Menopause and your heart – Dr Fiona Walker

What is the menopause?

Menopause is a natural event for half of humankind and is the time when you stop having periods, your ovaries stop releasing eggs and the oestrogen hormone levels in your body falls. Most women in the UK will have menopause between 45-55 years of age, with the average age 51 years.

The time before the last period is called the **peri-menopause or menopause transition** and 8 out of 10 women will notice symptoms at this time. One in 4 women describe their symptoms as severe.

People with functioning ovaries who do not identify as female will also experience menopause if they do not take cross-gender hormones. The terms woman and women's health are used to encompass all these individuals.

Menopausal symptoms

The most common symptoms are:

- Hot flushes and night sweats (vasomotor symptoms)
- Difficulty sleeping
- Mood changes
- Aching muscles and joints
- Vaginal dryness
- Anxiety
- Loss of libido (interest in sex)

The symptoms are usually time-limited with an average duration 7 years, but 1 in 3 women have symptoms for longer than this.

Menopause – a broader context

Menopause is experienced in different ways globally and women's expectations and experience of menopause are strongly influenced by personal, family, and socio-cultural factors.

For example, in the USA, menopause is earlier and vasomotor symptoms (hot flushes and sweats) more common and long-lasting in African American women, than in white American women. The reason for these differences is unknown.

There is also geographical and ethnic variation in the experience of menopause, with women in high income countries reporting more hot flushes and sweats, whilst only 5% of Indonesian women reported hot flushes.

A review of menopausal women in 11 Asian countries reported body and joint pains to be most problematic, affecting 76% of Korean women and 96% of Vietnamese women.

A woman's experience of menopause is also strongly influenced by social values around reproduction and ageing. Women tend to have a worse experience of menopause in countries where their value is predicated on youth and reproductive capacity, and ageing is associated with decline.

While the majority of women experience body changes during peri-menopause, most consider it a natural process and manage it without medical help. A US study of 2,565 midlife women in the 1980's found half were relieved to be going through menopause. Another Australian cross-sectional survey of midlife women (n=776) in 2001, found 90% were not troubled by the changes of peri-menopause and in a critical review of midlife embodied change, women identified freedom from menstruation, premenstrual symptoms and need for contraception as positive consequences of menopause.

Medicalisation of the menopause

The medicalisation of menopause and its focus on symptoms, tends to fuel negative expectations. A systematic review found that negative attitudes and expectations before menopause, predicts the likelihood of distressing menopausal symptoms. This medicalisation also may increase anxiety and apprehension about this natural life stage.

The message that menopause signals decay and decline, which can be delayed or reversed by hormonal treatments, is reinforced by the media, medical literature, and information for women.

Marketing the menopause as a 'disease' is lucrative, with unlicensed compounded bio-identical hormones accounting for 28-68% of all menopausal hormonal therapy prescriptions in the USA, a business worth around 2 billion dollars.

What treatments are available for menopausal symptoms?

Treatment options should be individualised and alternatives to medicines also considered, such as increasing exercise, reducing alcohol and caffeine intake.

- **Herbal medicines and compounded bio-identical hormones**

Plant or plant extracts e.g St Johns Wort, black Cohosh and iso-flavones (soya products) can reduce hot flushes for some women, but they are unlicenced and the safety profile is unknown. They may interact with prescribed medicines so you will need to check with your doctor before using them. Likewise compounded bio-identical hormones are not regulated or licensed in the UK owing to a lack of evidence that they are effective or safe to use.

- **Non-hormonal medicines**

These include clonidine or gabapentin and they reduce hot flushes.

- **Hormone replacement therapy (HRT)**

HRT replaces the hormone oestrogen and comes in many forms including tablets, trans-dermal patches, gels, nasal sprays, and implants.

HRT contains conjugated equine oestrogens alone, or with addition of medroxyprogesterone acetate **(combined HRT).**

Women with a womb (uterus), will be prescribed combined HRT, to prevent endometrial hyperplasia (thickening of the womb lining).

Women who have had a hysterectomy can have oestrogen only HRT.

If you are starting combined HRT before your final period (peri-menopausal) you may be offered cyclical combined HRT, which causes a monthly withdrawl bleed.

If it is 12m since your last period (post-menopausal) you can have continuous combined HRT (bleed-free HRT).

Who needs HRT?

