Menopause

Information for the public
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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about menopause that is set out in NICE guideline NG23.

Does this information apply to me?

Yes, if you are a woman with symptoms likely to be caused by menopause.

Menopause

Menopause is when you stop having periods, which usually happens between the ages of 45 and 55. For a small number of women menopause occurs earlier. If it happens before you are 40 it's called premature menopause (or premature ovarian insufficiency).

Menopause happens when your ovaries stop producing a hormone called oestrogen and no longer release eggs. For some time before this – it could be for a few months or for several years – your periods may become less regular as your oestrogen levels fall. This is called perimenopause.

Symptoms

During perimenopause you might have symptoms such as hot flushes, night sweats, joint and muscle pain, vaginal dryness, mood changes and a lack of interest in sex.

Menopause affects every woman differently. You may have no symptoms at all, or they might be brief and short-lived. For some women they are severe and distressing.

You can still get menopause symptoms if you have had a hysterectomy (an operation to remove your womb).

Other natural changes as you age can be intensified by menopause. For example, you may lose some muscle strength and have a higher risk of conditions such as osteoporosis and heart disease.

Seeking help

If you seek help for your menopausal symptoms, different professionals may be involved in your care. These may include your GP or practice nurse, a gynaecologist (a doctor who specialises in women's reproductive health) or a healthcare professional (such as a doctor, nurse or pharmacist) with special training and experience in menopause.

Working with you

Your healthcare professionals should talk with you about menopause. They should explain any tests, treatments or support you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree.

You may also like to read NICE's information for the public on patient experience in adult NHS services. This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about using health and social care services.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your healthcare professional.

Diagnosing menopause

If menopausal symptoms are affecting your day-to-day life you should see your GP. Your GP should be able to tell if you are in perimenopause or menopause based on your age, symptoms and how often you have periods, so you are unlikely to need tests. If you are taking any hormonal treatments (for example, to treat heavy periods) it can be more difficult to know when you have reached menopause.

You may be offered a blood test but only if:

- you are between 40 and 45 and have menopausal symptoms, including changes in your menstrual cycle (how often you have periods)
- you are under 40 and your GP suspects you are in menopause (also see premature menopause).

The blood test measures a hormone called FSH (follicle-stimulating hormone). FSH is found in higher levels in menopause. You should not be offered this test if you are taking a contraceptive containing oestrogen and progestogen or high-dose progestogen because the contraceptive changes your natural FSH levels.

Information about menopause

Your GP should give you (and your family members or carers if appropriate) information about menopause. They should give it to you in different ways, for example discuss it with you and give you something in writing. The information should cover:

- the stages of menopause
- common symptoms and how menopause is diagnosed
- lifestyle changes to improve your general health and wellbeing
- contraception
- benefits and risks of treatments for menopausal symptoms
- how menopause may affect your future health.

Menopause as a result of medical treatment

Some medical treatments and procedures can cause menopause, such as chemotherapy and radiotherapy to treat cancer, and surgery that involves the ovaries.

If you are about to have treatment likely to cause menopause, your doctor should explain to you what to expect and how it will affect your fertility. They should offer you support and also refer you to a healthcare professional who specialises in menopause.

The NICE guideline on fertility includes advice about when medical treatment may cause infertility (see other NICE guidance).

Treating menopausal symptoms

For women who seek help for their menopausal symptoms, HRT (hormone replacement therapy) is the most commonly prescribed treatment. HRT helps to relieve symptoms by replacing oestrogen levels that naturally fall in menopause. You can take HRT as tablets or through a patch or gel on your skin.

If HRT is suitable for you and you are interested in taking it, your GP should discuss the benefits and risks with you, both in the short term (the next 5 years) and in the future, before you decide to start it.

You should also be given information about:

- non-hormonal treatments, for example a drug called clonidine
- other types of treatments, such as cognitive behavioural therapy (CBT), a type of psychological therapy that helps people to manage the way they think and feel.

Non-prescribed treatments

You can get many different treatments for menopausal symptoms without a prescription. Some women find that complementary therapies help. If you wish to try these, your GP should explain that their quality and ingredients may be unknown. Another type of treatment is called bioidentical or compounded hormones, but these are unregulated and it is not known whether they are safe or effective.

For women with, or at high risk of, breast cancer

NICE has produced advice about treating menopausal symptoms in women who have breast cancer or who are at high risk of breast cancer (for example because of a family history of breast cancer). See other NICE guidance for more information.

Your GP should give you information about all the available treatments that might help your menopausal symptoms. They should also refer you to a healthcare professional specialising in menopause.

St John's wort

Some women have found St John's wort can reduce their hot flushes and night sweats during menopause. However, the ingredients of products containing St John's wort may vary and their effects are uncertain. Also, these products can interfere with other drugs, including those used to treat breast cancer (for example, tamoxifen).

Managing your symptoms

The sections below explain what NICE has said about managing individual menopausal symptoms. Your GP will be able to give you more information about the best treatment for you. They should adapt your treatment if your symptoms change as you go through menopause.

