

About me

- Nurse consultant in gynaecology
- Specialist in menopause and trainer for BMS and FRSB
- Nurse hysteroscopist
- Former chair of RCN women's health forum
- Author – articles and books
- Lead for KCL nursing module – gynaecology nursing



Management

Lifestyle
Alternatives
Complimentary
medicine
HRT



MANAGING THE MENOPAUSE



DIET

Healthy balanced diet
rich in

- calcium
- vitamin B & D
- wholegrain foods



LIFESTYLE CHOICES

Reduce

- Caffeine
- Alcohol

Stop smoking



EXERCISE

- Balance & flexibility
- Cardiovascular
- Muscle strengthening

MANAGING THE MENOPAUSE



STRESS

Breathwork

- Writing a list
- Saying no
- Doing things you love & which bring you joy



SLEEP

Bedtime routine

- Downtime
- Cool room
- Cold water to drink



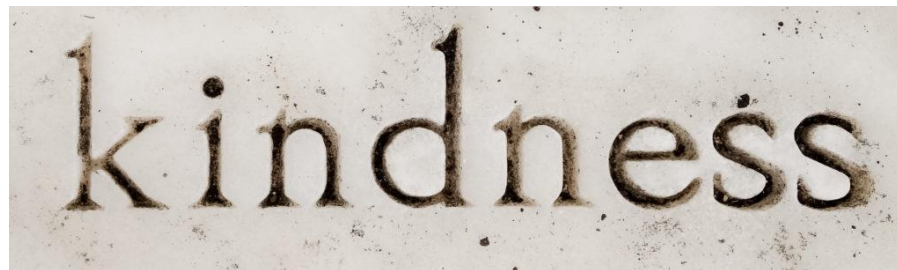
MINDSET

- Positive self talk
- Make time for yourself
- You have choices how you spent your time & energy

General

Be kind to yourself

- Know the symptoms so you can work out what are your menopausal systems and how to handle them
- There is no one size fits all advice and treatment , its individual and sometimes it takes trial and error to find the combination of measures that would work for you



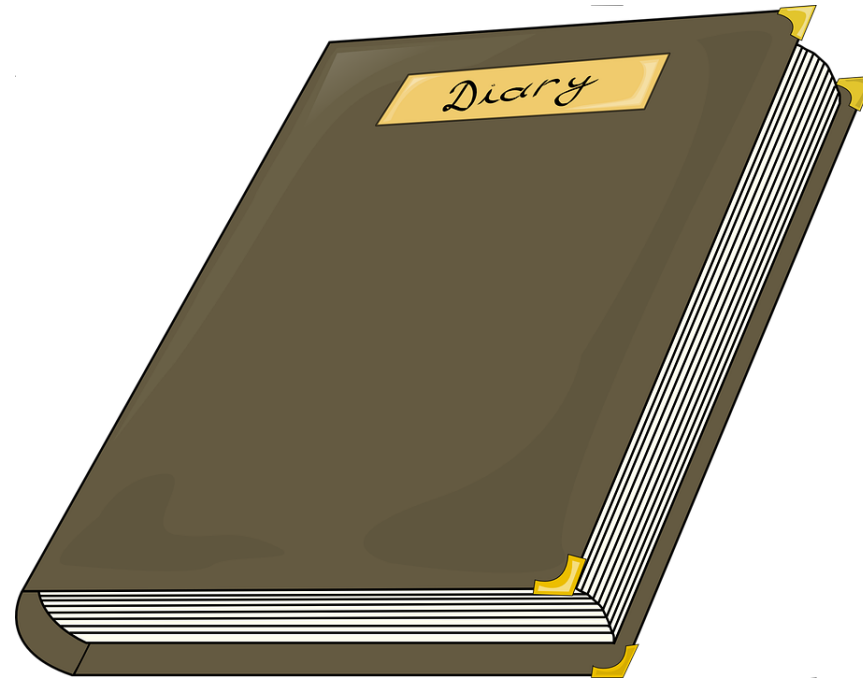
Diary and tracking

Keep a diary or a log , look at symptoms, feeling, food, activities and see if there are any triggers

Look at what makes your symptoms worse or better- stress, diet, work, family, environments

Keep track of symptoms , periods and be aware of changes in your body and what makes any symptoms worse or better.