The main reason to take HRT is to control problematic menopausal symptoms with moderate-severe hot flushes and sweats. Sleep is also improved. Evidence from randomised controlled trials (RCTs) shows clear benefit in this context, and no arbitrary limits should be placed on duration of use.

The benefits of treatment should be discussed with short term use (approximately 5 years) and long-term use (more than 5 years), including the risks of treatment over the same timeframe.

Benefits of HRT

- Reduction in hot flushes and night sweats
- Improved sleep
- Less joint / muscle pains
- Reduced risk of fragility fractures related to osteoporosis in both spine and hip
- Evidence from a Cochrane review of randomised controlled trails and observational studies in symptomatic menopausal women also noted a reduction in coronary heart disease, including cardiovascular mortality in those who started HRT before age 60.

Risks of HRT

- **Breast cancer**

  NB: Oestrogen only formulations are associated with little or no change in the risk of breast cancer.

  Combined HRT (oestrogen + progesterone) can be associated with an increased risk of breast cancer, but this appears to be duration dependent and may vary with the type of progesterone used. Absolute risk is 22.5/1000 over 7.5 years in women **not taking HRT** and 5 more women / 1000 are at risk if taking HRT. The risk returns to baseline on stopping HRT.

- **Clots (venous thrombosis)**

  Oral HRT (tablets) slightly increases risk of clots – absolute risk is 12.5/1000 over 5 years in those **not taking HRT** and 6-14 more women/1000 would be at risk when taking HRT.

  NB: Transdermal patches are not associated with increased risk of clots

Side effects of HRT Unscheduled vaginal bleeding in first 3m months with combined HRT**,** Nausea**,** Breast tenderness

Menopause and your heart condition

There are numerous and varied congenital heart conditions. Every individual may have been born with a slightly different condition, have had a different repair, and be left with different residual problems that need monitoring. Some individuals may also suffer with other problems such as heart rhythm disturbances, high blood pressure, diabetes, high body mass index (BMI) or increased risk of clots.

In heart patients the menopause symptoms may cause extra concern, as they are super-imposed on living with a heart condition. However, below are a few facts about the menopause symptoms which might help to reduce the worry.

Palpitations and an awareness of your heart beating faster / stronger is common during peri-menopause and post-menopause, especially at night. Sleep patterns are also disturbed during and you might wake several times per night and be aware of your heart pounding. This is more often than not, due a normal fast heartbeat as opposed to an abnormal rhythm and your heart rate would rarely be faster than 120 beats per minute and it would usually slow gradually over 15-20 minutes. If your heartbeat is faster than 120 and persists more than20 minutes, you should seek medical advice to rule out an abnormal rhythm.

The hot flushes and sweats are troublesome and come and go without warning. Your temperature however should not be raised above 37.5 degrees. If your temperature is higher than this, you should seek medical advice to rule out infection. To help reduce the frequency of hot flushes, it helps to avoid hot indoor environments. It also helps to have windows open to allow fresh cool air into a room and to help with sleep the bedroom is best kept cool below 18 degrees and or use a fan to move the air.

The joint and muscle aches and pains tend to come and go and can affect any muscles or joints but frequently the shoulders, upper arms, elbows and wrists are affected. If the pain/ache is constant and or there is joint swelling, you should seek medical advice.

Blood pressure which normally fluctuates, may be higher than normal during the peri and post menopause and if it is consistently high and above 140/90 you should seek medical advice.

Low mood and anxiety are not uncommon. Mood swings and feeling anxious if severe can be treated with a psychological therapy called cognitive behavioural therapy (CT).

Summary

If you have significant / severe menopausal symptoms, which you feel have a negative impact on your well-being and daily life, you should seek advice from your consultant specialist and family doctor.

Ask 3 questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

Your heart specialist will be aware of your heart condition and other medical problems and your family doctor will know a lot about HRT preparations and which ones are readily available. Together you will be able to agree a treatment plan just for you.

Below are other Evidence based resources on menopause which might be helpful;

- My meno plan – https://mymenoplan.org/
- https://menopausematters.co.uk
- What really happens to your body during menopause – https://www.ted.com/talks/jen_gunter_what_really_happens_to_your_body_during_menopause#t-71391
- Menopause inclusion collective – www.menopausecollective.org
- Queer menopause – https://www.queermenopause.com