Hot flushes and night sweats

Hot flushes and night sweats are common in menopause. If you are finding them a problem you should be offered HRT after discussing the benefits and risks with your GP.

If you have a womb you should be offered HRT that contains oestrogen and progestogen. This is because oestrogen-only HRT can be harmful to the lining of the womb. If you don't have a womb you should be offered oestrogen-only HRT.

Some women find that the dietary supplements black cohosh and isoflavones can reduce their hot flushes and night sweats. However, the ingredients of these products may vary and their safety is unknown. They may also interfere with any other medicines you are taking.

Low mood

Low mood is a common symptom of menopause – it is different from depression (see other NICE guidance for NICE's advice about depression).

If you're feeling low as a result of menopause you may be offered HRT. Another possible treatment is CBT (cognitive behavioural therapy) and you may be offered this if you have low mood or anxiety as a result of menopause.

It has not been shown that antidepressant drugs called SSRIs and SNRIs can help with low mood during menopause if you haven't been diagnosed with depression.

Lack of interest in sex

Some women have less interest in sex during menopause. If HRT doesn't help, you might be offered a testosterone supplement.

> At the time of publication (November 2015), testosterone supplements were not licensed for use in women. Your doctor should tell you this and explain what it means for you. For more information about licensing and 'off-label' use of medicines visit NHS Choices.

Vaginal dryness

If you have vaginal dryness you should be offered vaginal oestrogen, which is put directly into the vagina as a pessary, cream or a vaginal ring. You can use vaginal oestrogen for as long as you need to, even if you are already using HRT. Moisturisers and lubricants can also help. If vaginal oestrogen doesn't help to start with you may be offered a higher dose.

It's rare for vaginal oestrogen to cause problems, but if you have any unexpected vaginal bleeding you should tell your GP. Your GP should explain that your symptoms may come back when you stop using it.

Vaginal oestrogen might be suitable for you if you can't take HRT for medical reasons. Your GP should check this first with a healthcare professional specialising in menopause.

Benefits and risks of HRT

NICE looked at the risks of the following conditions in women taking HRT compared with women of menopausal age in the general population. Your GP should explain that the risks of the conditions described below vary from one woman to another and depend on many risk factors. In cases where HRT is said to increase risk this usually means a very small increase in most women.

More information about this is available in section 1.5 of the version of the guideline for healthcare professionals.

Blood clots (venous thromboembolism)

HRT tablets (but not patches or gels) are linked with a higher risk of developing a blood clot.

If you are already at higher risk of blood clots (for example, you are obese) and you are considering HRT, you may be offered patches or gel rather than tablets.

If you have a strong family history of blood clots or if there's another reason why you are at high risk of blood clots, you may be referred to a haematologist (a doctor who specialises in blood conditions) before considering HRT.

Heart disease and stroke (cardiovascular disease)

Studies show that:

- If you start HRT before you're 60 it does not increase your risk of cardiovascular disease.
- HRT does not affect your risk of dying from cardiovascular disease.
- HRT tablets (but not patches or gels) slightly raise the risk of stroke. However, it is important to remember that the risk of stroke in women under 60 is very low.

If you're already at higher risk of cardiovascular disease it may still be possible for you to take HRT but it will depend on your individual circumstances. Your GP can give you more information.

Breast cancer

Studies show that for women around menopausal age:

- Oestrogen-only HRT causes little or no change in the risk of breast cancer.
- HRT that contains oestrogen and progestogen may increase breast cancer risk. This risk may be higher if you take HRT for longer but falls again when you stop taking HRT.

Type 2 diabetes

HRT does not increase your risk of developing type 2 diabetes.

If you already have type 2 diabetes, HRT is unlikely to have a negative effect on your blood sugar control. When deciding if HRT is suitable for you, your GP should take into account any health problems related to your diabetes and may ask a specialist for advice before offering you HRT.

Osteoporosis

When your ovaries stop making oestrogen your bones become thinner and you have a higher risk of osteoporosis, where your bones break more easily.

You should be given advice about bone health and osteoporosis at your first appointment and again when reviewing your treatment. Your GP should explain that for women around menopausal age the risk of breaking a bone is low, and HRT reduces this risk further. This benefit only lasts while you are taking HRT but it may last longer if you have taken HRT for a long time.

NICE has produced advice about fragility fractures in osteoporosis. See other NICE guidance for details.

Loss of muscle strength

You may lose muscle strength as you reach menopause, and HRT may improve this. However, it is also important to carry on with daily activities and exercise, which will help you to stay as strong and fit as possible.

Dementia

It is currently unknown whether HRT affects the risk of developing dementia. NICE has recommended more research about this.

If HRT is not suitable for you

If you can't take HRT for medical reasons there are other treatment options that you can discuss with your GP. See treating menopausal symptoms.

You may also be referred for more advice to a healthcare professional specialising in menopause.

Starting and stopping HRT

Your GP should tell you what to expect when you start taking HRT. It's common to have some vaginal bleeding in the first 3 months (for women who have a womb). If you have any unexpected bleeding in the first 3 months, tell your GP at your first review appointment. If it happens after the first 3 months tell your GP straightaway.