Don't put up with symptoms and seek support



Treatment

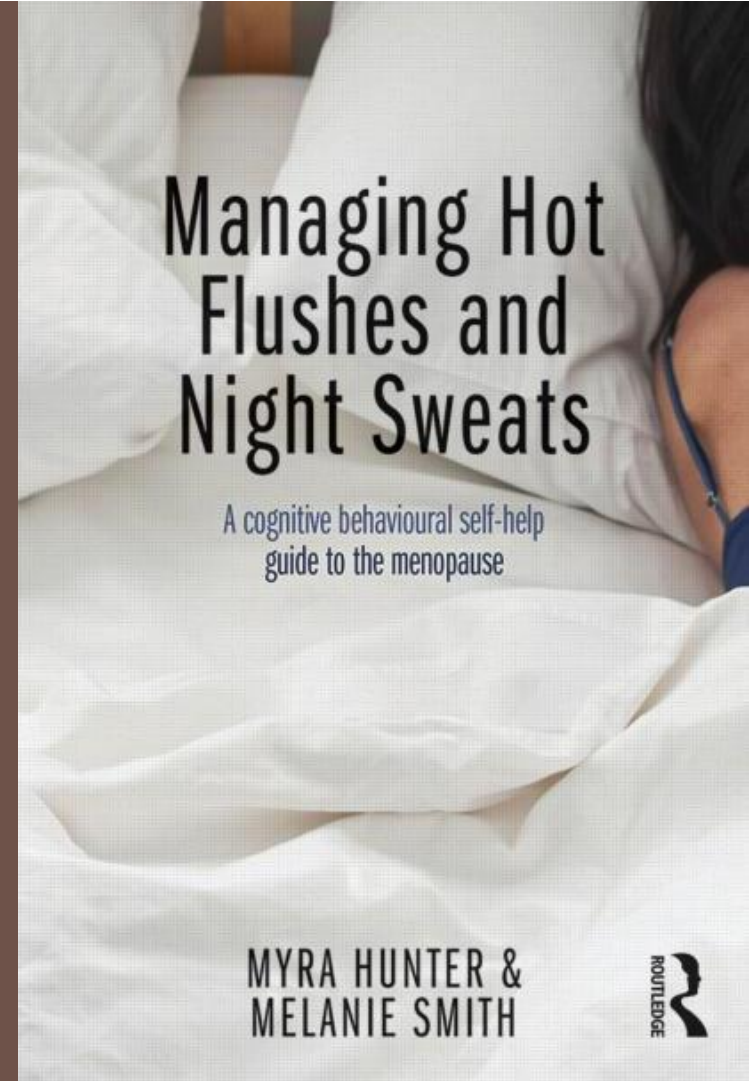


- Don't be afraid of HRT
- Alternative –
- some herbal supplements may help
- see what is suitable for you
- discuss with a pharmacist if you are on other medication
- and then try one product that you know what it contains
- for 3 months to see if it helps
- don't try multiple things at the same time as you will not know what helps and its expensive



stress

- look at reduction techniques such as
 - relaxation CBT, yoga, Pilates , mindfulness
 - time for your self
 - Reflect on what you can control
-
- Do something new - that you enjoy- good mental health and keeping brain active and reliving stress



Alternatives

- What's in it?
- How does it work? What's in it?
- How does it work?
- Is there any evidence
- How much does it cost
- Does it interact with medications
- Hormone dependant cancer need to be advised may not be safe



<https://www.womens-health-concern.org/help-and-advice/factsheets/complementaryalternative-therapies-menopausal-women/>

Alternatives

- Individualised
- NICE looked at all (Herbs check THR logo-)
- What works –
- CBT
- black Cohosh- HF not mood and not good as HRT-safety unknown
- St John's Wort-HF but interactions
- Phytoestrogens – little effectiveness as a food supplement – need large dosages(red Clover)
- Acupuncture – mixed



Special considerations

- Premature Ovarian Insufficiency POI
- After cancer
- Medical conditions



Health

Prescribed medication

Clonidine

- 25mcg BD then up to 50mcg TDS
- Side effect poor sleep, not to be given with other hypertensives

