



THE PROFESSIONAL ASSISTANT LEARN & ADVISE



The menopause

The menopause is a fact of life for women, and few get through it without experiencing any symptoms at all. In order to understand the problems that women may experience as they go through “the change”, it is helpful to know a little about what is happening in the body.

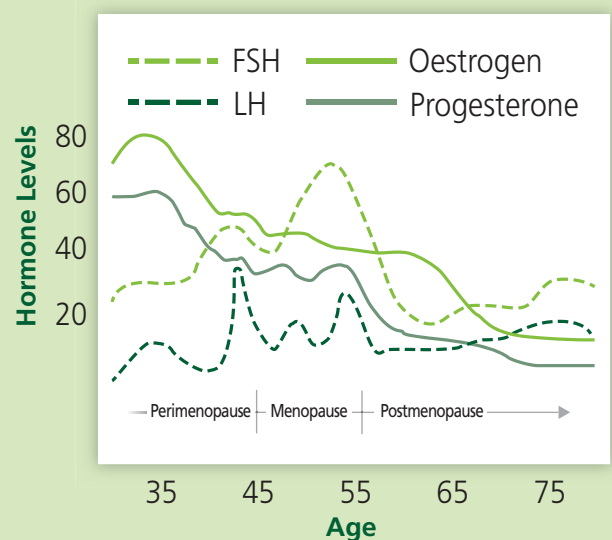


OBJECTIVES

After studying this module, assistants will:

- Understand what happens in the body that causes the menopause and its symptoms
- Be able to recognise the women who need referring to the pharmacist or their GP for advice
- Know the treatment options available, including self help measures.

Hormonal fluctuations during the menopause



Unlike men, who can usually produce sperm – albeit in diminishing quantities – until they die, women only have a certain number of eggs present in their ovaries when they are born. As this supply approaches its end, usually at around the age of 45-50, the quantity of **oestrogen** in the body starts to fall as a result. Because oestrogen normally controls the production of **follicle stimulating hormone (FSH)** and **lutinising hormone (LH)**, the decreasing amount in the body means that levels of both FSH and LH start to rise. This relative imbalance disturbs the menstrual cycle, making periods irregular, and also causes other symptoms such as night sweats and hot flushes. This period of time is known as the **perimenopause**, and can last for months or even years.

The **menopause** itself is said to have happened when the pattern of low oestrogen and high FSH and LH has become established and a woman has stopped her periods altogether. In the UK, most women experience this in their early 50s. It can happen prematurely (before the age of 40), most commonly because of a genetic cause, but also due to an autoimmune disorder such as type 1 diabetes or a thyroid condition. It can also be triggered by medical treatment such as chemotherapy, radiotherapy or certain types of surgery, and as a result of infection-induced failure of the ovaries (e.g. following malaria or mumps).

By the time a woman has not had a period for a year, she is considered to be **post-menopausal**.



This module is suitable for all members of the pharmacy team who wish to increase their knowledge of common conditions, treatment options and communication skills. This module has been endorsed with the NPA's Training Seal as suitable for use by pharmacy teams as part of their ongoing learning. This module can also form part of your Team Tuesday training.



DID YOU KNOW?

Most women in the UK experience the menopause in their early 50s.

Understanding the problem

Most women experience menopausal symptoms, which can be sufficiently severe to have a significant impact on day-to-day life.

The most common symptoms are hot flushes and night sweats, which around three-quarters of women suffer from.

Other problems can include:

- Mood changes (most frequently feeling low and anxious)
- Difficulty concentrating and remembering things
- Disturbed sleep
- Joint and muscle pain
- Skin irritation
- Palpitations
- Recurrent urinary tract infections
- Sexual problems, ranging from discomfort during intercourse because of vaginal dryness to reduced libido, which may be connected but could also be the result of falling oestrogen levels.

Anyone who is going through the perimenopause or menopause at age 40-45 years should be advised to seek medical advice as they are at increased risk of problems such as:

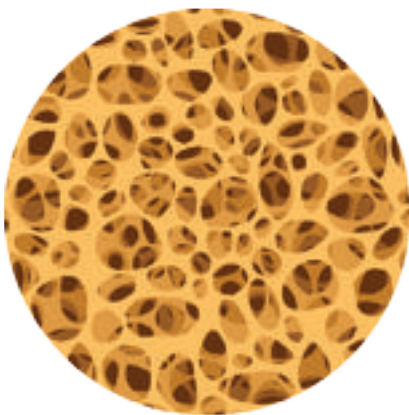
- Cardiovascular disease
- A decline in cognitive functioning
- Dementia
- Osteoporosis. Oestrogen helps to protect bone strength but women can lose up to 20 per cent of their bone density in the five to seven years after the menopause, making them more at risk of osteoporosis (weak bones).



