart until eventually they stop altogether. Medically, menopause is diagnosed retrospectively, one year after periods have stopped.

**Peri-menopause** – the months or even years before periods stop when hormonal changes start, and symptoms often occur. The peri-menopause continues until you are considered ‘post-menopausal’, that is for one year after your periods stop. The term covers the time leading up to your last period when hormonal changes start, when you may get symptoms, and then for the year afterwards. Peri-menopause can last a long time, with some women saying that they can feel the very start of menopausal changes in their late thirties, even though periods may be unchanged for several years after that.

**Post-menopausal** – when you have not had a natural period for one year. Once it has been twelve months since you have had a period, you are ‘post-menopausal’ from a medical perspective. If you are under 45, however, this diagnosis may not be as clear-cut, as there can be other reasons why periods stop in younger women.

*My blood tests led my doctor to say I was not yet menopausal, but I had all the typical symptoms; it was very confusing to me.*

Once you understand this terminology, you can begin to see why misunderstandings occur between women and their clinicians. Some doctors may say ‘you are not menopausal’ when what they mean is that there is no sign that your periods are stopping. It is not to say that

the symptoms you are experiencing cannot be due to the hormonal changes of menopause, just that as yet your periods have not reflected the hormonal changes and finally stopped. Similarly, if you are described as being 'post-menopausal', you may think that that marks the end of these symptoms, but you may go on to have symptoms for a long time after you are described as 'post-menopausal'.

*I can begin to see why it's called 'the change'.*

Women themselves often use more accurate terminology. You might describe yourself as 'in the throes of menopause' or 'in the change', which describes more accurately what you are experiencing. The term 'peri-menopause' is much better understood too as it covers the wide time span when you might be getting symptoms, regardless of what is happening to your periods. The peri-menopause builds up towards the menopause and is followed eventually by post-menopause. The time this takes varies between individuals and might be a couple of years or several.

## Why it happens

Back to biology, at least a bit. When you have a period, it is an indication that the 'menstrual cycle' is working. It does not necessarily mean that you can fall pregnant, as that requires a whole lot of other factors as well. The menstrual cycle ensures that the womb is ready to receive a pregnancy if it happens and, if it doesn't, the cycle repeats. Ovaries play a major role in releasing

oestrogen, which influences the lining of the womb to grow and shed, which in turn leads to monthly periods. The hypothalamus, located in the brain, stimulates the pituitary nearby to release the hormones that tell the ovaries to release oestrogen, which then circulates through the body. When the ovaries are working properly, the messenger system between the ovaries and the pituitary generally works well. Once the ovaries have done their job that month and released enough oestrogen, the pituitary recognises that and switches off the messenger hormones until the next cycle. So, simply put, in a normal cycle you will see the rise of FSH, follicle stimulating hormone (the messenger), resulting in the ovaries producing oestrogen, then the fall in follicle stimulating hormone as the oestrogen rises. In the second half of the cycle, progesterone is produced ready to support a fertilised egg. If pregnancy does not occur, the progesterone hormone falls and that causes a period as the womb lining is shed for another month. There are many other hormones involved too, but, when thinking about menopause, these are the principle ones that are important. As you approach menopause, the ovaries cannot work efficiently because of ageing follicles (within the ovary) and your body cannot make new ovaries or follicles. This results in a fall in oestrogen over time until after the menopause when it remains very low unless you use hormone replacement therapy. At the same time, FSH, follicle stimulating hormone, gradually rises in response to low oestrogen levels.

## So do I need hormone tests to diagnose menopause?

*A simple blood test, just to confirm what I already suspect, would be really helpful.*

*My doctor said this couldn't be menopause because my blood tests don't confirm it.*

*I don't care what my blood tests say, I feel awful and need help.*

Given my description of the physiology, it would make sense to expect a hormone test to tell you where you are in your menopause. Unfortunately, it is not as simple as that. Although the hormones show a predictable pattern during the pre-menopausal years and during post-menopause (remember: that is one year after periods stop), they go a bit wild around peri-menopause. It is during this time of peri-menopause that it would be most helpful to have a blood test that reliably confirms you are 'menopausal'. The two main hormones I mentioned, follicle stimulating hormone (FSH) and oestrogen, do change as you go through the menopause, but not in a smooth, predictable way. FSH rises as oestrogen levels fall, but you can have months when the hormones seem to be acting normally and others when they are very erratic. During this time you may be experiencing menopausal symptoms or you may not. You may miss some periods or you may not. The erratic changes can occur even over a few days, which means that the blood tests become very

unreliable and may even give a false picture. You may go to your doctor with symptoms, which are apparently related to the menopause, but because the hormone levels don't conform to an expected pattern, you are told these symptoms don't need treatment. You still feel awful and leave the surgery confused and frustrated.

Guidance in the UK now tells clinicians that hormone tests are not needed to diagnose menopause or to start treatment for menopausal symptoms in women over the age of 45. Instead, the clinician listens to you and makes the diagnosis by building up a picture of how you might be approaching menopause, including what is happening to your periods and how you are feeling. Someone skilled in listening to menopausal women soon develops the expertise to recognise what is likely to be menopause. If there is any doubt, other medical tests might be done to rule out other medical causes for how you are feeling. These may include thyroid tests or iron levels. Most women, though, do not need any blood tests around the menopause. You may benefit from measurement of follicle stimulating hormone in the following situations:

- ◆ You are aged 40 to 45, so a little younger than average, and your symptoms and period pattern are not clearly menopausal, but you have symptoms suggesting it.
- ◆ You have a progestogen-releasing intrauterine system (coil or IUS) or progestogen-only pill contraception that has caused a lack of periods and now have symptoms and wonder if you are menopausal and can stop contraception (see Chapter 2).