Anti depressants such as Venlafaxine, Paroxetine and Fluoxetine

- Venlafaxine 37.5mg up to 150mg
- Paroxetine 10mg
 - Nausea, dry mouth, constipation, libido
- Paroxetine may interact with tamoxifen, caution on anti coagulants and with renal issues

Gabapentin

- Gabapentin 300mg up to TDS
- Pregalabin 75-100mgs
 - Dizziness, dry mouth

Oxybutynin

- 2.5-5mg once a day to start, increasing as needed
- Dry mouth
 - Dry eyes
 - Constipation
 - dizziness

HRT

- HRT is defined by content and delivery method.
- Not static
- Basic is with womb need combined oestrogen and progestogen either as sequential (bleed) or continuous (non Bleed)
- No womb then oestrogen only- safer re breast cancer risk
- May change if had a hysterectomy where cervix is left behind or had endometriosis
- Prescription charges

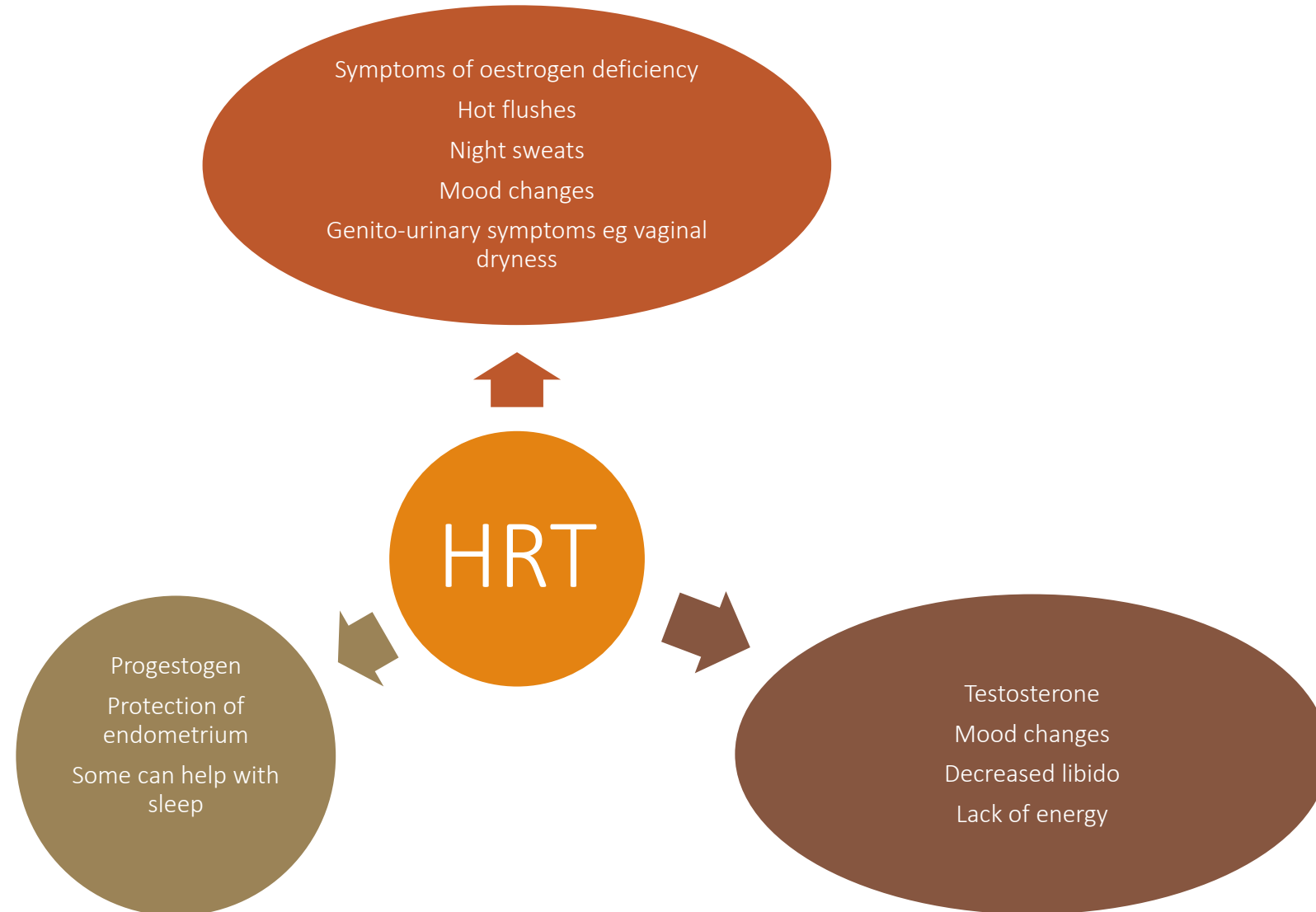


HRT

Start low(oestrogen)
and work up.

Stopping when needed
– cut down and do
slowly over 6 months
and then cut again

What does HRT help with





Testosterone gel

progesterone

- Oral
- Transdermal patches
- intrauterine (Mirena)



HRT

Oestrogen

- Oral- (daily tablet, Increased risk of clots
- Benefits on lowering cholesterol)
- Transdermal patches, gel, spray (Avoid the liver, Lower dose, Reduces incidence of blood clots)
- Implants (hard to obtain)
- Vaginal (local)

DHEA

- Vaginal pessaries- nightly – not to be used with vaginal oestrogen



HRT Regimens with a womb



Sequential/cyclical

- 12- 14 days progestogen / month

some women do not bleed

Quarterly

14 days progestogen every 3 months

CCHRT

Continuous progestogen “no bleed”

Shortages



Testosterone

- **No current guidelines or any products that are licensed for women**
- **Recommended by NICE –**
- Consider testosterone supplementation for menopausal women with low sexual desire if HRT alone is not effective.

In November 2015, this was an off-label use. See [NICE's information on prescribing medicines](#)

- Mainly from specialist clinics