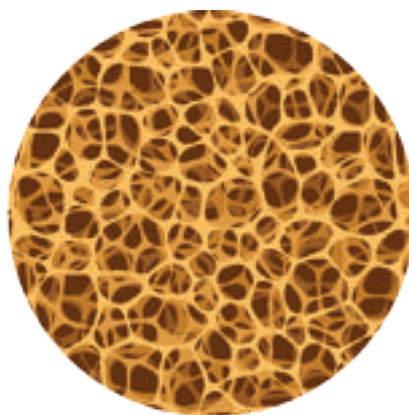
When to refer:

Certain customers should ring warning bells, so get your pharmacist involved if someone reports any of the following:

- Symptoms of the menopause before the age of 45 years
- Symptoms that are particularly debilitating or troublesome.



Normal bone



Osteoporosis

Post-menopausal women are also at risk of the complications of oestrogen depletion. Coupled with the effects of natural ageing, this means they are more likely to develop the conditions listed above and experience changes in their bladder and vagina.



SIGNPOSTING

For more information, you can:

- Use your *Counter Intelligence Plus* training guide
- Visit NHS Choices: [nhs.uk/Conditions/Menopause](https://www.nhs.uk/Conditions/Menopause)
- Look at information provided by the Menopause Exchange at: [menopause-exchange.co.uk](https://www.menopause-exchange.co.uk)
- Read the menopause guidance published by NICE: [nice.org.uk/guidance/ng23](https://www.nice.org.uk/guidance/ng23)
- Check out the resources available from the charity Women's Health Concern at: [womens-health-concern.org/help-and-advice/factsheets/menopause](https://www.womens-health-concern.org/help-and-advice/factsheets/menopause).



DID YOU KNOW?

The risk of heart disease after the menopause increases.

Managing the menopause

There are several measures women can put in place to help manage their menopause symptoms and protect their future health:

- 1 Taking regular exercise** can make a difference to symptoms such as cognitive and mood changes, sleep disturbances and night sweats, and it also keeps the bones healthy as well as helping to maintain a healthy weight.
- 2 Stopping smoking and cutting back on alcohol** can also protect bones, as can upping calcium and vitamin D intake, whether through the diet and by exposing the skin to sunlight, or by taking a supplement. These actions have an additional beneficial effect on cardiovascular health.
- 3 Reducing stress levels** by practising relaxation techniques such as yoga can ease anxiety and improve sleep quality, as can maintaining good sleep hygiene practices. Some women may benefit from talking therapies such as cognitive behavioural therapy if they find they are very low or anxious.
- 4 Having a healthy diet** that is low in saturated fat and salt, and high in fruit, vegetables and fibre is good for the heart. Women suffering from hot flushes and night sweats should try to identify triggers – caffeine, alcohol and spicy foods are common culprits – so they can avoid them.
- 5 Attending health screening appointments** such as breast screening and cervical smears is hugely important and should be encouraged.
- 6 Using vaginal moisturisers and lubricants** can really help women who are finding sexual intercourse uncomfortable. These have no safety concerns as they are drug-free.



HRT

Hormone replacement therapy (HRT) is the main treatment used for the symptoms of the menopause.

Over the years, concerns have been raised about a link with breast cancer, but in guidance published at the end of 2015, the National Institute for Health and Care Excellence (NICE) stated that HRT should be offered to most women experiencing menopausal symptoms. However, the benefits (including the fact that it is very effective at relieving night sweats and hot flushes, as well as other symptoms) and risks (side effects include breast tenderness, headaches and vaginal bleeding, plus an increased risk of blood clots and breast cancer in certain groups) should be carefully explained beforehand.

The right type of HRT should be prescribed – a combined oestrogen and progestogen product for women who still have their womb, and an oestrogen-only variety for those who have had a hysterectomy – in a formulation (patches, tablets, gel or implant) that suits the individual.

Other drugs that are sometimes used include selective serotonin reuptake inhibitors (SSRIs), clonidine, testosterone and gabapentin.



Complementary remedies

Complementary and alternative products are popular with women going through the menopause, but care needs to be taken as there is some uncertainty over how safe and effective they are. The most widely available include:

- 1 Black cohosh** – a herbal remedy that studies have found can help with night sweats and hot flushes, although not as much as prescription treatments.
- 2 St John's wort** – another herbal remedy that has been shown to help relieve symptoms, such as hot flushes.
- 3 Phytoestrogens** – hormones that naturally occur in plants such as red clover and can help reduce anxiety, albeit on a temporary basis only. They are also known as isoflavones.

All of the above can interact with other medicines, in some cases very significantly, so anyone wanting to buy such a product should be referred to the pharmacist.