Stopping HRT

When you are thinking about stopping HRT you can either stop immediately or gradually reduce your dose. Your GP should give you more advice about this. You may have some menopausal symptoms again after stopping HRT, although they may return less quickly if you stop gradually.

Reviewing your care

You may be having different treatments or therapies to help your menopausal symptoms. To see whether treatment is helping you should be offered review appointments every 3 months to start with. If you are not having any problems you should then have appointments once a year. You should be offered an earlier review if you need it, for example if treatment no longer seems to be working or is causing side effects.

It is also important to keep going to all your routine health screening appointments (for example, breast and cervical screening).

Being referred to a specialist

If treatments haven't helped your symptoms or have caused side effects you should be referred to a healthcare professional specialising in menopause. You may also be referred if there is uncertainty about the best treatment for you.

Premature menopause (premature ovarian insufficiency)

If menopause happens before you are 40 it is called premature menopause (or premature ovarian insufficiency).

Diagnosis

Premature menopause is diagnosed using your age and symptoms, as well as information about your family history and medical history (for example, whether you have had medical treatment that is known to trigger menopause). If you are under 40 and having no or very few periods you should be offered blood tests to measure your levels of FSH (follicle-stimulating hormone). You should be offered 2 blood tests for FSH, which should be done 4–6 weeks apart (this is because your FSH levels change at different times during your menstrual cycle).

If it is not clear whether you are in premature menopause, you should be referred to a healthcare professional who specialises in menopause or reproductive medicine to confirm your diagnosis.

Treating premature menopause

Treatment for premature menopause usually involves HRT or a combined hormonal contraceptive.

Your GP should explain that:

- it is important to continue treatment until at least the age of natural menopause, to give you some protection from osteoporosis and other conditions that can develop after menopause
- the risk of conditions such as cardiovascular disease and breast cancer rises with age and is very low in women under 40
- both HRT and the combined contraceptive pill are good for bone health
- HRT may be better for your blood pressure than the combined contraceptive pill
- HRT is not a contraceptive.

Hormonal treatment is not suitable for some women, for example if you have a history of breast cancer or another type of cancer stimulated by the hormone oestrogen. If hormonal treatment is not suitable, your GP should discuss other possible treatments with you and should give you information about bone and cardiovascular health.

You may also be referred to other healthcare professionals who have the right training and experience to help you to manage different aspects of your condition.

Questions to ask about menopause

These questions may help you discuss menopause with your healthcare team.

Diagnosis

- Can you explain more about how menopause is diagnosed?
- Can you diagnose menopause if I am taking a hormonal treatment?

About menopause

- Can you tell me more about menopause and what to expect?
- Should I still use a contraceptive during menopause to avoid pregnancy?
- I am having medical treatment that will trigger menopause: can you explain what I should expect?
- Are there any support organisations in my local area?
- Can you provide any information for my family or carers?

About premature menopause (premature ovarian insufficiency)

- Can you explain what causes premature menopause and why it has happened to me?
- Are there any health risks associated with untreated premature menopause?
- What is the likelihood that I could get pregnant after premature menopause?

Lifestyle

- Would it help my menopausal symptoms if I made some changes to my lifestyle, such as becoming more physically active or changing my diet?
- If I am overweight or a smoker does it affect my treatment options?

Treatment for menopausal symptoms

- What types of treatment are suitable for my symptoms?
- What are the benefits and risks of different treatments?
- Are there any complementary therapies that could help?
- I use complementary therapies for my symptoms – are these safe to take alongside other treatments?
- If I already take an antidepressant, will that affect any treatments I can try for mood changes during menopause?
- Can you tell me why you are recommending hormone replacement therapy (HRT)?

- If I don't want to take HRT, or can't for medical reasons, what other treatments are there?
- What type of HRT is suitable for me?
- How quickly will HRT improve my symptoms?
- Can I still become pregnant on HRT?
- How and when do we decide I should stop taking HRT?
- Might I have problems when I stop taking HRT?
- Are there any serious side effects from HRT?
- Are there any long-term effects of taking HRT?
- Can you give me some other information (like a leaflet, DVD or a website) about treatment for menopausal symptoms?

For family members, friends or carers

- How can I/we provide help and support?
- Is there any additional support or information that I/we as carer(s) might benefit from?

Sources of advice and support

- The Daisy Network
  www.daisynetwork.org.uk
- Menopause Matters
  www.menopausematters.co.uk
- The Menopause Exchange, 0208 420 7245
  www.menopause-exchange.co.uk
- Fertility Friends
  www.fertilityfriends.co.uk
- The Infertility Network UK, 0800 008 7464
  www.infertilitynetworkuk.com
- Women's Health Concern, 01628 890 199
  www.womens-health-concern.org

You can also go to NHS Choices for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

- Familial breast cancer (2013) NICE guideline CG164
- Fertility (2013) NICE guideline CG156
- Osteoporosis: assessing the risk of fragility fracture (2012) NICE guideline CG146
- Depression (2009) NICE guideline CG90
- Early and locally advanced breast cancer (2009) NICE guideline CG80

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