- Tostran- 1 pump every 3 days
- Testim- 1/5 of a sachet
- Testogel- 1/5 of a sachet
- Androfem – private prescription and is designed for women
- Tibolone

- Consider in women with BSO, those with libido issues and in some women where HRT not as effective.
- See BMS

Treatment for vaginal dryness and painful sex

- Vaginal oestrogens
 - Pessary
 - Cream
 - Ring
- **Once daily for 2 weeks then twice weekly**
- Vaginal moisturiser
 - **Replens MD/Hyalofemme** (available on prescription or over the counter) Can be bio adhesive which attaches to mucin and epithelial cells on vaginal wall and retains moisture
 - Examples- hyalofemme, regelle, Replens, yes
 - Increase in sexual activity helps maintain good vaginal health
 - Lubricants - with sex, watch out for oil based and condoms



Side effects

Bleeding

PMS

Breast tenderness

Irritation with patches

Nausea



Understanding the risks of breast cancer



A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

Difference in breast cancer incidence per 1,000 women aged 50-59.

Approximate number of women developing breast cancer over the next five years.

NICE Guideline Menopausal
Diagnosis and management
November 2015

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT)



Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)



An additional four cases in women on combined hormonal contraceptives (the pill)



An additional five cases in women who drink 2 or more units of alcohol per day



Three additional cases in women who are current smokers



An additional 24 cases in women who are overweight or obese (BMI equal or greater than 30)



Seven fewer cases in women who take at least 2½ hours moderate exercise per week





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HRT causes breast cancer?

HRT causes blood clots?

HRT is dangerous?

HRT causes weight gain?

If you are on HRT you can not get pregnant?

Natural methods are safer?

You can only take HRT for 5 years?