TEST YOURSELF ONLINE

GOOD PRACTICE KNOWLEDGE IS IMPORTANT WHEN ADVISING CUSTOMERS



Questions

1) Which hormone level goes down around the time of the menopause?

- a) Follicle stimulating hormone
- b) Oestrogen
- c) Human chorionic gonadotrophin
- d) Luteinising hormone

2) Which statement is FALSE?

- a) The perimenopause can last several years
- b) A woman who has gone through the menopause no longer has periods
- c) Someone who experiences the menopause at age 45 is considered to have gone through it prematurely
- d) Hormonal imbalance causes menopausal symptoms

3) Which of the following is NOT usually a reason for premature menopause?

- a) Pregnancy
- b) Chemotherapy
- c) Radiotherapy
- d) Some forms of surgery

4) Which of the following is NOT a usual symptom of the menopause?

- a) Feeling cold all the time
- b) Feeling anxious
- c) Sleep disturbances
- d) Aching joints and muscles

5) Which of the following conditions is more likely after the menopause?

- a) Liver failure
- b) An overactive thyroid
- c) Type 1 diabetes
- d) Osteoporosis

6) Which of the following is NOT usually a trigger for hot flushes and night sweats?

- a) Alcohol
- b) Fibre
- c) Spicy food
- d) Caffeine

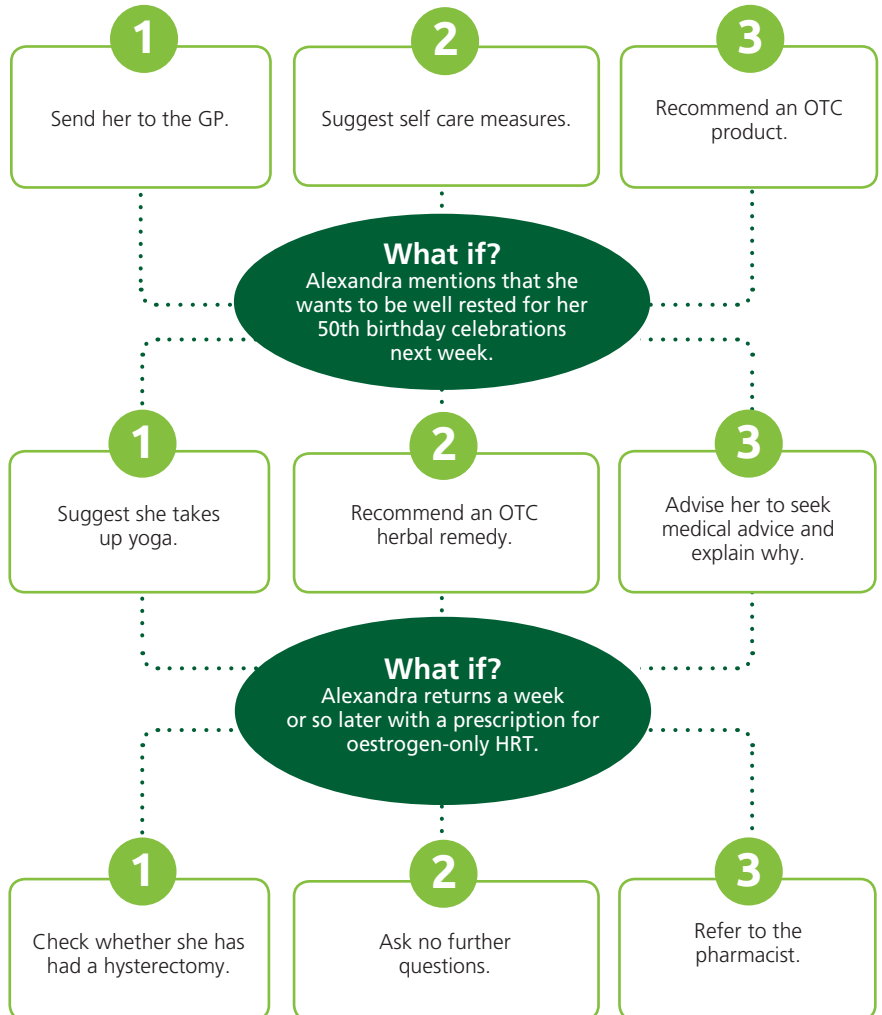


Scenario

Alexandra says she has been experiencing hot flushes for a few weeks now, and they are starting to interfere with her sleep so she wants to find out what she can do to manage them. Her friend has suggested she goes to the GP but she thought she'd ask at the pharmacy first.

What would you recommend?

For each part of this scenario, think about the decision you would make and, importantly, why you would choose that option. In addition, for each decision that you make, think about how you would talk to the customer and provide the necessary advice. Discuss this with your team and pharmacist.



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