More myths

You have to have stopped periods to take HRT

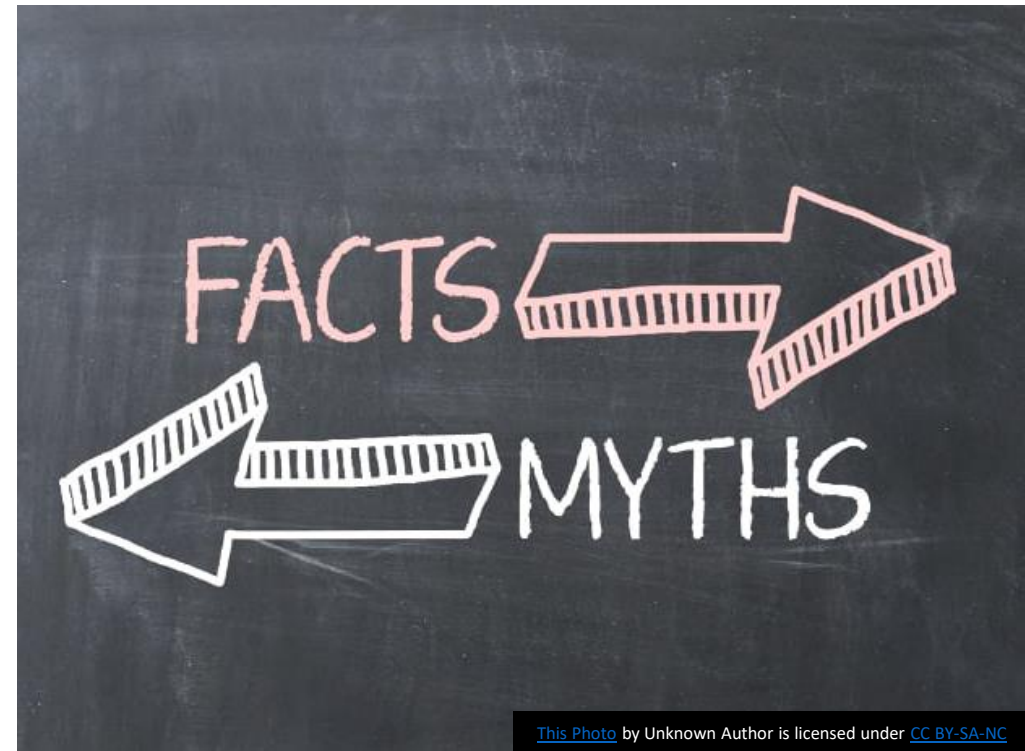
You will always have periods on HRT

HRT delays the menopause

HRT just covers up symptoms

vaginal oestrogen has the same risks a systemic

Women do not need testosterone



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Some practical ideas

Run a monthly session
– looking at many
aspects but menopause
alternate months- on
line or face to face

Talk about menopause
and other women's
health issues

Menopause café

Staff menopause clinic

Train to be a specialist

Organise a talk -
branch, learning event,
safety Reps, Trust – we
would be able to help!

RCN publication

- All on clinical pages
- Menopause
- Menopause at work
- Menopause and mental health
- Role of the nurse specialist
- <https://www.rcn.org.uk/clinical-topics/womens-health/menopause>
- <https://ukmenopausenursegroup.co.uk/> - gives links to **Sylk Educational Bursary** for menopause training for nurses





Resources

Manage my menopause

Daisy network

Menopause matters

Women's health concern

RCN- various publications

The BMS – for professionals

Women's Health Forum – 5,000 members

In **2021** we produced guidance on **Making Sense of Women's Health** to raise awareness whilst empowering nurses & midwives to improve outcomes for women

Other publications:

- Bladder and Bowel care
- Promoting Menstrual Wellbeing
- PMS / PMDD Factsheet

In **2022**, we are working on

- ❖ Our Annual National **Women's Health Conference 2022**
- ❖ Clinical Page on Inclusivity and Diversity in Woman's Health
- ❖ Women's Mental Health & Trauma-Informed Care project
- ❖ Roundtable discussion on Specialist & Advanced Nurse Practitioner roles in Early Pregnancy Care

The forum is committed to equality, diversity and inclusivity, we use the term woman because it represents the majority of our work. We do acknowledge gender identity in the work that we do and understand this term may not be applicable to all our members.

Join our Facebook Group Search for: [RCNWomensHealthForum](#)

Follow us on Twitter [@RCNWomensHealth](#)

Find out more about our work at <https://www.rcn.org.uk/clinical-topics/womens-health>



Making Sense of
Women's Health



We are a growing forum and recruiting new committee members. Come and work with us to improve women's health.

